

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6-28-93

*[Handwritten signature]*

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

of Lucy Wornack

in a liner Funeral, date, time Thurs 7/29 1:00pm

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 \_\_\_\_\_

Lot 716 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division/Block 8

Grave space & Care Fund Pre-need (B-5065) 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 350.00

Burial Container \_\_\_\_\_ 170.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_ JUN 28 1993

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 13.18

Total Due \_\_\_\_\_ 723.18

Paid receipt number 4383 723.18

Balance due 0

**PAID**  
JUN 28 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

*Coming in Market Sh*

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 \_\_\_\_\_

2642 Bonita St.  
Address \_\_\_\_\_

Remon Group, CA 91965  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

619-466-4639  
Telephone \_\_\_\_\_

Work Order # **E 10900**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-10900

## 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) <b>LUCY</b>		1B. MIDDLE <b>HACKEY</b>		1C. LAST (FAMILY) <b>WOMACK</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>11/05/1892</b>		3. DATE OF DEATH MONTH DAY YEAR <b>07/24/1993</b>		4. SEX <b>F</b>	
5A. CITY OF DEATH <b>LA MESA</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INCORPORATOR <b>JAMES A. WOMACK - SON</b> <b>2642 BONITA STREET</b> <b>LEMON GROVE, CA 91945</b>					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CONRAD LEMON GROVE MORTUARY</b> <b>* 7387 BROADWAY — LEMON GROVE, CA 91945-1533</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-941</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <b>Karon Warrant</b>			8B. DATE SIGNED <b>07/26/1993</b>
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 <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>07/28/1993</b> <b>Karon Warrant</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306169</b>		
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA <b>SAN DIEGO CO. DEPT. OF HEALTH SERVICES</b> <b>VITAL RECORDS — P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>						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											
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> B. CREMATION <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA											
FOR CORONER'S USE ONLY											
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)											
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET</b> <b>SAN DIEGO, CA 92102</b>				11B. DATE BURIED <b>7-29-93</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Wendy Jo Tragus</b>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>				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 <b>N/A</b>				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 <b>N/A</b>				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

43838

Date: 6-25, 1993

From: Wm W. Dornak Address: 2433 Avenida St. Leon, Chula Vista, CA

Dollars (\$ 723.18 )

In Payment of Pre-Need Trust for Wm W. Dornak

Lot 714 Grave - Row - Section 5 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-10900

BALANCE DUE 0

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

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	<u>723.18</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>723.18</u>

575

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 6/28/93

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

In a \_\_\_\_\_ Funeral, date, time Wed 6/30 Noon

Church, Chapel, Graveside Chapel + grave - Calif. Burial Mortuary (MARTIN)

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 Casket L-22 1/4 W-11"

Lot 2787 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund ..... 100.-

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 125.-

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

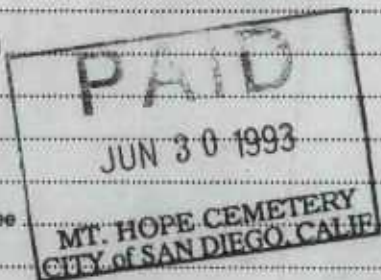
Recording and filing fee ..... 45.-

Sales taxes ..... \_\_\_\_\_

Total Due ..... 270.-

Paid receipt number 43859 270.-

Balance due 0



*Part. 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 #

\_\_\_\_\_  
Acct. #

Work Order # **E** 10901



F-10901

# 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) <b>Cassandra</b>	1B. MIDDLE <b>Brean</b>	1C. LAST (FAMILY) <b>Wallace</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>6/23/1993</b>	3. DATE OF DEATH MONTH DAY YEAR <b>6/23/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Donald Wallace—Father</b> <b>1835 Muncia Road</b> <b>San Diego, CA 92139</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel</b> <b>5602 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>P-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
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.		8B. DATE SIGNED <b>6/29/93</b>			

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>Kyle Chase</b> <b>6/29/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9304859</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records—P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>6-30-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	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

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

43859

Date: 6-30- 19 93

From: CA Burial Address: 5602 EL CAJON BLVD. S.D. CA 92115

Two hundred seventy and 4/100 Dollars (\$ 270.00 )

In Full Payment of Interment for CASSANDRA WALLACE

Lot 2787 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10901

BALANCE DUE D

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

6011

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

ISSUED BY W. J. Teague

CREDIT	67007		
20% Sales Com	77184	<u>20</u>	<u>-</u>
80% Sales of Lots	77184	<u>90</u>	<u>-</u>
Opening/Closing	100	<u>125</u>	<u>-</u>
Burial Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	77183	<u>45</u>	<u>-</u>
Pre-Need Trust	80033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>270</u>	<u>-</u>

+3856



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 6/28/93

*Pre-Need Trust fee:*

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

in a T-5 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 89 Grave 12 Row \_\_\_\_\_ Section 2 Division 12

Grave space & Care Fund (Pre-Need E-9690) 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 in full  
8-3-93*

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 \_\_\_\_\_

Vera L. Leitman  
 Signature  
2220 Main  
 Address  
Leimon Home Ca 91941  
 City Zip Code  
465-6337  
 Telephone

Work Order # **E 10902**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

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

43957

E-10902

Date: 8-2, 19 73

From: Vera Holman Address: 2320 Main St. Loma Grove

Fifty-Dollars Dollars (\$ 59 )  
 In Payment of Pre-Need Trust

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-9690  
 BALANCE DUE 0

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

CREDIT	67007	
20% Sales Care	77184	<u>59</u>
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	63033	
	9022	
Sales Tax	60101	
	78390	

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

ISSUED BY [Signature]

TOTAL PAID \$ 59



OFFICIAL RECEIPT



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

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

44695

Date: 3-4, 19 94

From: Vera Hartman Address: 222 W. Main St. R. 6

Shirley - from Dollars (\$) 34  
 In Payment of Pre-Need Trust

Lot 77 Grave D Row \_\_\_\_\_ Section 2 Division Block D

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10984  
 BALANCE DUE \_\_\_\_\_

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

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	<u>34</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>34</u>

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

ISSUED BY [Signature]

OFFICIAL RECEIPT



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

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

45301

Date: 8/3, 1994

From: Vera Heitman Address: 2220 Main St Lemon Grove

~~Thirty-Four~~ Dollars (\$ 34.00 )

in part Payment of pre need trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10902

BALANCE DUE # 414.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

6392

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

ISSUED BY Nancy

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>34.00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46319



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

**MOUNT HOPE CEMETERY**  
527-3400

Date: June 7, 1995

From: Vera L. Heitman Address: 2320 Main St. Lemon Grove 91945

Thirty four & 00/100 Dollars (\$ 34.00 )

In Payment of Pre-Paid Trust; o/c; - I.S. Vault; Handling.  
funeral home fee; tax on vault

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10902

BALANCE DUE 74 44

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-84)

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

ISSUED BY

M. Clark

CREDIT	57007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>34</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>34</u>	<u>00</u>

#6638



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45532

Date: 10/4, 1994

From: VERA WEITMAN Address: 2220 40th St. Long Grove

Trick - 20/100 Dollars (\$) 34.00

In Post Payment of Removal Trust

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10902

BALANCE DUE 342.44

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-84)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>34.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>34.00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46188

Date: May 4, 1995

From: Vera Heitman Address: 2220 Main St. Lemon Grove 91945

Shurtyz four & 10/100 Dollars (\$ 34.00 )

In Pay. Trust Payment of Pay. Trust

Lot 59 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10902

BALANCE DUE \$ 108.44

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

# 6601

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	<u>34</u>	<u>00</u>
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>34</u>	<u>00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**  
 527-3400

46078

Date: April 3, 1995

From: Vera L. Heitman Address: 3220 Main St. Lemon Grove CA 91945

thirty four & 2/100 Dollars (\$ 34.00 )

In \_\_\_\_\_ Payment of Pre-Need Trust

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10902

BALANCE DUE \$ 142.44

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	60033	<u>34.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>34.00</u>

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



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45629

Date: 10/24, 1994

From: VERA WEITMAN Address: 2220 MONTE LEMOINE BLVD #1045

THIRTY-FOUR & NO/100 Dollars (\$ 34.00)

In PART Payment of PRE-NEED TRUST

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10902

BALANCE DUE 1312.44

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

ISSUED BY J. Ranch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>34</u>	<u>00</u>
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>34</u>	<u>00</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

6468

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45410

Date: Sept 1, 1904

From: Vere Hartman Address: 2220 Mt. St. Lower Calif. Bldg.

Thelma Dollars (\$ 34.00 )

In 1st Payment of Widow's Trust

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division 12 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10903

BALANCE DUE 8332.41

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 [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	<u>34.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>34.00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45981

Date: 3/6, 1995

From: Vera F. Reitman Address: 2330 Main St. Lemon Grove CA 91745

Thirty Four & 2/100 Dollars (\$ 34.00 )

In \_\_\_\_\_ Payment of Pre-Need Trust; O/E T.S. Vault; Handling fee; Recording fee; tax on vault

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-10902

BALANCE DUE \$ 176.44

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>34</u>	<u>00</u>
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>34</u>	<u>00</u>

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

6554

ISSUED BY M. Clark



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45722

Date: 12/6, 1994

From: Vera L. Heitman Address: 2220 Main, Lemon Grove 91945

Thirty-four & no/100 Dollars (\$ 34.00)

In part Payment of pre need trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10902

BALANCE DUE \$278.44

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

6490

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		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>34</u>	<u>00</u>
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>34</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

44127

Date: Sept. 17, 1993

From: Vera Hochman Address: 3220 Main St, San Diego

Thirty Four Dollars (\$ 34.00 )

In Payment of Pre-need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10902

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

6142

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		
Opening/Closing	77184		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	77183		
	60303	<u>34</u>	<u>00</u>
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>34</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

44183

Date: Oct 4, 1993

From: Vera Fleckman Address: 2050 Main St, Lower Floor

Thirty-year Dollars (\$ 34.<sup>00</sup>)  
 in Payment of Pre-Need Trust

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division 12  
 Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10902  
 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	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>34 W</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>34 W</u>



OFFICIAL RECEIPT



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

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

44309

Date: 11-5, 1973

From: Vera Heitman Address: 2223 Main St. San Diego

Thirty-four Dollars (\$ 34 )

In Payment of The Need Trust

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10902

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-61)

6193

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	<u>34</u>
	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>34</u>

OFFICIAL RECEIPT



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

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

44420

Date: 12-7, 1993

From: Vera Weitman Address: 2220 Hill St. Lemon Grove 91945

Thirty-four and 00/100 Dollars (\$ 34.00 )

In Part Payment of Pre-need Trust

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10902

BALANCE DUE \$ 686.44

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

51211

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	<u>34 00</u>
Sales Tax	60101 78390	
TOTAL PAID	\$	<u>34 00</u>

OFFICIAL RECEIPT

44504



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

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

Date: 1/5, 19 94

From: VERA WEITMAN Address: 2220 Main St - Lemon Grove CA  
THIRTY-FOUR AND 00/100 Dollars (\$ 34.00 ) 9/19/95

In 100% Payment of Pre-Need Trust

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-10902  
BALANCE DUE 652.44

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	<u>34</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>34</u>	<u>00</u>

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

ISSUED BY R. L. [Signature]



OFFICIAL RECEIPT



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

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

44599

Date: 2/8, 1904

From: Vern Weisman Address: 2220 Main St Lemac Grove 91945

Thirty-four and 00/100 Dollars (\$ 34.00 )

In Part Payment of Pre-paid trust

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 13

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10922

BALANCE DUE 618.44

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AG-212 (Rev. 1-91)

6258

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	
Opening/ Closing	77184	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	<u>34.00</u>
	922	
	80101	
	78390	
TOTAL PAID	\$	<u>34.00</u>

OFFICIAL RECEIPT

44802



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

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

Date: 4-4, 1994

From: Kevin Heitman Address: 2220 Main St., Denver Grove

Thirty-four Dollars (\$ 34 - )  
 In Payment of Pre-Need Trust

Lot 79 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10902  
 BALANCE DUE \_\_\_\_\_

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		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
	77183		
Sales Tax	63033	<u>34</u>	<u>10</u>
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>34</u>	<u>10</u>

6301

OFFICIAL RECEIPT

44943



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

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**

527-3405

Date: 5-12, 1996

From: Ken Hartman Address: 222 Main St, Lemon Grove, CA 92045

Thirty-four and 71/100 Dollars (\$ 34.71 )

In Payment of Pre-Need Trust

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10902

BALANCE DUE \_\_\_\_\_

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 Waits

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>34.71</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>34.71</u>



45123

## OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400
Date: 6-14, 19 94
 From: VERA Heitman Address: 2220 Main St. Lemon Grove, CA 91745
thirty four Dollars (\$) 34.00

 In part Payment of pre-need trust  
for VERA Heitman

 Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 1R

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10902BALANCE DUE 482.94Pre-Need Lot  At Need  On Acct Pre-need Trust  Cash  Check 

AC-212 (Rev. 1-91)

6351

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

ISSUED BY

V. Balaban

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>34</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>34</u>	<u>00</u>

OFFICIAL RECEIPT

45200



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

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

Date: 7-6, 1994

From: Vera Hartman Address: 2221 Main St, San Diego, CA

Forty Four and 7/100 Dollars (\$ 34.2 )

In Payment of Pre-Need Trust

Lot 17 Grave 17 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10702  
 BALANCE DUE \_\_\_\_\_

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

ISSUED BY White

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
	77185	
Pre-Need Trust	100	
Sales Tax	63033	<u>34 W</u>
	9022	
TOTAL PAID	80101	<u>34 W</u>
	78390	

6371

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45900

Date: 2-5, 1995

From: Vera Weitman Address: 2220 Main St., San Diego, CA 91945

thirty-four & no/100 Dollars (\$ 34.00 )

In part Payment of pre-need trust

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10902

BALANCE DUE 4310.44

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

AC-212 (Rev. 5-94)

6531

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>34.00</u>

34.00  
6531  
34.00



OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46409



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

MOUNT HOPE CEMETERY  
527-3400

Date: 7-7, 19 95

From: Eva & Whitman Address: 2220 Main St. San Diego 9415

Forty four & 00/100 Dollars (\$ 34.00 )

In \_\_\_\_\_ Payment of \_\_\_\_\_

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-10902  
BALANCE DUE \_\_\_\_\_

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

ISSUED BY Carolyn

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>34</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>34</u>	<u>00</u>

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

H 6652

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46488

Date: 8-3, 1995

From: Vera L. Weitman Address: 2320 Main, Lemon Grove 91945

Forty & 44/100 Dollars (\$ 40.44 )

In Final Payment of pre-need trust

Lot 89 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10902

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

6676

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

ISSUED BY Rausch

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>40</u>	<u>44</u>
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>40</u>	<u>44</u>

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. Pre Need Trust

Vera Heitman

E-10902

2220 Main St.

Lemon Grove, Ca. 91945

**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



\$ 34.00

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

Vera Heitman  
2220 Main St. E-10902  
Lemon Grove, Ca. 91945

**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.



\$ 34.00

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 Trust

Vera Heitman

E-10902

2220 Main St.

Lemon Grove, Ca. 91945

**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



\$ 34.00

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*

*Vera Heitman*

*2220 Main St.*

*Lemon Grove, Ca. 91945*

*E-10902*

**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.



\$ 34.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

Use coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre Need Trust**

**Vera Heitman**

**E-10902**

**2220 Main St.**

**Lemon Grove, Ca. 91945**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							<b>10</b>				

Amount due when paid on, or before, due date above



\$ **34.00**

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**

**Vera Heitman**

**2220 Main St.**

**E-10902**

**Lemon Grove, Ca. 91945**

**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



\$ **34.00**

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 Trust**

**Vera Haitman**

**E-10902**

**2220 Main St.,**

**Lemon Grove, Ca. 91945**

**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.



\$ 34.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

BY MAIL ENTIRE BOOK

ACCOUNT No. Pre Need Trust

Vera Heitman

2220 Main St.

Lemon Grove, Ca. 91945

E-10902

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.

\$ 34.00

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 Trust**

**Vera Haitman**

**E-10902**

**2220 Main St.**

**Lemon Grove, Ca. 91945**

**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.



\$ 34.00

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. **Pro Need Yrukt**

**Vera Heitman**

**2220 Main St.**

**Lemon Grove, Ca. 91945**

**E-10902**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							<b>10</b>				

Amount due when paid on, or before,  
due date above.



\$ **34.00**

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 Trust**

**Vera Heitman**

**2220 Main St.**

**Lemon Grove, Ca. 91945**

**E-10902**

**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.



\$ **34.00**

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 ~~unit~~ **COUPON**

**12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **Pro Need Trust**

**Vera Hritman**

**2220 Main St.,**

**B-10902**

**Lemon Grove, Ga. 91945**

**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.



\$ 34.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 34.00

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 RECD TRUST**

**Vera Haitman**  
**2220 Main St.** **E-10902**  
**Lemon Grove, Ca. 91945**

**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.



\$ 34.00

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. *Pro Need Trust*

*Vera Hultman*

*E-10902*

*2220 Main St.*

*Lemon Grove, Ca. 91945*

**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.



\$ 34.00

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. **Pro Food Trust**

**Vera Holtman**

**2220 Main St.**

**Lemon Grove, Ca. 91945**

**B-10902**

**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.



\$ **34.00**

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. *Pro Seed Trust*

*Vera Saltman*

*2120 Main St.*

*Lemon Grove, Ca. 91945*

*E-10902*

**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.



\$ 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

Send or bring one coupon with each remittance

**COUPON**

**18**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pro Need Trust**

**Vera Helman**

**2120 Main St.**

**Lantern Grove, Ca. 91945**

**E-10902**

**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.



\$

**34.00**

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. *The Seed Trust*

*Vera Holtman*

*2228 Main St.*

*Leban Grove, Ca. 91945*

*K-10902*

**Month and Day Due Indicated Below**

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
							<i>10</i>				

Amount due when paid on, or before,  
due date above.



\$ *34.00*

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. **Pro Seed Trust**

**Vera Holzman**

**2220 Main St.**

**E-10902**

**London Grove, Co. 91945**

**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.



\$

**34.00**

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. Pre-Save Trust

Vera Hairman

8-18902

2220 Main St.

Leban Grove, Co. 91943

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



\$ 34.00

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. *Pro Seed Trust*

*Vera Holtman*

*2220 Main St.*

*Lemon Grove, Ca. 91945*

*E-10902*

**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.



\$

*34.00*

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. **Free Head Trial**

**Vera Holtman**

**2-10902**

**1226 Main St.**

**Lemon Grove, Ca. 91945**

**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.



\$ **34.00**

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. *Pro Wood-Trust*

*Vera Holman*

*2720 Main St.*

*Lemon Grove, Ca. 91945*

*E-10901*

**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.



\$

~~50.00~~ 40.44

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 6-28-93

*Pre-need  
 Trust +  
 Burial  
 for:*

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

of ELLA HAWKINS + Lenices Hawkins

in a T.S. Vault Funeral, date, time Fri 7/2 1:00pm

Church, Chapel, Graveside Church + grave - Paradise Mortuary None

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150<sup>00</sup>

will be applied and billed to undersigned Jimmie Hawkins

War time veteran \_\_\_\_\_

Lot 135 Grave 415 Row \_\_\_\_\_ Section 1 Division 11

Grave space & Care Fund 2 @ \$795.00 1590.00

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 2 @ \$17.44 34.88

Total Due 3234.88

Paid receipt number 43841 3234.88

Balance due 0

I hereby authorize \_\_\_\_\_ of the above named decedent and \_\_\_\_\_ as 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 \_\_\_\_\_

Jimmie Hawkins  
 Signature  
428 50.36 ST.  
 Address  
San Diego 92112  
 City Zip Code  
239-1421  
 Telephone

Work Order # **E 10903**

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

**PAID**  
 JUN 28 1993

E40903

## 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) <b>Ella</b>	1B. MIDDLE —	1C. LAST (FAMILY) <b>Hawkins</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>7-7-1918</b>	3. DATE OF DEATH MONTH DAY YEAR <b>6-23-93</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Junius Hawkins - Husband</b> <b>428 S. 36th St.</b> <b>San Diego, Ca. 92113</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary: 5050 Federal Blvd San Diego, CA.</b>			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE <b>F-1329</b>		

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	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>Stephen Williams</i>	8B. DATE SIGNED <b>7-1-93</b>
-----------------------------	---	---	----------------------------------

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams</b> <b>7-1-93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9304991</b>
---	--	---	---	---

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 <b>Vital Records, P.O. Box 85222 San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
--	---	--

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

**FOR CORONER'S USE ONLY**

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA.</b> <b>135-5-21-11</b>	11B. DATE INTERRED <b>7/2/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A Vault metal sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

43841



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

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

Date: 6-28, 1993

From: Junius Shanklin Address: 428 S 36<sup>th</sup> St, St.

San Diego and Two Hundred Thirty Six Dollars (\$ 3234.00 )

In Payment of Payment by Ella Shanklin +  
Pre-Need Trust for Junius Shanklin

Lot 135 Grave 465 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10903

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

11/19/8032

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

ISSUED BY [Signature]

CREDIT	67007	<u>318</u>	<u>00</u>
20% Sales Cars	77184		
80% Sales of Lots	100	<u>1272</u>	<u>00</u>
77184			
Opening/Closing	100	<u>350</u>	<u>00</u>
77181			
Burial Containers	100	<u>225</u>	<u>00</u>
77182			
Handling Fee	100	<u>185</u>	<u>00</u>
77185			
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	63033	<u>822</u>	<u>44</u>
9022			
Sales Tax	80101	<u>17</u>	<u>44</u>
78390			
TOTAL PAID	\$	<u>3234</u>	<u>88</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 6-28-93

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

in a Double Depth Crypt Funeral, date, time Thurs 1pm 7/1

Church, Chapel, Graveside Church + grave: Paradise Mortuary Side

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. Milley 2 Rowwood Scott

War time veteran No

✓ Lot 100 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..... 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 43843 449.00

Balance due 1348.90

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 \_\_\_\_\_

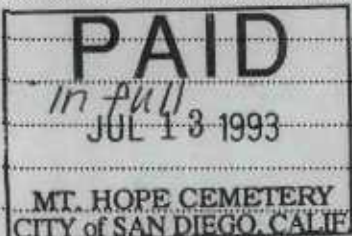
Milley 2 Rowwood Scott  
Signature  
5540 Santa Margarita St  
Address  
San Diego 92114  
City Zip Code  
(619) 262-5013  
Telephone

Work Order # **E** 10904

Invoice # 221829

Acct. # 078051

*30 Day NOTE*





MT. HOPE CEMETERY

W.O. # E-10904

**NOTE**

\$ 1348.<sup>90</sup> San Diego, California 6-28 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 Thirteen Hundred Forty Eight and 90/100 DOLLARS with interest from Thirteen Hundred Forty Eight and 90/100 on the unpaid principal at the rate of 12 percent per annum, payable on demand. August 4, 1993

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 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 SHIRLEY L. NORWOOD-SCOTT SIGNATURE Shirley L. Norwood-Scott

ADDRESS 5540 Santa Margarita St San Diego, Ca. 92114

CALIFORNIA DRIVER LICENSE NUMBER N6033469 SSN # 562-29-1655

E-10904

# 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) <b>Demond</b>	1B. MIDDLE <b>Cornelius</b>	1C. LAST (FAMILY) <b>Limbrick</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>6-24-74</b>	3. DATE OF DEATH MONTH DAY YEAR <b>6-25-93</b>	4. SEX <b>M</b>
---	--------------------------------	--------------------------------------	--	--	--------------------

5A. CITY OF DEATH <b>Chula Vista</b>	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Shirley L. Norwood-Scott - Mother</b>
---	---	--

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 3050 Federal Blvd. San Diego, CA</b>	7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>F-1329</b>	5540 Santa Margarita St. San Diego, CA 92114
---	--	---

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 <i>Debbie Williams</i>	8B. DATE SIGNED <b>7-1-93</b>
---	--	----------------------------------

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 7-1-93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9304986</b>
---	---	---	---

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

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

**FOR CORONER'S USE ONLY**

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE INTERRED <b>7-1-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A</b>	12B. DATE CREMATED <i>medal n/sealed</i>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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-10904

CITY OF SAN DIEGO, CALIFORNIA  
CITY TREASURER

ACCOUNTS RECEIVABLE  
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 078051

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 7-13-93 H.D.

PAID BY (CIRCLE ONE):  CA  CK  NF

PAYMENT REFERENCE NUMBER #876

AMOUNT PAID \$1348.90

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Shirley Norwood Scott

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS Same

**PAID**  
JUL 13 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

REMARKS See MS# 42

CASHIER \_\_\_\_\_

INV. NO. 221829

OFFICIAL RECEIPT

43843



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

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

Date: 6-28, 1993

From: Theresa D Leonard Address: 9157 Buckhannon Ct., St 72114

Four Hundred Fifty-7 line Dollars (\$ 449 )

In Payment of Interment of Theresa Leonard

Lot 100 Grave 1 Row \_\_\_\_\_ Section 2 Division 11  
Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10904

BALANCE DUE \$1347.90

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

AC-212 (Rev. 1-81)

650

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	<u>449 W</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	60303	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>449 W</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*Disinter*

Date 6-28-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nicholas C. Miller (X)

in a \_\_\_\_\_ Funeral, date, time THURS 7/15 2pm  
Church, Chapel, Graveside \_\_\_\_\_ : Bethel Church Mortuary.  
Lewis Colonel

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

War time veteran \_\_\_\_\_

Lot 47 Grave 47 Row \_\_\_\_\_ Section 2 Division/Block 11

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 Disinterment 250.00

Sales taxes \_\_\_\_\_

Total Due 250.00

Paid receipt number 43842 250-

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 \_\_\_\_\_

X Don J. Miller  
Signature  
X 2746 C ST  
Address  
SAN DIEGO 92102  
City Zip Code

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E** 10905



E-10905



THE CITY OF  
**SAN DIEGO**

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 921  
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

6-28- 93  
MONTH YEAR

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

Nicholas Miller

from Lot 47 Grave 47 Section 2 Row — Block — Division 11  
and to remove the same to and reinter said remains in Lot — Grave —  
Section — Row — Block — Division — Cemetery FORT ROSE CHURCH

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.

<u>Tom Miller</u>	<u>SON</u>	<u>10728 GRAND FURK DR. SANTEE, CA 92081</u>
<u>Nancy J. Miller</u>	<u>SON</u>	<u>2746 C ST SA. CA. 92102</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

Nancy J. Miller 6-28-93  
(Lot owner must sign if not legal custodian) Date

E-10905

E-336

Name	<u>MILLER,</u>	<u>Nicolas</u>	<u>Coen</u>	<u>X</u>
	LAST	FIRST	MIDDLE	ASHES
Buried	<u>47</u>	<u>47</u>	<u>2</u>	<u>11</u>
	LOT	GRAVE	ROW	SECTION BLK. DIV.
	<u>5/19/1979</u>	<u>5/30/1979</u>	Age <u>60</u>	<u>(2/9/1919)</u>
	DATE OF DEATH	DATE OF BURIAL	YRS.	DATE OF BIRTH
	<u>San Diego, Calif.</u>	<u>W</u>	<u>M</u>	
	PLACE OF DEATH	RACE	SEX	

Removed \_\_\_\_\_

Remarks Madeleine Miller

PW-972

C





THE CITY OF

# SAN DIEGO

E-1090-5

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Property Department  
527-3400

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

July 1, 1993

E-336

Balboa Cremation Society  
4658 30th Street  
San Diego, Calif. 92116

Dear Kathleen:

Per your request, the following information is provided regarding the burial of Nicholas Coen Miller.

Mr. Miller was buried at Mt. Hope Cemetery on 5-30-79. His date of birth was 2-9-19 and his date of death was 5-19-79. He was buried in Lot 47; Grave 47; Section 2; Division 11.

If you require any further information, please call me at 527-3400.

Sincerely,

JoAnn Waits,  
Administrative Aide II

JW:jw



DIVERSITY  
BRINGS US ALL TOGETHER

OFFICIAL RECEIPT

43842



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

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

Date: 6-28- 1993

From: Donald J. Miller Address: 2746 C St., San Diego, CA 92102

Two hundred fifty and xx/100 Dollars (\$ 250.00 )

In Full Payment of Disinterment Fee for Nicholas Miller

Lot 47 Grave 47 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 10905  
 BALANCE DUE 0

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		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100	<u>250</u>	<u>-</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>250</u>	<u>-</u>

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

AC-212 (Rev. 1-91) 1826





THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Property Department  
527-3400

E-10905

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

## TELEFAX COVER LETTER

*To* Balboa Cremation  
*Attn.* Kathleen  
*From* San Mt Hope Cemetery  
*Date* 7-1-93  
*Pages* 4  
Includes this cover page.

FAX # 527-3403

Message:

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If all pages are not received, please call (619) 527-3400.



10905

# 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) <b>Nicholas</b>	1B. MIDDLE <b>Coen</b>	1C. LAST (FAMILY) <b>Miller</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>2-9-19</b>	3. DATE OF DEATH MONTH DAY YEAR <b>5-19-79</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Donald J. Miller, Son</b> <b>2746 C Street</b> <b>San Diego, CA 92102</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Balboa Cremation Services</b> <b>4658 30th St. San Diego, CA 92116</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1370</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kathleen Kerrigan</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>07/02/1993</b> <b>K. Kerrigan</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305042</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input checked="" type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE, ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Ft. Rosecrans National Cemetery</b> <b>San Diego, CA</b>	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	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

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 6-28-93

*Free Need  
LOT*

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

of Izzy + IZZY Bradford Sr.

in a \_\_\_\_\_ 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 112 Grave 2 Row — Section 2 Division/Block 11

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

**PAID**  
JUN 28 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due ..... 795.00

Paid receipt number VISA CARD 795.00

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 \_\_\_\_\_

Rev. Izzy J. Bradford  
Signature  
635-NO-42ND ST  
Address  
SAN DIEGO CA 92102  
City Zip Code  
619-262-1779  
Telephone

Work Order # **E 10906**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6-28-93

*Pre Need  
Trust for:*

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

of MARVIN E. JOHNNIE FISHER

in a Liners 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 11, Gr 5, IOOF - Bk 10

5190 - 10 Lot 175, IOOF - Bk 10

Lot 5191 Grave 10 Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block \_\_\_\_\_

Grave space & Care Fund Pre Need \_\_\_\_\_ 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 4 o/c @ \$350 - 1400.00

Burial Container 4 @ \$170 - 680.00

Handling Fees 4 @ \$145 - 580.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 4 @ \$45 - 180.00

Sales taxes 4 @ 13.18 52.72

Total Due 2892.72

Paid receipt number 43845 800.00

Balance Due 2092.72

*Paid in  
full 2/10/95*

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 \_\_\_\_\_

Marvin Fisher  
Signature  
3003 Luma Ave  
Address  
San Diego Ca 92117  
City  
(619) 276-4287  
Telephone  
Zip Code

Work Order # E 10907

Invoice # \_\_\_\_\_

Acct # \_\_\_\_\_

OFFICIAL RECEIPT



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

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

45263

Date: 1-27- 19    

From: MARWIN FISHER Address: 3003 LUNA AVE S D CA 92117

four hundred sixty six 24/100 Dollars (\$ 464.24)

In part Payment of pre-need trust

for Fisher Marwin A. & Jane

Lot 590 & 591 Grave 5 Row      Section 100E Division Block 10

Invoice No.     

Acct. No.     

W.O. E 10907

BALANCE DUE 928.48

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.

4953

ISSUED BY V. Babbling

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
Pre-Need Trust	77185		
Sales Tax	100		
TOTAL PAID	\$	464	24



E-10907



NAME FISHER, Marvin &amp; Johnnie

ACCT. NO.

ADDRESS 3003 Luna Ave., SD 92117

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6-28-93	Opened Pre-Need Trust for <b>FOUR (4) BURIALS FOR:</b>				
	Four (4) O/C; Four (4) Liners; Four (4) Handling fees; Four (4) Rec. fees; Four (4) tax on liners				
		2892.72			2892.72
6-28-93	Receipt #43845			800.00	2092.72
7/5 94	Rec. #44515			700.00	1392.72
7-27 94	Rec # 45263			464.24	928.48
02/07/95	Rec # 45904			928.48	0

NOTE: Lots PAID IN FULL: LOTS 5190 & 5191, Div. 10; Lot 11; gr 5; IOOF, Blk 10; AND Lot 175; IOOF: BLK 10

\* Lot & Trust PAID IN FULL For 3 175-100F-BLK 10

OFFICIAL RECEIPT



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

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

44515

Date: 1/5, 19 94

From: J. M. FISHER Address: 2007 Luna Ave. S.D. 92117

Seven Hundred and 00/100 Dollars (\$ 700.00)

In PAID Payment of Pre-Need Trust

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10907  
 BALANCE DUE 1392.72

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	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>700.00</u>
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>700.00</u>

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

OFFICIAL RECEIPT

43845



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

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

Date: 6-21, 1983

From: Marvin Fisher Address: 3203 Luna Ave. St 92117

Gift Handled Dollars (\$ 700. )

In \_\_\_\_\_ Payment of Pre-need Trust for grave trusts

Lot 475 Grave 5 Row \_\_\_\_\_ Section Sub Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10907

BALANCE DUE \$ 2093.00

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

AC-212 (Rev 1-81)

4676

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	
	77184	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>700</u>
	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>700</u>



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**  
527-3400

45904

Date: 02/07, 19 95

From: Mervin Fisher Address: 3003 Pura Ave S.D. CA 92117

New Hundred Seventy eight & 48/100 Dollars (\$ 928.48 )

In \_\_\_\_\_ Payment of Pre-Need Trust for (4) burials including:  
(4) o/c; (4) liners; (4) handling, (4) Lic Fees & (4) Tax on Liners

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10907

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	
Opening/ Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>928.48</u>
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>928.48</u>

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

5144

ISSUED BY M. Clark



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 6-28-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ELSIE ROSE KELLY (X) FRI 7/9 A.Y., D. in a Ash Vault Funeral, date, time BARRICK FUN. Home Church, Chapel, Graveside Graveside ; William Mortuary. 503-363-9139  
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 143 Grave 9 Row            Section 1 Division/Bleek 11

Grave space & Care Fund preneed 07069 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 4.25

**PAID**  
JUN 28 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF

Total Due 269.26

Paid receipt number 43846 269.26

Balance due 0

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           

Alice R. Kelly  
Signature  
1821 Drescher St  
Address  
San Diego, CA 92111  
City Zip Code  
569-7656  
Telephone

Work Order # E 10908

Invoice #           

Acct. #

E-10908

## APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

76y15

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ELSIE</b>	1B. MIDDLE <b>ROSE</b>	1C. LAST (FAMILY) <b>KELLY</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>6 1 17</b>	3. DATE OF DEATH MONTH DAY YEAR <b>6 26 93</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Salem Oregon</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>Oregon</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Alice R. Kelly 1821 Drescher St San Diego, CA 92111</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>ALICE R. KELLY 1821 Drescher St. San Diego, CA 92111</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit <b>Alice R. Kelly</b>		
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.			
8B. DATE SIGNED <b>7-9-93</b>					

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>JUL 09 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald G. Pomras, M.D., M.P.H.</b>
	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 <b>Vital Records, P.O. Box 85222 San Diego, CA 92186-5222</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE Cemetery MARKET STREET</b>	11B. DATE BURIED <b>7-9-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Wendy Jo League</b>
	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

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

43846

Date: 6-28- 19 93

From: Alice R. Kelly Address: 1821 Driescher St., San Diego, CA 92111

Two hundred sixty-nine and 26/100 Dollars (\$ 269.26 )

In Full Payment of Interment Fees for Alice Rose Kelly

Lot 149 Grave 9 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10908

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

2377

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

ISSUED BY W.J. Torgue

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	105	=
	77181		
Burial Containers	100	55	-
	77182		
Handling Fee	100	60	-
	77185		
Recording & Misc. Fees	100	45	-
	77183		
Pre-Need Trust	63003		
	9022		
Sales Tax	60101	4	26
	76390		
TOTAL PAID	\$	269	26



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 6-28-93

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

in a Liner Funeral, date, time Fri, 7/2 2pm

Church, Chapel, Graveside Chapel + grave - Greenwood Mortuary Side (Michael Baulton) 150<sup>16</sup>

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150<sup>16</sup>

will be applied and billed to undersigned. N.S. Thornsberry

War time veteran No

Lot 3733 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-Need (C-2724) 0

Additional spaces and care fund \_\_\_\_\_ 0

Opening/Closing & Setup Pre-Need (D-9333) 0

Burial Container \_\_\_\_\_ 0

Handling Fees \_\_\_\_\_ 0

Flower vases - Marker setting fee Marker setting fee 125<sup>4</sup>

Recording and filing fee \_\_\_\_\_ 45.00

Sales tax \_\_\_\_\_ 0

Total Due 170.00

Paid receipt number 43848 170.00

Balance due 0

**PAID**  
JUN 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 \_\_\_\_\_

Noel E. Thornsberry  
Signature  
16294 WILD BERRY RD  
Address  
MORRISON CO 80465-2132  
City  
303-697-6547 Zip Code  
Telephone

Work Order # **E 10909**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E10909

# 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) <b>Cloid</b>	1B. MIDDLE <b>Earl</b>	1C. LAST (FAMILY) <b>Thornsberry</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>10/31/1909</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>06/26/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>La Mesa</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Noel Thornsberry: Son 16294 Wild Berry Road Morrison, CO 80465</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Greenwood Mortuary; 1-805 &amp; Imperial Avenue San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-843</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> <b>07/02/1993</b>		

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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>07/02/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Sharon L. Lawless, 9305049</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery: 3751 Market Street San Diego, CA 3733-10</b>	11B. DATE BURIED <b>7/2/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Liner metal sealed</b>	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

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

43848



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

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

Date: 6-29, 1995

From: Paul Neuhoff Address: 3712 New Jersey Ave San Diego

One Hundred Seventy Dollars (\$ 170 )

In Payment of Interment of Claud Neuhoff

Lot 3733 Grave 1 Row 1 Section 1 Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-10909

BALANCE DUE 170

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91) 5504

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		
Opening/ Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100	<u>170</u>	<u>W</u>
	77183		
Sales Tax	63033		
	9022		
	60101		
	78300		
TOTAL PAID	\$	<u>170</u>	<u>W</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6-29-93

*Pre-Need Trust for:*

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

of Lora + Herbert Nash

in a Double Death Crypt 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 266 Grave 8 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund Pre-Need (E-10814) 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 2 @ \$350.00 700.00

Burial Container \_\_\_\_\_ 360.00

Handling Fees \_\_\_\_\_ 320.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 2 @ \$45.00 90.00

Sales taxes \_\_\_\_\_ 27.90

Total Due 1497.90

Paid receipt number 43849 1497.90

Balance due 0

**PAID**  
JUN 29 1993

I hereby authorize \_\_\_\_\_ of the above named decedent and \_\_\_\_\_ as 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 \_\_\_\_\_

Lora B. Nash  
Signature  
932 Alvin St.  
Address  
San Diego Ca 92114  
City  
619-264-4104  
Telephone Zip Code

Work Order # E 10910

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6/29/93

*Pre-Need  
Trust for:*

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

of Dorothy + A.C. (Herbert) Bradley

in a \_\_\_\_\_ Vault/Urner 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 49 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund E-9069 \_\_\_\_\_ 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 1 o/c \_\_\_\_\_ 350.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 1 rec fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_

Total Due 395.00

Paid receipt number 43850 100.00

Balance due 295.00

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 \_\_\_\_\_

Dorothy M. Bradley  
Signature

322 Los Alamos Dr.  
Address

San Diego, Calif 92114  
City Zip Code

619-262-1311  
Telephone

Work Order # E 10911

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



OFFICIAL RECEIPT

44257



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

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

Date: 10-27, 1993

From: Dorothy Bradley Address: 300 Los Alamitos Dr SE

Summit-Tow Dollars (\$ 72.00 )

In Payment of Pre Need Trust

Lot 49 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10911

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

2873

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

ISSUED BY Wait

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77181		
Recording & Misc. Fees	100		
Pre-Need Trust	77183	<u>72</u>	<u>W</u>
Sales Tax	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>72</u>	<u>W</u>

OFFICIAL RECEIPT



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

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

44132

Date: Sept. 11, 19 73

From: Dorothy Bradley Address: 322 K. Avenue

San Diego, California Dollars (\$ 72.00)

In Pre-Need Trust Payment of Pre-Need Trust

Lot 49 Grave 11 Row      Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10711

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-61)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial	100	
Container	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>72.00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>72.00</u>

OFFICIAL RECEIPT



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

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

43850

Date: 6-29, 1993

From: Dorothy Bradley Address: 321 San Clemente St 92114  
Ord Saddle 1166 Dollars (\$ 100<sup>00</sup>)

In \_\_\_\_\_ Payment of Pre Need Trust for the (1) %  
and one (1) % fee

Lot 49 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10911

BALANCE DUE \$ 245<sup>00</sup>

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	<u>100</u>	<u>00</u>
	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	\$	<u>100</u>	<u>00</u>

OFFICIAL RECEIPT

43883



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

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

From: Norothy Bradley Address: 321 La Paloma Dr, N  
Forty East 10/14 Date: 7-8, 1993  
In \_\_\_\_\_ Payment of Pre-Need Trust Dollars (\$ 48 )

Lot 49 Grave 11 Row \_\_\_\_\_ Section 2 Division 12  
Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10911

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

0579 9  
7803

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	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>48</u> <u>00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>48</u> <u>00</u>



OFFICIAL RECEIPT



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

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

43968

Date: 7-3, 1973

From: Death of Bradley Address: 322 Los Cerrillos St  
Prof East 74/4 Dollars (\$ 47.00 )

In Payment of Pre Need Trust

Lot 49 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10911  
 BALANCE DUE \_\_\_\_\_

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

ISSUED BY White

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>48</u>
	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>48 00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
2125 and 0391

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

**1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10911

Bradley, Dorothy & A.C. (Herbert)

322 Los Alamos Dr.

San Diego, Ca. 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.



\$ 12.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ 12.00

NAME Dorothy & A.C. Bradley Amount Received \$ \_\_\_\_\_  
ADDRESS 322 Los Alamos Dr.  
CITY San Diego STATE Calif 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. Pre-Need Trust

Bradley, Dorothy & A.C. (Herbert)

322 Los Alamos Dr.

S.D., Ca. 92114

E-10911

**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.

▶ \$ 12.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

▶ \$ \_\_\_\_\_

\$ 12.00

NAME Dorothy & A.C. Bradley Amount Received \$ \_\_\_\_\_  
ADDRESS 322 Los Alamos Dr.  
CITY San Diego STATE Calif ZIP 92114

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 E-10911  
Bradley, Dorothy & A.C. (Herbert)  
322 Los Alamos Dr.  
San Diego, Ca. 92114

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.

\$ 12.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 12.00

Amount Received \$ \_\_\_\_\_  
NAME Dorothy & A.C. Bradley  
ADDRESS 322 Los Alamos Dr.  
CITY San Diego STATE Calif ZIP 92114

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

Bradley, Dorothy & A.C. (Herbert)

322 Los Alamos Dr.

S.D., Ca. 92114

B-10911

**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.



\$ 12.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ 12.00

Amount Received \$ \_\_\_\_\_

NAME

Dorothy & A.C. Bradley

ADDRESS

322 Los Alamos Dr.

CITY

San Diego

STATE

Calif

ZIP

92114

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-10911

Bradley, Dorothy & A.C. (Herbert)

322 Los Alamos Dr.

San Diego, Ca. 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.



\$ 12.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 12.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

Dorothy J. A.C. Bradley

ADDRESS

322 Los Alamos Dr.

CITY

San Diego

STATE

Cal.

ZIP

92114

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*

*Bradley, Dorothy & A.C. (Herbert)*

*322 Los Alamos Dr.*

*S.D., Ca. 92114*

**H-10911**

**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.



\$ 12.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 12.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME *Dorothy & A.C. Bradley*

ADDRESS *322 Los Alamos Dr.*

CITY *San Diego* STATE *Calif* ZIP *92114*

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 Trust E-10911**

**Bradley, Dorothy & A.C. (Herbert)**

**322 Los Alamos Dr.**

**San Diego, Ca. 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:

▶ \$ 12.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above:

▶ \$ 12.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Cal. ZIP 92114

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**

**Bradley, Dorothy & A.C. (Herbert)**

**322 Los Alamos Dr.**

**S.D., Ca. 92114**

**B-10911**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				1		10					

Amount due when paid on, or before,  
due date above.

▶ \$ 12.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

▶ \$ 12.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr

CITY San Diego STATE Cal. ZIP 92114

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 E-10911**

**Bradley, Dorothy & A.C. (Herbert)**

**322 Los Alamos Dr.**

**San Diego, Ca. 92114**

**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.



\$ 12.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 12.00

\$ \_\_\_\_\_

NAME Dorothy & A.C. Bradley  
ADDRESS 322 Los Alamos Dr  
CITY San Diego STATE Calif ZIP 92114

check (✓) if this is new address

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

**10**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. *Pre-Paid Trust*

*Bradley, Dorothy & A.C. (Herbert)*

*322 Los Alamos Dr.*

*S.D., Ca. 92114*

*B-10911*

**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.



\$ *12.00*

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ *12.00*  
*12*  
*9/2*  
*12114*

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME *Dorothy & A.C. Bradley*

ADDRESS *322 Los Alamos Dr*

CITY *San Diego* STATE *Calif* ZIP *92114*

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 E-10911*

*Bradley, Dorothy & A.C. (Herbert)*

*322 Los Alamos Dr.*

*San Diego, Ca. 92114*

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



\$

*12.00*

Amount due if paid more than \_\_\_\_\_ days  
after due date above



\$

*12.00*

\$

NAME *Dorothy & A.C. Bradley* Amount Received \$ \_\_\_\_\_

ADDRESS *322 Los Alamos Dr*

CITY *San Diego* STATE *Calif* ZIP *92114*

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**

**Bradley, Dorothy & A.C. (Herbert)**

**322 Los Alamos Dr.**

**S.D., Ca. 92114**

**B-10911**

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.

▶ \$ 12.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

▶ \$ 12.00  
*12*  
*72114*

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Dorothy & A.C. Bradley

ADDRESS 322 Los Alamos Dr.

CITY San Diego STATE Calif ZIP 92114

check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *PRE-PAID TRUST 8-149911*

*Bradley, Dorothy & A.C. (Herbert)  
322 Los Alamitos Dr.  
San Diego, Ca. 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.



\$ 12.00

Amount due if paid more than \_\_\_\_\_ days after due date above.



\$ 12.00

\$ \_\_\_\_\_

NAME *Dorothy & A.C. Bradley* Amount Received \$ \_\_\_\_\_

ADDRESS *322 Los Alamitos Dr*

CITY *San Diego* STATE *Calif* ZIP *92114*

check (✓) if this is new address

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

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. *Pre-Saved Trust*  
*Bradley, Dorothy & A.C. (Herbert)*  
*322 Los Alamog Dr.*  
*S.D., Ca. 92114* **H-10911**

**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.

▶ \$ 12.00

Amount due if paid more than \_\_\_\_\_ days after due date above.

▶ \$ 12.00  
\$ \_\_\_\_\_

NAME *Dorothy & A.C. Bradley* Amount Received \$ \_\_\_\_\_  
ADDRESS *322 Los Alamog Dr*  
CITY *San Diego* STATE *Calif* ZIP *92114*

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 Trust S-10911**

**Bradley, Dorothy & A.C. (Herbert)**

**322 Los Alamos Dr.**

**San Diego, Ca. 92114**

**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.



\$ 12.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 12.00

\$ \_\_\_\_\_

Amount Received

\$ 12.00

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. Pro-Seed Trust

Bradley, Dorothy & A.C. (Harbert)

322 Lee Almon Dr.

S.D., Co. 92114

B-10911

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

\$

12.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$

4/2.00

\$

Amount Received

\$

12.00

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-Send Trust E-10911*

*Bradley, Dorothy & A.C. (Herbert)*

*322 Los Alamos Dr.*

*San Diego, Ca. 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.



\$ 12.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 12.00

\$ \_\_\_\_\_

Amount Received \$ 12.00

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. **Frs-Seed Treat.**

**Bradley, Dorothy & A.C. (Warbart)**

**322 Los Alamos Dr.**

**S.D., Ca. 92114 B-10911**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
						<b>10</b>					

Amount due when paid on, or before,  
due date above.



\$ **12.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ **42.00**

\$ **12.00**

Amount Received \$

NAME **Dorothy & A.C. Bradley**

ADDRESS **322 Los Alamos Dr.**

CITY **San Diego** STATE **Calif** ZIP **92114**

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 110-2880 TRUNC 2-10711Bradley, Dorothy & A.C. (Marbott)322 Los Alamos Dr.San Diego, Ca. 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.\$ 12.00Amount due if paid more than \_\_\_\_\_ days  
after due date above.\$ 12.00

\$ \_\_\_\_\_

Amount Received \$

NAME Dorothy & A.C. BradleyADDRESS 322 Los Alamos Dr.CITY San Diego STATE Calif ZIP 92114 check (  ) if this is new address



Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pro-Sound Trust**Bradley, Dorothy & A.C. (Herbert)**322 Los Alamos Dr.**S.D., Ca. 92114 B-10911*

## 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.\$ 12.00Amount due if paid more than \_\_\_\_\_ days  
after due date above.\$ 12.00\$ 12.00

Amount Received \$

NAME

*Dorothy & A.C. Bradley*

ADDRESS

*322 Los Alamos Dr.*

CITY

*San Diego*

STATE

*Calif*ZIP *92114* check (✓) if this is new address

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6-29-93

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

in a LINER Vault/Liner Funeral, date, time Fri 7/2 10:00 A.M.

Church, Chapel, Graveside Graveside : Featheringill 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. E. B.

War time veteran NO

Lot 3966 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 VISA 43013221592674/1618.18

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

Evangelia Brazel  
Signature  
2008 Terrace Dr  
Address  
LA MESA 91941  
City Zip Code  
404-3820  
Telephone

Work Order # E 10912

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-10912

# 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) <b>MICHAEL</b>	1B. MIDDLE <b>A,</b>	1C. LAST (FAMILY) <b>GIALOURIS</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/26/1956</b>	3. DATE OF DEATH MONTH DAY YEAR <b>06/26/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Martinez</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>Contra Costa</b>	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Evangelia Brose Mother 9008 Terrace Dr. La Mesa, CA 91941</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>1083</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Steve L...</i>		8B. DATE SIGNED <b>6/30/93</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.					

<b>PERMIT</b>  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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>6-30-93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Delandal Brunner</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Contra Costa County P.O. Box 610 Martinez, CA 94553</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>P.O. Box 85222, San Diego, CA 92186-5222</b>		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> 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 <b>Mt. Hope Cemetery San Diego, CA 396670</b>	11B. DATE BURIED <b>7/2/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>n/a Limer cloth</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>n/a</b>	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 <b>n/a</b>	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 <b>n/a</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 6-29-93

*Preneed Trust*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROSE LEE BENNETT

in a DBL CRYPT Vault/Urner 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 81 Grave 6 Row \_\_\_\_\_ Section 16 Division/Block 7

Grave space & Care Fund ..... *preneed D3272* \_\_\_\_\_

Additional spaces and care fund .....

Opening/Closing & Setup ..... 2 @ \$350.00 700.-

Burial Container DBL CRYPT 360cc - 106 Credit on Urner 254.-

Handling Fees ..... 320.-

Flower vases - Marker setting fee .....

Recording and filing fee ..... 2 @ \$45.00 90.-

Sales taxes ..... 27.90

Total Due ..... 1391.90

Paid receipt number 43856 695.-

Balance due 696.90

*23 @ 29.00  
1 @ 29.90*

*Balance paid 696.00  
8-9-93 ch #101*

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.

*Rose L. Bennett*  
 Signature \_\_\_\_\_  
 Address 346 80th  
San Diego CA 92113  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
263-6546  
 Telephone \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 10913**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

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

43989

Date: 8-9, 1933

From: FAUNIE B. Williams Address: 745 W. St. San Diego 92113  
six hundred ninety-six and 90/100 Dollars (\$ 696.90)  
 In hand Payment of Deceased Trust w/DBL CRYPT

Lot 21 Grave 6 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10913

BALANCE DUE ⓧ

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-31)

# 101

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

ISSUED BY V. Belostsky

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	53033	<u>696</u>	<u>90</u> V.B.
	9022		
Sales Tax	80101		
	78380		
TOTAL PAID	\$	<u>696.90</u>	

OFFICIAL RECEIPT

43856



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

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

Date: 6-29- 1993

From: Faunie B. Williams Address: 745 W. St. San Diego 92113

Six hundred ninety Five and xx/100 Dollars (\$ 695.00 )

In part Payment of Preneed Trust w/ DBL CRYPT

Lot 81 Grave 6 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10913

BALANCE DUE 696.90

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

1166

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

ISSUED BY W. J. T. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	695 -
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	695 -

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 6-30-93

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

in a T.S. Vault Vault/Urn Funeral, date, time 7/1 Thurs 1pm

Church, Chapel, Graveside Church, 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. Louane Walston

War time veteran No

Lot 254 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 ..... 225.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee ..... 17.44

Sales taxes ..... 17.44

Total Due ..... 1517.44

Paid receipt number 43857 1517.44

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

Louane Walston  
Signature  
5921 Flipper Drive  
Address  
San Diego, Ca 92114  
City Zip Code  
264-2502  
Telephone

Work Order # E 10914

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

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

43857

Date: 6-30, 19 93

From: LORRAINE Gholston Address: 5921 Flipper Dr, San Diego, CA 92114

Fifteen hundred seventeen and 4/100 Dollars (\$ 1517.44 )

In Full Payment of Jackson Fair Interment

Lot 254 Grave 12 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 10914  
 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	<u>139</u>	<u>-</u>
20% Sales Care	77184		
80% Sales of Lots	100	<u>556</u>	<u>-</u>
77184	100	<u>350</u>	<u>-</u>
Opening/Closing	77181		
Burial Containers	100	<u>225</u>	<u>-</u>
77182	100	<u>185</u>	<u>-</u>
Handling Fee	77185	<u>95</u>	<u>-</u>
Recording & Misc. Fees	100		
77183	63033		
Pre-Need Trust	9022		
Sales Tax	60101	<u>17</u>	<u>44</u>
78390			
TOTAL PAID	\$	<u>1517</u>	<u>44</u>

119



E-10914

# 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) <b>Jackson</b>		1B. MIDDLE <b>L.</b>	1C. LAST (FAMILY) <b>Fain</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/25/1925</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>06/25/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Lorraine Gholston: Daughter</b> <b>5921 Flipper Drive</b> <b>San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Greenwood Mortuary: I-805 &amp; Imperial Avenue,</b> <b>San Diego, CA</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-843</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Heather McMahon</i>	
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.				8B. DATE SIGNED <b>06/30/1993</b>		

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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>07/01/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Heather McMahon</i> <b>9304998</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery, 3571 Market Street,</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>7-1-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy DeJagel</i>
	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

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 7-6-93

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

of CARRITA IKELER

in a liner Funeral, date, time Fri, 7/9 1:00 PM

Church, Chapel, Graveside Chapel + grave - CONRAD Mortuary (John)

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 27 Grave 5 Row \_\_\_\_\_ Section 2 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need (E-10836) φ

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup " " " φ

Burial Container " " " φ

Handling Fees " " " φ

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee " " " φ

Sales taxes " " " φ

Total Due φ

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 10915**



E-10915

68yrs

# 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) <b>CARRITA</b>	1B. MIDDLE <b>CLARICE</b>	1C. LAST (FAMILY) <b>IKELER</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/03/1925</b>	3. DATE OF DEATH MONTH DAY YEAR <b>07/04/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>FRANK J. IKELER - HUSBAND 6421 CARTHAGE STREET SAN DIEGO, CA 92120</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-941</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <b>Karen Warrant 07/07/1993</b>		

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.

<b>PERMIT</b>	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 <b>\$7.00</b>	9E. DATE PERMIT ISSUED <b>07/08/1993 Karen Warrant</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305281</b>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—  
**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

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>7-9-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Wendy Jo League</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 7-6-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Donald Hayes

in a LINER Vault/Liner Funeral, date, time FRI 7-9: 11:00 A.M.

Church, Chapel, Graveside Chapel; CA. 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. Richard Hayes

War time veteran NO.

Lot 54 Grave 10 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund .....

Opening/Closing & Setup..... 375.00

Burial Container..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes Calif. Burial ..... 14.73

Total Due ..... 1664.73

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

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 \_\_\_\_\_

Richard Hayes  
 Signature  
3940 Hilltop Dr  
 Address  
San Diego 92102  
 City 263-5149 Zip Code  
 Telephone

Work Order # **E 10916**

Invoice # 222449  
 Acct. # 078225

*INCLUDE Calif Burial*

*Calif. Burial  
 5602 El Cajon Blvd  
 SD 92115*



MT. HOPE CEMETERY

W.O. # E-10916

NOTE

1664 73

San Diego, California

7-6

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 Sixteen Hundred Sixty four <sup>73/100</sup> DOLLARS with interest from August 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 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 Richard Hayes SIGNATURE Richard Hayes

ADDRESS 3940 Hilltop Dr

CALIFORNIA DRIVER LICENSE NUMBER E0342592 SSN # 545-90-4805

E-10916

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

34 yrd.

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>James</b>	1B. MIDDLE <b>Donald</b>	1C. LAST (FAMILY) <b>Hayes</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>4/20/1959</b>	3. DATE OF DEATH MONTH DAY YEAR <b>7/1/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Evelyn Hayes-Mother 216 So. 30th Street San Diego, CA 92113</b>		
7A. FUNERAL HOME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>P-1357</b>	8A. SIGNATURE OF APPLICANT—Person having permit <i>[Signature]</i>		
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.		8B. DATE SIGNED <b>7/7/93</b>			

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>7/7/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ryle Chase</b> <b>9305184</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records-P.O. Box 85222 San Diego, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE, ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery San Diego, CA</b>	11B. DATE BURIED <b>7-9-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	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 <b>metal &amp; sealed</b>	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

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 7-6-93

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

In a Double Death Crypt Funeral, date, time Fri 7/9 1:00pm

Church, Chapel, Graveside Church + grave - Calif. Burial Side (Linda) 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 Francisca Olavarría

War time veteran No

Lot 100 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup One (1) o/c ..... 375.00

Burial Container ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee .....

Recording and filing fee One (1) rec. fee ..... 45.00

Sales taxes ..... 29.45

Total Due 1944.45

Paid receipt number 43876 500.00

Balance due 1444.45

*30 Day NOTE*

**PAID FULL IN 8/24/93**

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.

Francisca Olavarría  
Signature  
1943 HOWARD AVE  
Address  
SAN DIEGO CA 92104  
City 2950782 Zip Code  
Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 10917

Invoice # 222448

Acct. # 078226

MT. HOPE CEMETERY

W.O. # E-10917

# NOTE

\$ 1444.45 San Diego, California 7-6 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 Forty Five DOLLARS with interest from August 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 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 Francisca Olavarria SIGNATURE Francisca Olavarria  
ADDRESS 2943 Howard Ave San Diego CA 92104  
CALIFORNIA DRIVER LICENSE NUMBER A1464624 SSN # 564.513775



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-10917

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

56 yrs

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Efrain</b>	1B. MIDDLE —	1C. LAST (FAMILY) <b>Olavarria</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>12/28/1936</b>	3. DATE OF DEATH MONTH DAY YEAR <b>7/4/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Francisca Olavarria-Wife 1943 Howard Avenue San Diego, CA 92104</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
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.			8B. DATE SIGNED <b>7/7/93</b>		

PERMIT	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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>7/8/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Kyle Chase 9305255</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records—P.O. Box 85222 San Diego, CA 92186-5222</b>	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 <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery San Diego, CA</b>	11B. DATE BURIED <b>7-9-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	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

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

43876

Date: 7-6, 1995

From Travessa Navarra Address: 1943 Howard St

In Five Hundred Dollars (\$ 500.00)

Payment of Interment of Espain Navarra

Lot 100 Grave 11 Row - Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10717

BALANCE DUE \$1444.45

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 [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>500</u>	<u>W</u>
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	\$	<u>500</u>	<u>W</u>

222448 07/23/93 078226

FRANCISCA OLAVARRIA

08/24/93 CK 6174

1,444.45

1,444.45

PAID IN FULL 0.00

E-10917

100 072  
100 072  
100 072  
100 072  
100 072  
60101  
67007

77181 000072  
77182 000072  
77183 000072  
77184 000072  
77185 000072  
78390  
77184

375.00  
380.00  
45.00  
136.00  
320.00  
29.45  
159.00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-6-93

You are hereby authorized, and instructed, subject to your rules and regulations, to inter the remains of John Cerchino PA # 1146769

In a Linex Vault/ner Funeral, date, time Wed 7/7/93 10:00 AM  
Church, Chapel, Graveside Del Oro Berge-Robert Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 00.00 will be applied and billed to undersigned.

War time veteran                       
Lot 49 Grave 12-~~B~~T Row                      Section 1 Division 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                     

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 10918

Invoice # 221826

Acct. # 000952



E-10918

# 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) <b>JOHN</b>	1B. MIDDLE <b>J.</b>	1C. LAST (FAMILY) <b>CECCHINO</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/15/1946</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>06/20/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>San Diego Public Adm. 5201-A Ruffin Road San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BERGE-ROBERTS MORTUARY 507 National City Blvd., National City, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-284</b>	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>[Signature]</i>		
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.		8B. DATE SIGNED <b>07/06/1993</b>			

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>07/06/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 San Diego, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA</b>	11B. DATE BURIED <b>7/7/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>49-127-112 Liner</b>	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

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 7-6-93

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

of Frank Williams

in a Double Depth Vault <sup>Vault/Urns</sup> funeral, date, time Fri, 7/9 11:00 AM

Church, Chapel, Graveside Chapel + grave - Rosedale Mortuary side

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. Ossie Williams

War time veteran \_\_\_\_\_

Lot 159 Grave 7 Row \_\_\_\_\_ Section 1 Division 12

Grave space & Care Fund E-8942 Bal due 293.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 300.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 1442.45

30 Day Note

Paid receipt number 43878 361.00

Balance due 1081.45

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 \_\_\_\_\_

Ossie Williams  
Signature

4462 market St.  
Address

San Diego Ca 92102  
City

(619) 564-1593  
Telephone

Zip Code

Work Order # E 10919

Invoice # 222453

Acct. # 078222



MT. HOPE CEMETERY

W.O. # E-10919

**NOTE**

\$ 1081.45 San Diego, California 7-7 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 Eighty One 45/100 DOLLARS with interest from August 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 Ossie Williams SIGNATURE Ossie Williams

ADDRESS 4462 MARKET ST. SAN DIEGO CA. 92102

CALIFORNIA DRIVER LICENSE NUMBER D0018912 SSN # 554-44-2602

OFFICIAL RECEIPT



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

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

43878

Date: 7-7, 1993

From: Eric Williams Address: 4460 Market St. St. 92102

Three Hundred Sixty One Dollars (\$ 361.-)

In Payment of Interment of Frank Williams

Lot 157 Grave 7 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10919

BALANCE DUE \$1081.45

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 Walt

CREDIT	6700	
20% Sales Com	77104	<u>79</u>
80% Sales of Lots	77104	<u>14</u>
Opening/Closing	77181	<u>68</u>
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>361 10</u>



E-10919

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

b649p.

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Frank</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>Williams</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>8-13-26</b>	3. DATE OF DEATH MONTH DAY YEAR <b>7-5-93</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ossie Williams - Wife 4462 Market St. San Diego, Ca. 92102</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd San Diego, CA</b>			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE <b>F-1329</b>		

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 <i>E. Hampton</i>	8B. DATE SIGNED <b>7-8-93</b>
---	---	----------------------------------

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. ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>E. Hampton 7-8-93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305293</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego, Ca. 92186</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

**FOR CORONER'S USE ONLY**

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA. 92102</b>	11B. DATE INTERRED <b>7-9-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A</b> <i>cloth</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 7-9-93

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

of MARY CRAIG

in a Liner Funeral, date, time Thu, 7/9 10:00 AM

Church, Chapel, Graveside Church + graveside - Paradise Mortuary side

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. Jesse & Mary Craig

War time veteran No

Lot 102 Grave 9 Row \_\_\_\_\_ Section 3 Division 12

Grave space & Care Fund PrePaid E-10899 - Bal New \$ 296.00

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 1019.18

Paid receipt number 819 August 1015.18

Balance due 0

**PAID**  
AUG 9 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

*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.

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

Signature of recorded holder of deed \_\_\_\_\_

Jesse & Mary Craig  
Signature 3507 S. ST  
Address 233-0285  
City San Diego Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 10920

Invoice # 222452  
Acct # 078223



MT. HOPE CEMETERY

W.O. # E-10920

NOTE

\$ 1019.18 San Diego, California 7-9 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 Eighteen & 18/100 DOLLARS with interest from August 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 Fred Nobles SIGNATURE [Signature]  
ADDRESS 20279 Inland Lane, Mariposa, CA 90265  
CALIFORNIA DRIVER LICENSE NUMBER G10321177 SSN # 567-52-4912





E-10920

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

73820

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Mary</b>		1B. MIDDLE <b>Olivia</b>	1C. LAST (FAMILY) <b>Craig</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>1-27-20</b>	3. DATE OF DEATH MONTH DAY YEAR <b>7-4-93</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Jesse Craig - Husband 3057 J Street San Diego, CA. 92102</b>		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary 5050 Federal Blvd San Diego, CA.</b>				7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		

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.	8A. SIGNATURE OF APPLICANT—Funeral Director or Person Acting as Such <i>[Signature]</i>	8B. DATE SIGNED <b>7-7-93</b>
-----------------------------	--	--	----------------------------------

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>E. Hampton 7-7-93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305206</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records: P.O. Box 85222 San Diego, CA. 92186</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

A. BURIAL (INCLUDES ENTOMBMENT)       D. SCIENTIFIC USE

B. CREMATION       E. TEMPORARY ENVAULTMENT

C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY       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 <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA.</b>	11B. DATE INTERRED <b>7-9-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>	
CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A cloth</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	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-10920

CITY OF SAN DIEGO, CALIFORNIA  
CITY TREASURER

ACCOUNTS RECEIVABLE  
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 078223

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 8-9-93 HD

PAID BY (CIRCLE ONE): CA  CK  NF

PAYMENT REFERENCE NUMBER 449809174

AMOUNT PAID \$1019.18

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Fred Nobles

PAYOR NAME Jesse Crain  
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 3037 I St  
SD 92102

REMARKS John - M# 72

CASHIER \_\_\_\_\_

INV. NO. 222452



DEPARTMENT 072

PROPERTY DEPARTMENT

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
222452	07/23/93	078223	FRED NOBLES				08/13/93	CK	1091	250.00	1,019.18	769.18
			100 072		77181	000072				85.85		PARTIAL PAYMENT
			100 072		77182	000072				41.70		
			100 072		77183	000072				11.04		
			100 072		77184	000072				38.51		
			100 072		77185	000072				35.57		
			60101		78390					3.23		
			67007		77184					34.10		

*E-10920*

NUMBER OF INVOICES PAID 1

222452	07/23/93	078223	FRED NOBLES				08/09/93	CK	779809174	1,019.18	1,019.18	250.00-
			100 072		77181	000072				264.15		OVERPAYMENT
			100 072		77182	000072				128.30		
			100 072		77183	000072				33.96		
			100 072		77184	000072				118.49		
			100 072		77185	000072				109.43		
			60101		78390					9.95		
			67007		77184					104.90		

*E-10920*

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

*Pre-Need Trust for:*

Date 7-7-93

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

in a Line Vault/Urner 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 546 Grave - Row - Section 1 Division/Block 8

Grave space & Care Fund Pre-Need C-3313 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup Pre-Need (D-1013) 0

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_ 45.00

Recording and filing fee \_\_\_\_\_ 14.73

Sales taxes \_\_\_\_\_ 394.73

**PAID**  
JUL 7 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF

Total Due 394.73

Paid receipt number 43877 394.73

Balance due 0

I hereby certify I am the Layee 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 \_\_\_\_\_

Margaret Bass  
Signature  
3164 - Alhambra Ave.  
Address  
San Diego, 92105  
City  
619-281-8015  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 10921**



OFFICIAL RECEIPT



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

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

43877

Date: 4-01, 1993

From: Margaret Bass Address: 3167 Altadena, LA 92005

Three Thousand Twenty-four and 73/100 Dollars (\$ 394.73)

In Payment of Pre-Need Trust for Catherine Cook,  
Survivor Rec. fee

Lot 546 Grave - Row - Section 1 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10921

BALANCE DUE 2

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

144

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

ISSUED BY Unit

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>394.73</u>
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>394.73</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-7-93

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

of Dean Teske PA#1147145  
in a Liner Vault/Liner Funeral, date, time thurs 7/9 11:00 AM  
Church, Chapel, Graveside Del Only Mortuary Murphy 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 5B Row \_\_\_\_\_ Section X 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 \_\_\_\_\_

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 # 222447

Acct. # 000952

Work Order # **E** 10922

E-10922

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

69415

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>DEAN</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>JESKE</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/10/1923</b>	3. DATE OF DEATH MONTH DAY YEAR <b>06/20/1993</b>	4. SEX <b>FEMALE</b>
5A. CITY OF DEATH <b>LA MESA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>PAULA FRACCHIOLLA, FRIEND 31115 FOREST GATE ROAD CAMPO, CA 91906</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>PERKLEY-MITCHELL MORTUARY 3855 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-119</b>	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>T.C. Mitchell</i>		
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.		8B. DATE SIGNED <b>07/07/1993</b>	

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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>07/07/1993</b> <b>T.C. MITCHELL</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305201</b>
	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 <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY)</b>	11B. DATE BURIED <b>7-8-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	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

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.



222447 07/23/93 000952

COUNTY OF SAN DIEGO

100 072  
100 072  
100 072  
67007

77181 000072  
77182 000072  
77183 000072  
77184

08/17/93 CK 04-352914

386.00  
165.00  
50.00  
45.00  
126.00

386.00

PAID IN FULL 0.00

*E-10922*  
*C. J. Juske*



**MT. HOPE GEMETERY  
INTERMENT ORDER**

City of San Diego

Date 7-8-93

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

of James Allen Tucker  
 in a Double Depth Crypt Funeral, date, time 7-12-93, 10:00AM

Church, Chapel, Graveside Chapel + G. 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. \_\_\_\_\_

War time veteran \_\_\_\_\_

Lot 2058 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 995.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup one (1) o/c M.E.T. 375.00

Burial Container M.E.T. 380.00 190.00

Handling Fees M.E.T. 320.00 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee one (1) rec. fee M.E.T. 45.00

Sales taxes M.E.T. 29.45 14.73

M.E.T. 2144.45 1764.33

Total Due 43914 2144.45

Balance due 0

**PAID**

JUL 12 1993

Paid receipt number 43914 2144.45

**MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.**

I hereby authorize the interment in lot 2058 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 2058 hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature Marie G. Tucker  
 Address 571 Imperial Way  
Imperial City, CA #106  
 City Imperial Zip Code 94115  
 Telephone 415 756-1920

Work Order # **E 10923**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-10923

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

53-ju

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>James</b>	1B. MIDDLE <b>Allen</b>	1C. LAST (FAMILY) <b>Tucker</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11-20-39</b>	3. DATE OF DEATH MONTH DAY YEAR <b>7-4-93</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Mesa</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>Arizona</b>		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Manuel Tucker - Son 545 W. 6th St. #201 San Pedro, CA. 90731</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary: 3050 Federal Blvd San Diego, CA</b>			7B. CALIFORNIA LICENSE NUMBER —IF APPLICABLE <b>1-1329</b>		

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 <i>E. Hampton</i>	8B. DATE SIGNED <b>7-9-93</b>
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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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>E. Hampton 7-9-93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305307</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records: P.O. Box 85222 San Diego, CA. 92186</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS:

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

**FOR CORONER'S USE ONLY**

COMPLETE ALL APPLICABLE ITEMS	INTERMENT 11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA.</b>	11B. DATE INTERRED <b>7-12-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION 12A. NAME AND ADDRESS OF CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE 13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

43914

Date: 7-12, 1993

From: Maria Zucker Address: 3711 Imperial Way, No. 4146, Del Mar, Calif.

In: Twenty One Hundred Forty Five Dollars (\$ 2145)

Payment of: Interment of Mrs. Zucker

Lot: 2058 Grave: 1 Row: \_\_\_\_\_ Section: \_\_\_\_\_ Division Block: 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10923

BALANCE DUE 4

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81) 405

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	199	00
80% Sales of Lots	100	196	00
Opening/Closing	100	375	00
Burial Containers	77181	380	00
	100	320	00
Handling Fee	77185		
Recording & Misc. Fees	100	45	00
Pre-Need Trust	63033		
	9022		
Sales Tax	80101	27	45
	78390		
<b>TOTAL PAID</b>		<b>\$ 2145</b>	<b>45</b>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-8-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dolores Galindo PA #1146912

in a Line <sup>Vault/Urner</sup> Funeral, date, time Mon. 7/12/93 1:30 PM  
Church, Chapel, Graveside Del. Only Merkeley-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 17 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 \_\_\_\_\_

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 # 222446

Acct. # 000952

Work Order # E 10924



E-10924

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

84y<sup>20</sup>

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>DOLORES</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>GALINDO</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>04/02/1908</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/18/1993</b>	4. SEX <b>FEMALE</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>PERRELEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-119</b>		
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 <i>Ed Leach</i>		8B. DATE SIGNED <b>07/09/1993</b>

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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>07/09/1993</b> <b>V.I. MITCHELL</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305336</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA</b>	11B. DATE BURIED <b>7-12-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	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

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.

222446 07/23/93 000952

COUNTY OF SAN DIEGO

08/17/93 CK 04-352914

386.00  
165.00  
50.00  
45.00  
126.00

386.00

PAID IN FULL 0.00

*E-10924*  
*or*  
*6-22*  
*GALINDO*

100 072  
100 072  
100 072  
67007

77181 000072  
77182 000072  
77183 000072  
77184

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 4-9-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wallace Smith PA #1147110  
in a Lined Vault/Liner Funeral, date, time Mon 7/02 1:30pm  
Church, Chapel, Graveside Del Oro PARK Crest Mortuary.  
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ (Kevin)  
will be applied and billed to undersigned.

War time veteran \_\_\_\_\_

Lot 57 Grave 12-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 \_\_\_\_\_

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 10925

PY-593 (Rev. 8-92)

Invoice # 222445

Acct. # 000952



E-10925

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

56420

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>WALLACE</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>SMITH</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/02/36</b>	3. DATE OF DEATH MONTH DAY YEAR <b>06/25/93</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>S.D. COUNTY PUBLIC ADMIN. 6201A RUFFIN ROAD SAN DIEGO, CA 92104</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>PARK CREST FUNERAL HOME 2441 UNIVERSITY AVE., S.D., CA 92104</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1507</b>		
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.		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>	
				8B. DATE SIGNED <b>07/09/93</b>	

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.	8A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	8B. DATE PERMIT ISSUED <b>07/09/93</b>	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>KK SMITH</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222 SAN DIEGO, CA 92185-5222</b>		

1. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>7-12-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	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

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.



222445 07/23/93 000952 COUNTY OF SAN DIEGO  
*E-10925*  
100 072  
100 072  
100 072  
67007

77181 000072 08/17/93 CK 04-352914  
77182 000072  
77183 000072  
77184

386.00  
165.00  
50.00  
45.00  
126.00

386.00 PAID IN FULL 0.00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 11-9-93

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

in a Linear Funeral, date, time Thurs 11/5 1:00pm  
Church, Chapel, Graveside Church Grave - Calif. Burial Mortuary  
side (Leannette)

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. Lawrence Turner

War time veteran No

✓ Lot 108 Grave 11 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 495.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1564.73

Paid receipt number VISA 391.00

Balance due 1173.73

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 \_\_\_\_\_

Signature Lawrence Turner

Address 4330 53 st # 10

City San Diego CA - 92105 Zip Code

Telephone 282 7415

Work Order # E 10926

Invoice # 222455

Acct. # 078279

MT. HOPE CEMETERY

W.O. # E-10926

# NOTE

\$ 1173.<sup>43</sup> San Diego, California 7-9 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 92107, the sum of Eleven Hundred Seventy Three DOLLARS with interest from August 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 Lawrence Turner SIGNATURE Lawrence Turner

ADDRESS 43030 53<sup>rd</sup> # 10 92105 S.D. CA

CALIFORNIA DRIVER LICENSE NUMBER W9339050 SSN # 566-137875



E-10926

# 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) <b>Otis</b>	1B. MIDDLE <b>Lee</b>	1C. LAST (FAMILY) <b>Turner, Sr.</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>12/17/1933</b>	3. DATE OF DEATH MONTH DAY YEAR <b>7/7/1993</b>	4. SEX <b>M</b>	
5A. CITY OF DEATH <b>National City</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Walter Turner-Wife 3952 Florence Street San Diego, CA 92113</b>			
7A. TYPE, NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kyle Chase</i>			8B. DATE SIGNED <b>7/14/93</b>

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.

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>Kyle Chase 7/14/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305512</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records-P.O. Box 85222 San Diego, CA 92186-5222</b>	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 <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery San Diego, CA</b>	11B. DATE BURIED <b>7-15-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Teague</i>	
	CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>metal n/sealed</b>	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

*Disinterment*

Date 6-30-93

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

of George Walton Meyer PA#1140744

in a \_\_\_\_\_ Vault/Urn Funeral, date, time Fri 7/16 2pm

Church, Chapel, Graveside Meyer Mortuary.

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

will be applied and billed to undersigned. \_\_\_\_\_

War time veteran \_\_\_\_\_

Lot 70 Grave 4-T Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee Disinterment fee 900.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 900.00

Paid receipt number 43907 900.00

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 # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 10927

OFFICIAL RECEIPT

43907



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

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

Date: 7-9, 1993

From: Jeff W. Meyer Address: Rt 5, Box 1, Big Pine Key, Fla

In full Payment of Disinterment of George W. Meyer Dollars (\$ 900.-)

Lot 70 Grave 4-7 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10927

BALANCE DUE 8

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

0951433

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

ISSUED BY

Watts

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
	77182	
Recording & Misc. Fees	100	
	77185	
Pre-Need Trust	100	
	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>900.00</u>

E-10927

# 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) <b>George</b>		1B. MIDDLE <b>W.</b>	1C. LAST (FAMILY) <b>Mayer</b>	2. DATE OF BIRTH MONDAY DAY YEAR <b>04/20/1957</b>	3. DATE OF DEATH MONTH DAY YEAR <b>02/11/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary 2859 Adams Av. San Diego, CA 92116</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>1424</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <b>John Mayer / 07/13/1993</b>		

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.		9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>07/13/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>John Mayer</b>
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.			
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL POSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input checked="" type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input checked="" type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Cypress View Crematory 40th St. &amp; Imperial Av. San Diego, CA.</b>	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 <b>Lois H. Mayer, 2700 SW 126th Ave. Davie, FL 33330</b>	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 CALIFORNIA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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-10927



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

E-10644  
PA # 1140744

AUTHORITY TO DISINTER, REMOVE OR REINTER

JULY 6, 1993  
MONTH YEAR

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

GEORGE WALTON MEYER

from Lot 70 Grave 4-T Section 1 Row - Block - Division 12  
and to remove the same to and reinter said remains in Lot        Grave         
Section        Row        Block        Division        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.

<u>Lois C. Meyer</u> LOIS C. MEYER	<u>MOTHER</u>	<u>2900 SW 116 AVE DAVIE</u> <u>FLORIDA 33330</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) \_\_\_\_\_ Date \_\_\_\_\_

State of Florida  
County of Broward  
Sworn and Subscribed before me this  
7th day of July, 1993.

Andra K. Klem ANDRA K. KLEM  
Notary Public NOTARY PUBLIC, STATE OF FLORIDA.  
MY COMMISSION EXPIRES: JAN. 9, 1994.  
State of Florida

The  
Remains will be  
cremated by  
Mayers



E-10927

6.30.93

PLEASE FIND CERTIFIED / CASHIER CTELE #  
0951 FOR THE DISINTERMENT OF  
GEORGE W. MEYER WHOSE REMAINS  
ARE AT YOUR CEMETARY. MEYER'S  
MORTUARY WILL HANDLE THE CREMATION  
AND COORDINATE THAT WITH YOU.

I WILL BE FORWARDING THE  
RELEASE FORM TO AUTHORIZE THE DIS-  
INTERMENT.

THANK YOU

JEFF MEYER

305.872.3400

J. MELTZER  
RT 5 BOX 8  
BIRLA PINNACLES VILLAGE, FLA.  
33043

E-10927

MOUNT HOPE CEMETARY  
3751 MARKET STREET  
SAN DIEGO, CA.  
92102



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-12-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY K. DAVIS PA# 1146661

in a -LINER- 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 # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 10928**

PY-593 (Rev. 8-92)

*THA*  
*Kim White*

*VOID*



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

*Disinterred / Reinterred*

Date 7-12-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of De-Vonne C. Morris

in a Double Death Crypt <sup>Vault/Liner</sup> Funeral, date, time Wed 7/14 1pm

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

All Funeral cars must arrive before ~~6:30 pm~~ of regular work day or an extra charge of \$ 150.00 will be applied and billed to undersigned. Brian D Morris

War time veteran No <sup>BDM</sup> Hearse will arrive by 4:00 pm

Lot 29 Grave 2 Row 7 Section i Division 7

Grave space & Care Fund Pre-Need  $\phi$

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee Disinterment Fee 1,000.00

Recording and filing fee 45.00

Sales taxes 29.45

Total Due 2,149.45

Paid receipt number ~~000000~~ 537.00

Balance due 1,612.45

*PAID IN FULL 8/23/93*

*Brian Morris  
60 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

Brian Morris  
Signature  
226 69th St.  
Address  
S.W. Co.  
City  
262-0608 Telephone  
92114 Zip Code

Work Order # **E** 10929

Invoice # 222539  
222454  
Acct. # 078230

MT. HOPE CEMETERY

W.O. # E-10929

**NOTE**

\$ 1612.45 San Diego, California 7-14- 1993

*Sixty*

~~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 Sixteen hundred twelve and <sup>45</sup>/<sub>100</sub> DOLLARS  
with interest from Sept. 14, 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 Brian D MORRIS SIGNATURE Brian D Morris

ADDRESS 226 69<sup>th</sup> St., S.D. 92114

CALIFORNIA DRIVER LICENSE NUMBER A0415343 SSN # 548-86-2174



E-10929



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

7-13-93  
MONTH YEAR

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

Ella B. JOHNSON

from Lot 29 Grave 2 Section 1 Row — Block — Division 7  
and to remove the same to and reinter said remains in Lot — Grave —  
Section — Row — Block — Division — 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brian D. Manis Great Grand Son 226 69th St.  
Signature Relation to deceased Address

I hereby authorize the above disinterment:

Brian D. Manis 7/13/93  
(Lot owner must sign if not legal custodian) Date



E-10929

# 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) <b>DeVonne</b>		1B. MIDDLE <b>Curl</b>	1C. LAST (FAMILY) <b>Morris</b>		2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/01/1927</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>07/09/1993</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>La Mesa</b>			5B. COUNTY OF DEATH—OUTSIDE CALIF.: ENTER STATE <b>San Diego</b>		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Brian Douglas Morris: Son 226 69th Street San Diego, CA 92114</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Greenwood Mortuary: I-805 &amp; Imperial Avenue San Diego, CA</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-843</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sharon L. Jades</i>		8B. DATE SIGNED <b>07/13/1993</b>

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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>07/14/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Sharon L. Jades</i> <b>9305501</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> 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 <b>Mount Hope Cemetery: 3751 Market Street San Diego, CA</b>	11B. DATE BURIED <b>7-14-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Sharon L. Jades</i>
	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

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.

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
222539	07/28/93	078220	BRIAN MORRIS				08/23/93	CK	1977	1,612.45	1,612.45	0.00
			100 072		77182	000072				218.00		
			100 072		77183	000072				1,045.00		
			100 072		77185	000072				320.00		
			60101		78390					29.45		
												PAID IN FULL

E-10929



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-12-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AHMAD Abdul-Jalil

in a NONE Vault/Urns Funeral, date, time Tue 7/13 12:00

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 \$ \_\_\_\_\_ will be applied and billed to undersigned. \_\_\_\_\_

War time veteran \_\_\_\_\_

✓ Lot 82 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Bless Muslim

Grave space & Care Fund \_\_\_\_\_ 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 350.-

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee JUL 12 1993 \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.-

Sales taxes \_\_\_\_\_

**PAID**  
JUL 12 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due \_\_\_\_\_ 395.00

Paid receipt number 43908 395.00

Balance due 0

I hereby certify I am the X 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 \_\_\_\_\_

X Mustafa Abdul-Jalil  
Signature  
X 2732 Lange Ave.  
Address  
X S.D. CA 92129  
City Zip Code  
X 279-7770  
Telephone

Work Order # E 10930

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-10930

# 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) <b>Ahmed</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>Abdul-Jalil</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/15/1924</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>07/10/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Mustapha Abdul-Jalil: Son 6251 Buisson Street San Diego, CA 92122</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Greenwood Mortuary: I-805 &amp; Imperial Avenue San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-843</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Shouk Bawle</i>		8B. DATE SIGNED <b>07/12/1993</b>

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 7106 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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>07/12/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Shouk Bawle</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery: 3751 Market Street San Diego, CA</b>	11B. DATE BURIED <b>7-13-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy De Teague</i>
	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

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

43908

Date: 8-12- 19 93

From: \_\_\_\_\_ Address: \_\_\_\_\_

Three hundred ninety-five and <sup>xx</sup>/<sub>100</sub> Dollars (\$ 395.00 )

In Full Payment of Interment of AHMAD ABDEL-JAWL

Lot 82 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Muslim  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10930

BALANCE DUE 0

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

AC-212 (Rev. 1-91)

697

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

12

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184	350	-
Burial Containers	100		
	77181		
	100		
Handling Fee	77182		
	100		
Recording & Misc. Fees	77185	45	-
Pre-Need Trust	100		
	77183		
Sales Tax	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	395	-



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 7-12-93

*OPEN IMP. ST. GATES*

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

of CLARA Webster

in a LINER Vault/Liner Funeral, date, time Mon 7/19 2:30p

Church, Chapel, Graveside Witnesses : 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 \_\_\_\_\_

Lot 14 Grave 7 Row \_\_\_\_\_ Section MAS Division/Block G

Grave space & Care Fund Pre-Need (1940) \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 14.73

Total Due 769.73

Paid receipt number 43925 769.73

Balance due 0

**PAID**  
 JUL 16 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 Stephen Webster  
 Address 4974 Glacier Ave  
San Diego, CA 92125  
 City San Diego Zip Code 92125  
 Telephone 287-5198

Work Order # **E 10931**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-10931

# 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) <b>Clara</b>	1B. MIDDLE <b>Louise</b>	1C. LAST (FAMILY) <b>Webster</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>12/28/1909</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>07/12/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Salina</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>New York</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Stephen W. Webster: Son 4976 Glacier Avenue San Diego, CA 92120</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Greenwood Mortuary: 1-805 &amp; Imperial Avenue San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-843</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> <b>07/16/1993</b>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10226 of the Health and Safety Code, and was authorized pursuant to Section 7110 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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>07/16/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Stacy L. Jandess 9305613</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery: 3751 Market Street San Diego, CA</b>	11B. DATE BURIED <b>7-19-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Teaguel</i>
	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

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

43925

01248

Date: 7-16, 1993

From: Theresa Webster Address: 211 Maple Lane, North San Diego

Seven Hundred Sixty-Nine Dollars (\$ 769.<sup>00</sup>)

In Payment of Interment of Theresa Webster

Lot 14 Grave 7 Row \_\_\_\_\_ Section 21145 Division Block G

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-10931

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

3948

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	
Opening/ Closing	77184	<u>395.00</u>
Burial Containers	100	<u>190.00</u>
Handling Fee	77182	<u>145.00</u>
Recording & Misc. Fees	100	<u>45.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	<u>14.93</u>
TOTAL PAID	50101 78390	\$ <u>769.93</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-12-93

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

of DWAN Jamall Green

in a ASH VAULT Funeral, date, time A.Y.D. Tue 7/13

Church, Chapel, Graveside Delivery : 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 339 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 4 Division/Block 8

Grave space & Care Fund ..... 300.-

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 105.-

Burial Container ..... 55.-

Handling Fees ..... 60.-

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.-

Sales taxes ..... 4.26

30 day Note Total Due ..... 569.26

Paid receipt number 43909 543.04

Balance due 26.22

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 \_\_\_\_\_

Dwan Walia  
Signature

5982 Streamview Dr #3  
Address

San Diego 92105  
City Zip Code

619 287 1016  
Telephone

Invoice # 222456

Acct. # 078218

Work Order # E 10932



MT. HOPE CEMETERY

W.O. # E 10932

# NOTE

26.22

San Diego, California

7-12

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 Twenty-six and  $\frac{22}{100}$  DOLLARS with interest from 8-12-93 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

Susan Worline

SIGNATURE

Susan Worline

ADDRESS

5982 Streamview Dr # 3

CALIFORNIA DRIVER LICENSE NUMBER

15788219

SSN #

572-92-6390

E-10932

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

17420

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Dwan</b>	1B. MIDDLE <b>Jamall</b>	1C. LAST (FAMILY) <b>Green</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>12-13-75</b>	3. DATE OF DEATH MONTH DAY YEAR <b>8-13-93</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Susan L. Worline - Mother 5982 Streamview Dr. #3 San Diego, CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE <b>P-1329</b>		

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 <i>[Signature]</i>	8B. DATE SIGNED <b>6-17-93</b>
---	--	-----------------------------------

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 6-17-93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>9304473</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input checked="" type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

**FOR CORONER'S USE ONLY**

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>N/A Mt. Hope Cemetery 3751 Market Street, SD 92102</b>	11B. DATE INTERRED <b>7-13-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>Greenwood Crematory; 4300 Imperial Ave.; San Diego, CA</b>	12B. DATE CREMATED <b>6/24/93</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>Susan Worline Res.; 5982 Streamview Dr. San Diego, CA</b>	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.



OFFICIAL RECEIPT



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

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

43909

Date: 7-12- 19 93

From: MAUDIE L. ABBOTT Address: 4309 S. Victoria Ave, L.A. CA 90008

Five hundred forty-three and 04/100 Dollars \$ 543.04

In part Payment of Increment of Dwan Jamall Green

Lot 339 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 4 Division 8  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10932

BALANCE DUE 26.22

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.

ISSUED BY

W.J. Teague

CREDIT	67007		
20% Sales Care	77184	<u>300</u>	<u>00</u>
80% Sales of Lots	100	<u>60</u>	<u>00</u>
Opening/Closing	77181	<u>105</u>	<u>00</u>
Burial Containers	100	<u>55</u>	<u>00</u>
	77182	<u>60</u>	<u>00</u>
Handling Fee	77185	<u>23</u>	<u>04</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID		\$ <u>543</u>	<u>04</u>

0726



PROPERTY TAX

PROPERTY TAX BY TYPE

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
222456 <i>E-10932</i>	07/23/93	078218	SUSAN WORLINE 100 072 60101		77183 78390	000072	08/07/93	CK	552359175	26.22 21.96 4.26	26.22	0.00 PAID IN FULL

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 7-12-93

*Middle of  
Grave*

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

of Mildred BARKER Leslie

in a Ash Vault Funeral, date, time Mon, 7/19 9:00AM

Church, Chapel, Graveside Witness : Neptune Mortuary.

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

War time veteran NO

Lot 515 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division/Block 8

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 43910 269.26

Balance due 00

I hereby certify I am the Grand-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 \_\_\_\_\_

Signature James B. Lesh  
 Address 6252 Chateau Drive  
San Diego, CA 92117  
 City San Diego Zip Code 92117  
 Telephone # 621-2810 E-565-0181

Work Order # **E 10933**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

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

43910

Date: 7-12, 1993

From: Francis Leslie Address: 5252 Chateau Dr

San Diego CA 92117 Dollars (\$ 269.20 )

In Payment of un added to adult grave

Lot 515 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 5 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10933

BALANCE DUE 2560

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

#2560

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

ISSUED BY J Balotsky

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>105</u>	<u>00</u>
	77181		
Burial Containers	100	<u>55</u>	<u>00</u>
	77182		
Handling Fee	100	<u>60</u>	<u>00</u>
	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	80101	<u>4</u>	<u>26</u>
	76390		
<b>TOTAL PAID</b>	<b>\$</b>	<b><u>269</u></b>	<b><u>26</u></b>



E-10933

# 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) <b>MILDRED</b>	1B. MIDDLE <b>BARKER</b>	1C. LAST (FAMILY) <b>LESLIE</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/19/1905</b>	3. DATE OF DEATH MONTH DAY YEAR <b>07/09/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>POMPA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ERIC LESLIE—GRANDSON 6252 CHATEAU DR SAN DIEGO, CA 92117</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>NEPTUNE SOCIETY 14065 Hwy 8 Bus. El Cajon, Ca 92021</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1362</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>07/14/1993</b>

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.	9A. AMOUNT OF FEE PAID <b>7.00</b>		9B. DATE PERMIT ISSUED <b>07/14/1993</b> <b>JANET HUNN</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305530</b>
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.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO BOX 85222 SAN DIEGO, CA 92186 5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY 3751 MARKET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>7-19-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>LENEDA INC 14065 Hwy 8 Bus. El Cajon, CA 92021</b>	12B. DATE CREMATED <b>7/15/93</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Ray Stevens</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>n/a</b>	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 <b>n/a</b>	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 <b>n/a</b>	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 7-12-93

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

in a DBL CRYPT Vault/Liner Funeral, date, time 11AM WED 7/14  
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. Gertrude C Kent

War time veteran No

Lot 4570 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... preneed D 5986 \_\_\_\_\_

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup HCK open/close ..... 375.00

Burial Container ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee HCK recording fee ..... 45.-

Sales taxes ..... 29.45

Total Due ..... 1149.45

Paid receipt number Citi bank MC 287.-

Balance due 862.45

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 \_\_\_\_\_

Gertrude C Kent  
Signature  
5231 Coban Street  
Address  
San Diego CA 92114  
City  
2644261 Zip Code  
Telephone

Work Order # E 10934

PV-593 (Rev. 8-92)

Invoice # 222450

Acct. # 078227



MT. HOPE CEMETERY

W.O. # E10934

# NOTE

\$ 862.45 San Diego, California 7-14- 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 Eight hundred sixty-two and <sup>45</sup>/<sub>100</sub> DOLLARS with interest from 8-14-93 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 Gertrude C Kent SIGNATURE G C Kent

ADDRESS 5731 COBAN SAN DIEGO CA. 92114

CALIFORNIA DRIVER LICENSE NUMBER C7060359 SSN # 438-30-4501



E-10934

# 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) <b>Florine</b>	1B. MIDDLE <b>---</b>	1C. LAST (FAMILY) <b>Smith</b>	2. DATE OF BIRTH <b>09/07/1940</b>	3. DATE OF DEATH <b>07/11/1993</b>	4. SEX <b>F</b>
--	--------------------------	-----------------------------------	---------------------------------------	---------------------------------------	--------------------

5A. CITY OF DEATH <b>- San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ronald D. Smith - Son 3531 Valley Rd. #8 Bonita, CA. 91902</b>
---	---	---

7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary San Diego, CA. 92102</b>	7B. CALIFORNIA LICENSE NUMBER <b>FL1329</b>
---	--

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 <i>R. Noite</i>	8B. DATE SIGNED <b>07/13/93</b>
---	---	------------------------------------

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>R. Noite 07/13/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305447</b>
---	---	--	---

AUTHORIZATION OF LOCAL REGISTRAR 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 <b>Vital Records: P.O. Box 85222 San Diego, CA. 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
--	--	--

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

**FOR CORONER'S USE ONLY**

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery: 3751 Market St. San Diego, CA 92102</b>	11B. DATE INTERRED <b>7-14-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo Traylor</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A vital sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

222450 07/23/93 078227

GERTRUDE KENT

*E-10934*

100 072  
100 072  
100 072  
100 072  
60101

08/11/93 CK 011504351

77181 000072  
77182 000072  
77183 000072  
77185 000072  
78390

862.45  
88.00  
380.00  
45.00  
320.00  
29.45

862.45

PAID IN FULL 0.00

E-10933

Ashes still with  
Neptune society.  
As soon as they  
ready they'll  
contact to the family  
and family will  
witness the burial  
No service.

7-12-93

Vladimir

Ashes to the ~~front~~  
middle of the grave.



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-13-93

*Preneed  
Lot*

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

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 10 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

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 ..... 795.00

Paid receipt number 43915 200.-

Balance due 595.-

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 \_\_\_\_\_

*Jessie J. Craig*  
X \_\_\_\_\_  
Address 3037th St  
X San Diego, Calif  
X City \_\_\_\_\_ Telephone 233-0285  
X \_\_\_\_\_

Work Order # E 10935

Invoice # \_\_\_\_\_

Acct # \_\_\_\_\_

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

**1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. W. O. #E-10935

Jessie Craig

3057 "J" St.

Pre-Need Lot

San Diego, Ca. 92102

(102-10-3-12)

**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.



\$ 25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 25.00

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. W. O. #E-10935

Jessie Craig

Pre-Need Lot

3057 "J" St.

San Diego, Ca. 92102

(102-10-3-12-)

**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.



\$ 25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME

*Jessie Craig*

Amount Received

\$ 25.00

ADDRESS

*3057 J ST*

CITY

*San Diego* STATE

ZIP *92102*



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

**3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. W. O. #E-10935

Jessie Craig

3057 "J" St.

Pre-Need Lot

San Diego, Ca. 92102

(102-10-3-12)

**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.



\$ 25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME Jesse J. CRAIG Amount Received \$ \_\_\_\_\_

ADDRESS 3057 "J" St.

CITY San Diego STATE Ca ZIP 92102

check (✓) if this is new address

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

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. W. O. #E-10935

Jessie Craig

Pre-Need Lot

3057 "J" St.

San Diego, Ca. 92102

(102-10-3-12-)

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



\$ 25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME Jessie J. CRAIG Amount Received \$ \_\_\_\_\_  
ADDRESS 3057 "J" St.  
CITY San Diego STATE Ca. ZIP 92102

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**5**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **W. O. #E-10935**

**Jessie Craig**

**3057 "J" St.**

**Pre-Need Lot**

**San Diego, Ca. 92102**

**(102-10-3-12)**

**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.



\$ 25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ \_\_\_\_\_

NAME

Jessie Craig

ADDRESS

3057 J St

CITY

San Diego

STATE

Ca.

ZIP

92102

check  if this is new address



Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. W. O. #E-10935

Jessie Craig

Pre-Need Lot

3057 "J" St.

San Diego, Ca. 92102

(102-10-3-12-)

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



\$ 25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Jessie Craig

ADDRESS 3057 J St

CITY San Diego STATE Ca ZIP 92102

check (✓) if this is new address

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

**7**

~~DO NOT~~ MAIL ENTIRE BOOK

ACCOUNT No. **W. O. #E-10935**

**Jessie Craig**

**3057 "J" St. Pre-Hood Lot**

**San Diego, Ca. 92102**

**(102-10-3-12)**

**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



\$ 25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME Jesse J. CRAIG Amount Received \$ \_\_\_\_\_

ADDRESS 3057 J St

CITY San Diego STATE Ca ZIP 92102

check (✓) if this is new address

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

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **W. O. #B-10935**

**Jessie Craig** - Pre-Need Lot  
**3057 "J" St.**  
**San Diego, Ca. 92102**  
**(102-10-3-12-)**

**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.



\$ 25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME Jesse J. CRAIG Amount Received \$ 25.00

ADDRESS 3057 J St

CITY San Diego STATE Ca. ZIP 92102

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **M. O. #E-10935**

**Jessie Craig**

**3057 "J" St.**

**Pre-Used Lot**

**San Diego, Ca. 92102**

**(102-10-3-12)**

**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.



\$ 25.00

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. **W. O. #E-10935**

**Jennie Craig** Pre-Need Lot  
**3057 "J" St.**

**San Diego, Ca. 92102**  
**(102-10-3-12-)**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							<del>10</del>				

Amount due when paid on, or before,  
due date above.



\$ **25.00**

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**

**11**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **W. G. #B-10935**

**Jeanie Craig**

**3057 "J" St.**

**Pre-Hood Lot**

**San Diego, Ca. 92102**

**(402-10-3-12)**

**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



\$ 25.00

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. **W. O. 05-10935**

**Jessie Craig**

**Pre-Need Lot**

**3057 "J" St.**

**San Diego, Ca. 92102**

**(102-10-3-12-)**

**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.



\$ **25.00**

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. W. O. #6-10935

Jeanne Craig

3057 "J" St.

Pre-Head Lot

San Diego, Ca. 92102

(102-10-5-12)

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



\$ 25.00

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. **W. O. 16-10935**

**Jessie Craig**

**3057 "J" St.**

**San Diego, Ca. 92102**

**(102-10-3-12-)**

**Pre-Need Lot**

**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



\$

**25.00**

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. **W. O. #8-10935**

**Jessie Craig**

**3057 "J" St.**

**Pre-Need Lot**

**San Diego, Ca. 92102**

**(102-10-3-12)**

**Month and Day Due Indicated Below**

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							<b>10</b>				

Amount due when paid on, or before,  
due date above



\$ **25.00**

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. **W. O. #6-10935**

**Jennie Craig**

**Pre-Need Lot**

**3057 "J" St.**

**San Diego, Ca. 92102**

**(102-10-3-12-)**

**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.



\$ 25.00

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. **W. O. #15-10935**

**Jennie Craig**

**3057 "J" St.**

**Pre-Bead Lot**

**San Diego, Ca. 92102**

**(102-10-3-12)**

**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



\$ 25.00

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. **K. O. #2-10935**

**Jessie Craig**

**3057 "J" St.**

**San Diego, Ca. 92102**

**(102-20-3-12-7)**

**Pre-Need Lot**

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							<b>10</b>				

Amount due when paid on, or before,  
due date above.



\$ **25.00**

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. **W. O. #8-10935**

**Jeane Craig**

**3057 7<sup>th</sup> St.**

**Pre-Mead Lot**

**San Diego, Ca. 92102**

**(102-10-3-13)**

**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.



\$ 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 20**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **U. S. #5-1000**

**Juanita Craig**

**Pre-Need Int.**

**2057 7<sup>th</sup> St.**

**San Diego, Ca. 92102**

**(102-10-3-12-)**

**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.



\$ 75.00

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. **U. O. 78-10335**

**Jessie Craig**

**3057 "J" St.**

**Pro-Hood Inc**

**San Diego, Ca. 92102**

**(102-10-3-12)**

**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.



\$ 25.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

ADDRESS

CITY

STATE

ZIP

check (✓) if this is new address

OFFICIAL RECEIPT



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

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

43915

Date: 7-12, 1993

From: JESSIE CRAIG Address: 3057 "J" ST., S.D. 92102

TWO HUNDRED AND X/100 Dollars (\$ 200.00 )

In PART Payment of PRENEED LOT

Lot 102 Grave 10 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10935

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 W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>200</u>	<u>-</u>
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	8022		
	80101		
	78390		
TOTAL PAID	\$	<u>200</u>	<u>-</u>

OFFICIAL RECEIPT



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

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

45066

Date: 6-2- 1974

From: JESSE J. CRAIG Address: 3057 1st S.D. 92102

FIFTY  $\frac{00}{100}$  Dollars (\$ 50.00 )

In Part Payment of PRE NEED LOT

Lot 102 Grave 20 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10935

BALANCE DUE 45.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91) 241

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

ISSUED BY N. Lopez

CREDIT	67007		
20% Sales Care	77184	<u>50</u>	<u>00</u>
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	\$	<u>50</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

44667

Date: 31 1994

From: John Chang Address: 3157 J St. #11 92102

In Payment of Pre-Need Trust Dollars (\$ 50 )

Lot 103 Grave 10 Row \_\_\_\_\_ Section 3 Division Block 13

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10935

BALANCE DUE 8/95.-

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>50</u>
Opening/Closing	77184	<u>W</u>
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>50</u> <u>W</u>



OFFICIAL RECEIPT

44589



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

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

Date: 2/4, 1994

From: Jesse Craig Address: 3057 "J" St S.D. 92102

Fifty and 00/100 Dollars (\$ 50.00 )

In Post Payment of Pre-need lot

Lot 102 Grave 10 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10935

BALANCE DUE 245.00

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

AC-212 (Rev. 1-91)

#200

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

ISSUED BY K. L. Shindell

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>50.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50.00</u>

OFFICIAL RECEIPT



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

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

44485

Date: 1-3, 1994

From: Jesse J. Couig Address: 3057 J St R S. D. CA 92102

In part Payment of fifty pre need ~~was~~ LOT Dollars (\$ 50.00 )

Lot 102 Grave 10 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10935

BALANCE DUE 295.00

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

AC-212 (Rev 1-81)

1190

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

ISSUED BY V. Balleh

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>50 W</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
	77185	
	100	
	77183	
	63033	
	9022	
	60101	
	78390	

TOTAL PAID \$ 50.00

OFFICIAL RECEIPT

43959



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

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

From: Wm Price Address: 3054 J St. St Date: 8-2, 1993  
Fifty Dollars (\$ 50 )  
 In Payment of Pre Need Lot

Lot 102 Grave 10 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10935  
 BALANCE DUE \$ 50.50

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. Price

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>50</u>	<u>00</u>
	77184		
Opening/ Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fess	100		
	77183		
Pre-Need Trust	60303		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

44068

Date: 9-7, 1973

From: San Diego Address: 3057 J St. B. 12102

In Payment of Pre-Need Fee Dollars (\$ 50.00)

Lot 102 Grave 10 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10235  
 BALANCE DUE 84/15

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

AC-312 (Rev. 1-81)

151

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

ISSUED BY White

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>50</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>



OFFICIAL RECEIPT



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

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

44180

E-10935

Date: Oct 4, 1993

From: Miss Craig Address: 3057

In Payment of Pre-Need Trust Dollars (\$ 50<sup>00</sup>)

Lot 102 Grave 10 Row \_\_\_\_\_ Section 3 Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. \_\_\_\_\_  
 BALANCE DUE \$445.<sup>00</sup>

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

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>50</u>	<u>00</u>
	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	\$	<u>50</u>	<u>00</u>

ISSUED BY [Signature]

OFFICIAL RECEIPT



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

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

44300

E-10935

Date: 11-4-93, 1993

From: Jesse J. Craig Address: 3057 J St S D LA 92102

fifty Dollars (\$ 50.00)  
 In 5000 Payment of pre-need lot 102 gr 10 sec 3 Div 12

Lot 102 Grave 10 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE 395.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

#171

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

ISSUED BY V. Balobing

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	50	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78380		

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

44412

Date: 12-06, 1993

From: JESSE CRAIG Address: 3057 "I" ST. S.D. 92108

FIFTY AND 00/100 Dollars (\$ 50.00 )

In PART Payment of PRE-NEED TRUST

Lot 102 Grave 10 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10935

BALANCE DUE 345.00

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.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Tax	77184	
50% Sales of Lots	100	<u>50.00</u>
77164		
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	
78380		
TOTAL PAID	\$	<u>50.00</u>

#132

OFFICIAL RECEIPT



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

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

44902

From: Mr Craig Address: 357 J St. 92102 Date: 5-2, 19 94  
Bluff Dollars (\$ 50.-)  
 In \_\_\_\_\_ Payment of Pre-7 Seal Fee

Lot 102 Grave 10 Row \_\_\_\_\_ Section 3 Division D Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10735  
 BALANCE DUE 195.-

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>50 W</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>50 W</u>

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

ISSUED BY J. White



OFFICIAL RECEIPT



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

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

MS# 72 / 44789

Date: 4-1, 1974

From: JESSIE CRAIG Address: 3057 I St. S.D. 92102

Dollars (\$ 50.00 )

in Part Payment of PRE-NEED LOT

Lot 102 Grave 10 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10935  
 BALANCE DUE 145.00

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

AC-212 (Rev. 1-91) 224

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

010655

ISSUED BY H. Requesen

CREDIT	67007		
20% Sales Cars	77184	<u>14</u>	
80% Sales of Lots	100	<u>36</u>	
Opening/Closing	77184		
Burial Containers	100		
Handing Fee	77181		
Recording & Misc. Fees	100		
Pre-Need Trust	77185		
Sales Tax	100		
	53033		
	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 7-13-93

*Order to be added to grave of husband's parents Havens*

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

of Lois Havens (X)

in a Ash Vault Vault/Line Funeral, date, time Mon. 7/19 A.Y.D.

Church, Chapel, Graveside Del. Only Shapley 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 81 Grave 3 Row \_\_\_\_\_ Section 11 Division/~~Block~~ 7

Grave space & Care Fund Pre-Need (B-5899) 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

**PAID**  
 JUL 13 1993  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO

Total Due 269.26

Paid receipt number 43917 269.26

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.

Ronald D. Havens  
 Signature  
12504 Granada Lane  
 Address  
Leawood, KS 66209  
 City  
(913) 345-8113 Zip Code  
 Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E** 10936

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



F-10936

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. FIRST NAME OF DECEDENT—FIRST (GIVEN) <b>LOIS</b>	1B. MIDDLE <b>CLAUDINE</b>	1C. LAST (FAMILY) <b>HAVENS</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/30/1921</b>	3. DATE OF DEATH MONTH DAY YEAR <b>07/11/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Chula Vista</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ronald D. Havens - Son 12504 Granada Lane Leawood KS 66209</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-964</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i>		
8B. DATE SIGNED <b>07/14/1993</b>		9. 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.			

1. 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>07/14/1993</b> <i>J King</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305516</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St.—San Diego CA</b>	11B. DATE BURIED <b>7-19-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wandy J. League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Greenwood Memorial Park Crematory I-805 &amp; Imperial—San Diego CA</b>	12B. DATE CREMATED <b>7/15/93</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

43917

Date: 7-13, 1993

From: Ronald F. Hines Address: 12504 Granada Terr. San Diego, CA

Two Hundred Sixty Nine Dollars (\$ 269.26 )

In \_\_\_\_\_ Payment of Statement of Fees Hines

Lot 71 Grave 3 Row \_\_\_\_\_ Section 11 Division 7 Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-10936

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	67007		
20% Sales Com	77184		
50% Sales of Lots	100		
Opening/Closing	77181	105	00
Burial Containers	100	55	00
Handling Fee	77182	60	00
Recording & Misc. Fees	100	45	00
Pre-Need Trust	83033		
Sales Tax	9022	4	26
	80101		
	78390		
TOTAL PAID	\$	269	26



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-13-93

*Pre-Need  
Not + Trust  
for:*

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

of DOROTHY & JOHN GIANNETTO

in a Double-Depth Crypt Vault/Urner 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 119 Grave 4 Row — Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... 495.00

Additional spaces and care fund .....

Opening/Closing & Setup Two (2) O/C @ \$375.00 ..... 750.00

Burial Container ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee .....

Recording and filing fee Two (2) rec fees @ 45.00 ..... 90.00

Sales taxes ..... 29.45

Total Due 2364.45

Paid receipt number 43918-1524.45

Balance due 840.00

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.

*John Giannetto*  
Signature

PO Box  
Address

RANCHO SANTA FE 92069  
City Zip Code

756-4027  
Telephone

Signature of recorded holder of deed \_\_\_\_\_

Invoice # \_\_\_\_\_

Work Order # **E 10937**

Acct. # \_\_\_\_\_

Send or bring one coupon with each reference

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PreNeed Lot #

COUPON

1

John Giannetto Trust

1255 No. Broadway, #219 E-10937

Escondido, Ca. 92026

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					10						

AMOUNT  
DUE

\$ 35.00

\$

Check (✓) if you have a new address and please attach

TOTAL  
RECEIVED \$

OFFICIAL RECEIPT



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

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

45095

Date: 6-7, 1954

From: JOHN GIANNETTO Address: 1255 N. BROADWAY #219 ESCONDIDO CA 92026

THIRTY-FIVE

Dollars (\$ 35.00 )

In part Payment of PROMISED TRUST

Lot 119 Grave 4 Row \_\_\_\_\_ Section 3 Division Block 17

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10737  
 BALANCE DUE 705.00

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

ISSUED BY M. Leguina

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033	<u>35</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>35</u>	<u>00</u>

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

AC-212 (Rev. 1-51) 1290

OFFICIAL RECEIPT



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

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

43918

Date: 7-13, 1993

From: Mrs Giannetto Address: 17777 Cincin Christa Ranch, Vista

Forteen Hundred Twenty four 45/100 Dollars (\$ 1524.45)

In part Payment of Pre-need fee + Trust for Dorothy + Mrs Giannetto

Lot 119 Grave 4 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10937

BALANCE DUE \$ 840.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

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

CREDIT	67007	
20% Sales Care	77184	<u>159.00</u>
60% Sales of Lots	100	<u>636.00</u>
Opening/Closing	77181	<u>729.45</u>
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	63033	
Sales Tax	9022	
	60101	
	78390	

ISSUED BY J. Witt

TOTAL PAID \$ 1524.45



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 7-14-93

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

of Jessie Katroschik

in a liner Funeral, date, time Tues 7/20 10:00 AM

Church, Chapel, Graveside Church + grave - Goodbody, Mortuary, (ALAN)

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. Patricia J. Nigro

War time veteran \_\_\_\_\_

Lot 26 Grave 5 Row \_\_\_\_\_ Section 1 Division 11

Grave space & Care Fund Pre Deed (E-4045) 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_ 45.00

Recording and filing fee \_\_\_\_\_ 14.73

Sales taxes \_\_\_\_\_ 769.73

**PAID**  
JUL 14 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF

Total Due 769.73

Paid receipt number 43919 769.73

Balance due 0

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 of recorded holder of deed \_\_\_\_\_

Patricia J. Nigro  
Signature  
802 Hage Dr.  
Address  
San Diego, Ca. 92106  
City Zip Code  
(619) 222-7280  
Telephone

Work Order # **E 10938**

PY-503 (Rev. 8-92)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

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

**43919**

Date: 7-14, 1993

From: Patricia Wagon Address: 702 4th St, CA 92106

Seven Hundred Forty Nine Dollars (\$ 769.73)

In Payment of Interment of young Katrina

Lot 26 Grave 5 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10931  
 BALANCE DUE 2

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<u>375.00</u>
Burial Containers	100	<u>190.00</u>
Handling Fee	77182	<u>145.00</u>
Recording & Misc. Fees	77183	<u>45.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	<u>14.73</u>
TOTAL PAID	60101	<u>769.73</u>
	78390	

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

ISSUED BY Waits

1830

E-10938

# 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) <b>JESSIE</b>	1B. MIDDLE <b>LOUISE</b>	1C. LAST (FAMILY) <b>KATROSCIK</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>10-3-1902</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>7-13-1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>PATRICIA J. NIGRO NIECE 802 GAGE DRIVE SAN DIEGO, CA 92106</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GOODBODY MORTUARY 5027 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 790</b>	8A. SIGNATURE OF APPLICANT—Person being permitted <i>Peggy L Vancil</i>		8B. DATE SIGNED <b>7/15/93</b>
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	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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>JULY 15, 1993</b> <b>PEGGY L VANCIL</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305614</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA</b>	11B. DATE BURIED <b>7-20-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Teague</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>metal sealed</b>	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 7-14-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LORETTA Reid Alexander

in a Vault Funeral, date, time Sat 7-17-93, 10:00 AM

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.

will be applied and billed to undersigned. \_\_\_\_\_

War time veteran NO

Lot 56 Grave 6 Row \_\_\_\_\_ Section 1 Division/Block R

Grave space & Care Fund ..... 895.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filling fee Saturday service 600.00/45.00

Sales taxes ..... 19.38

Total Due ..... 2369.38

Paid receipt number 43923 669.38

Balance due 1700.00

*30 day note*

I hereby certify I am the Husband 44685 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. 8/3 Aug. 3rd. 200.00 200.00 1300.00

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

Signature of recorded holder of deed \_\_\_\_\_

x Mawer Alexander  
 Signature  
 x 1070 LOMA AVE #307  
 Address  
 x LONG BEACH 90804  
 City  
 x (310) 433-7579 Zip Code  
 Telephone

Work Order # **E** 10939

PY-593 (Rev. 8-92)

Invoice # 222451  
 Acct. # 078224



OFFICIAL RECEIPT



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

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

43923

Date: 7-14, 19 93

From: NARVIN Alexander Address: 1070 Loma Ave #307  
Six hundred sixty nine and 38/100 Dollars (\$ 669.38)

In Payment of Interment for Loretta Reid Alexander

Lot 56 Grave 6 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10939

BALANCE DUE 1700.00

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.

ISSUED BY

*V. Deloche*

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	669	38
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	669	38

12 246-156-100  
 17 246-250-107  
 12 246-100-100

OFFICIAL RECEIPT



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

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

44685

Date: 3-4, 1993  
 From Marvin Alexander Address: 1070 Loma Ave #307, Long Beach  
Two Hundred Dollars (\$ 200 )  
 In \_\_\_\_\_ Payment of Interment of Health Alexander

Lot 26 Grave 6 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10339

BALANCE DUE \_\_\_\_\_

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 WAT

CREDIT	67007		
20% Sales Tax	77184	<u>153</u>	<u>31</u>
80% Sales of Lots	100	<u>46</u>	<u>62</u>
77184			
Opening/ Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	60033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>200</u>	<u>00</u>

MT. HOPE CEMETERY

W.O. # E-10939

**NOTE**

\$ 1500.<sup>00</sup> San Diego, California 7-20 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 Five Hundred no/10 DOLLARS with interest from August 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 MARVIN ALEXANDER SIGNATURE Marvin Alexander  
ADDRESS 1070 LOMA AVE #307 LONG BEACH, CA. 90804  
CALIFORNIA DRIVER LICENSE NUMBER AB463153 SSN # 438 06 8834



E-10939

# 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) <b>LORETTA</b>	1B. MIDDLE <b>YVONNE REID</b>	1C. LAST (FAMILY) <b>ALEXANDER</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/14/1959</b>	3. DATE OF DEATH MONTH DAY YEAR <b>07/10/1993</b>	4. SEX <b>FEMALE</b>
5A. CITY OF DEATH <b>LONG BEACH</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>LOS ANGELES</b>		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MARVIN ALEXANDER—HUSBAND 1070 LOMA AVENUE #307 LONG BEACH, CALIFORNIA 90804</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BOULEVARD, SAN DIEGO, CA 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Danyel [Signature]</i>		
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.				8B. DATE SIGNED <b>07/15/1993</b>	

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>JUL 15 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>2525 GRAND AVENUE LONG BEACH, CALIFORNIA 90815</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CALIFORNIA 92138</b>		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY SAN DIEGO, CALIFORNIA</b>	11B. DATE BURIED <b>7-17-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Teague</i>
	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

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-10939

CITY OF SAN DIEGO, CALIFORNIA  
CITY TREASURER

ACCOUNTS RECEIVABLE  
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 078224

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 8-3-93 H.D.

PAID BY (CIRCLE ONE)  CA  CK  NF

PAYMENT REFERENCE NUMBER \_\_\_\_\_

AMOUNT PAID \$ 200.<sup>00</sup>

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Marvin Alexander

PAYOR NAME Same  
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REMARKS Jan - MS # 72

CASHIER \_\_\_\_\_

INV. NO. 222451

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-19-93

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

of MARY A. JOHNSON

in a Liner <sup>Vault/Liner</sup> Funeral, date, time Fri 7/23 1:30 pm.

Church, Chapel, Graveside Delivery Only Paris-Fried. Mortuary. (Les)

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 24 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 100F Division/Block BK 10

Grave space & Care Fund Pre Need 7-5782 Ø

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

*Billie  
442-4411*

Paid receipt number 43931 769.73

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 10940**

OFFICIAL RECEIPT



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

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

43938

From: Urdith Alvord Address: P.O. Box 37, Tennyson, Idaho Date: 7-27, 1993  
Seven Hundred Sixty-Three - 73/100 Dollars (\$ 769.73)  
 In \_\_\_\_\_ Payment of Interment of Mary G. Johnson  
 Lot 24 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section IWF Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10940  
 BALANCE DUE 0

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

AC-212 (Rev. 1-81)

10611

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

ISSUED BY Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	375 W
77181		
Burial Containers	100	170 W
77182		
Handling Fee	100	145 W
77185		
Recording & Misc. Fees	100	45 W
77183		
Pre-Need Trust	63033	
9032		
Sales Tax	60101	10 W
78300		
TOTAL PAID	\$	769 73



E-10940

# 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) <i>Mary</i>	1B. MIDDLE <i>Alice</i>	1C. LAST (FAMILY) <i>Johnson</i>	2. DATE OF BIRTH MONTH DAY YEAR <i>04/13/1902</i>	3. DATE OF DEATH MONTH DAY YEAR <i>07/18/1993</i>	4. SEX <i>F</i>
5A. CITY OF DEATH <i>Santee</i>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <i>San Diego</i>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <i>Ardith Alvord - Dtr. P.O. Box 37 Tombay, ID 83468</i>		
7A. TYPE, NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Paris-Frederick Mortuary 374 N. Magnolia Ave.; El Cajon, CA 92020</i>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <i>795</i>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Willie Johnson</i>		
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.		8B. DATE SIGNED <i>07/22/93</i>			

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 <i>\$7.00</i>	9B. DATE PERMIT ISSUED <i>JUL 22 1993</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald G. Ramirez, M.D., M.P.H.</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <i>3851 Rosecrans St. San Diego, CA 92110</i>	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	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <i>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</i>	11B. DATE BURIED <i>7-23-93</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>-</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <i>-</i>	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 <i>-</i>	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 <i>-</i>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 7-19-93

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

in a T.S. Vault Funeral, date, time Thurs, 7/22 1:00pm  
 Church, Chapel, Graveside Chapel + Grave - Norkley Mitchell Mortuary  
Side (Doly)

All Funeral cars must arrive before 3:30 p.m. of regular workday or an extra charge of \$ 150.00 will be applied and billed to undersigned. 7-19-93

War time veteran No

Lot 134 Grave 3 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due 1669.38

Paid receipt number 201/c 500.00

Balance due 1169.38

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.

Leonard Vezirian  
 Signature

Signature of recorded holder of deed

Address Box 215

City BEAUMONT CA 92223

Telephone (709) 381-0338 / (709) 845-9795

Work Order # E 10941

Invoice # 222655  
 Acct # 078296



MT. HOPE CEMETERY

W.O. # E-10941

**NOTE**

\$ 1169.<sup>30</sup> San Diego, California 7-20 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order of 3751 Market Street, San Diego, CA 92101, the sum of One thousand Sixty Nine <sup>30</sup>/<sub>100</sub> DOLLARS with interest from August 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 EDWARD VEZIRIAN SIGNATURE Edward Vezirian  
ADDRESS BOX 215 BEAUMONT, CA 92223  
CALIFORNIA DRIVER LICENSE NUMBER B0750846 SSN # 563-38-9486



E-10941

# 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) <b>LEONARD</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>VEZIRIAN</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/02/1930</b>	3. DATE OF DEATH MONTH DAY YEAR <b>07/18/1993</b>	4. SEX <b>MALE</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>EDWARD VEZIRIAN, BROTHER P.O. BOX 215 BEAUMONT, CA 92223</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-119</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ed Leach</i>		8B. DATE SIGNED <b>07/21/1993</b>
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.					

<b>PERMIT</b> 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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>07/21/1993</b> <b>T.C. MITCHELL</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305823</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 65222, SAN DIEGO, CA 92166-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY)</b>	11B. DATE BURIED <b>7-22-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Leach</i>	
	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.

222655 08/02/93 078296 EDWARD VEZIRIAN

*E-10941*

100 072  
100 072  
100 072  
100 072  
100 072  
60101  
67007

77181 000072  
77182 000072  
77183 000072  
77184 000072  
77185 000072  
78390  
77184

08/09/93 CK 400

1,169.38  
375.00  
250.00  
45.00  
136.00  
185.00  
19.38  
159.00

1,169.38

0.00  
PAID IN FULL

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 7-20-93

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

in a Vault Funeral, date, time 7:00 A.M. 7-23

Church, Chapel, Graveside GRAVESIDE ; FUKUI 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 5309 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee ..... 19.38

Sales taxes ..... 874.38

**PAID**  
 JUL 20 1993  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Total Due ..... 874.38

Paid receipt number VISA 874.38

Balance due 0

I hereby certify I am the x 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 \_\_\_\_\_

x Douglas Hamaguchi  
 Signature  
x 11044 Blithe Rd  
 Address  
x San Diego 92126  
 City Zip Code  
x 566-7192  
 Telephone

Work Order # **E 10942**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-10942

# 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) <b>Matsue</b>	1B. MIDDLE <b>—</b>	1C. LAST (FAMILY) <b>Hamaguchi</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/09/1905</b>	3. DATE OF DEATH MONTH DAY YEAR <b>07/19/1993</b>	4. SEX <b>Female</b>
5A. CITY OF DEATH <b>Los Angeles</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>Los Angeles</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Yuriko Doreen Ishikawa—daughter 321 W. Country Hills Dr. La Habra, CA 90631</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Fukui Mortuary 707 E. Temple St., Los Angeles, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-808</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>07/20/1993</b>

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>JUL 21 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Robert C. Matsue</i>
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 <b>313 N. Figueroa St., L.A., CA 90012</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>San Diego County Health Dept. P.O. Box 85222 San Diego, CA 92186-5222</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St., San Diego, CA</b>	11B. DATE BURIED <b>7-23-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Trague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>5309-10 wood-vault</b>	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

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.

Disinter,  
Reinter  
And  
Pre-Need  
Trust for:

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-20-93

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

in a Double Depth Crypt Funeral, date, time 10/5/93

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 No

Lot \_\_\_\_\_ Grave 27 Row 1 Section 2 Division/Block 2

Grave space & Care Fund Pre-Need 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup One (1) 375.00

Burial Container \_\_\_\_\_ 380.00

Handling Fees \_\_\_\_\_ 320.00

Flower vases - Marker setting fee Disinter/Reinter 1000.00

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 29.45

Total Due 2149.45

Paid receipt number 43927 2149.45

Balance due 0

**PAID**  
JUL 20 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 \_\_\_\_\_

Eugenie Hatch  
Signature  
1835 Meade Ave.  
Address  
San Diego, CA 92116  
City  
299-8816  
Zip Code  
Telephone

Work Order # **E 10943**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

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

43927

Date: 7-20, 1973

From: Eugene Holt Address: 1735 W. Ocean Ave, # 22116

Mount Hope Cemetery Auditor Dollars (\$ 2149.45)

In Payment of Disinterment & Reinterment & Pre-Need Trust

Eugene Holt

Lot \_\_\_\_\_ Grave 27 Row 1 Section 2 Division Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-10943

BALANCE DUE \_\_\_\_\_

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>375.00</u>
77181		
Burial Containers	100	<u>350.00</u>
77182		
Handling Fee	100	<u>320.00</u>
77185		
Recording & Misc. Fees	100	<u>1045.00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>29.45</u>
78390		
TOTAL PAID	\$	<u>2149.45</u>

2430

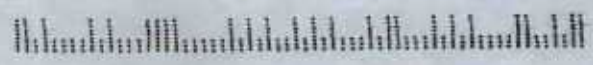


EUGENIE HATCH  
MEADE AVE  
DIEGO CA 92116-4014

E-10943



The City of San Diego.  
1774. Hope Cemetery, Property Dept.  
3751 Market St.  
San Diego, Cal. 92102



# CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5193

State of CALIFORNIA  
 County of SAN DIEGO

*E-10943*

On 08-02-93 before me, BURTON L. TANGHERLINI SR. **NOTARY PUBLIC**  
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"

personally appeared Eugenie N. Hatch  
NAME(S) OF SIGNER(S)

personally known to me - OR -  proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

LS

WITNESS my hand and official seal.



*Burton L. Tangherlini Sr.*  
SIGNATURE OF NOTARY

## OPTIONAL SECTION

### CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S)  
TITLE(S)
- PARTNER(S)  LIMITED  
 GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: \_\_\_\_\_

### SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)  
 \_\_\_\_\_  
 \_\_\_\_\_

## OPTIONAL SECTION

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

TITLE OR TYPE OF DOCUMENT Authority To Disinter

NUMBER OF PAGES 1 DATE OF DOCUMENT 08-02-93

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.

SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_





E-10943

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

August 2, 1993  
MONTH YEAR

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

Sergius Hatch

from Lot --- Grave 27 Section 2 Row 1 Block ---- Division 2  
and to remove the same to and reinter said remains in Lot ---- Grave 27  
Section 2 Row 1 Block ---- Division 2 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.

Eugenie Hatch Wife 1835 Meade Ave., S.D. Ca. 92116

Eugenie Hatch wife 1835 Meade Av. S.D. Ca. 92116  
Signature Relation to deceased Address

I hereby authorize the above disinterment:

Eugenie Hatch 08-02-93  
(Lot owner must sign if not legal custodian) Date



Burton L. Tangherlini, Jr.



E-10943



THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Property Department  
527-3400

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

July 29, 1993

Eugenie Hatch  
1835 Meade Avenue  
San Diego, Calif. 92116

Dear Mrs. Hatch:

Enclosed you will find an authorization form for the Disinterment/Reinterment of Sergius Hatch.

I have filled out all the appropriate information on the form.

You must have this form notarized and you must sign it on the line for "signature". After you have done so, please return the original to me for our files.

If you have any questions, please call me at 527-3400.

Very Truly Yours,

  
JoAnn Waits,  
Administrative Aide II

JW

enclosure



DIVERSITY  
BRINGS US ALL TOGETHER

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-20-93

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

in a T.S. Vault Funeral, date, time Fri 7/23 11:00 AM  
Church, Chapel, Graveside Chapel + grave - 1 Merkley-Mitchell Mortuary Scott

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. Jerry M. Hubbell

War time veteran No

Lot 2465 Grave - Row - Section - Division/Block 10

Grave space & Care Fund ..... 995.00

Additional spaces and care fund ..... 375.00

Opening/Closing & Setup ..... 250.00

Burial Container ..... 185.00

Handling Fees ..... 45.00

Flower vases - Marker setting fee ..... 19.38

Recording and filing fee ..... 1869.38

Sales taxes ..... 467.38

Total Due ..... 1402.00

Paid receipt number 43930 467.38

Balance due 1402.00

I hereby certify I am the Jerry M. Hubbell 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

Jerry M. Hubbell  
Signature  
2281 PEACHTREE LANE  
Address  
SPRING VALLEY 9198  
City Zip Code  
466-5641  
Telephone

Work Order # E 10944

PY-503 (Rev. 8-92)

Invoice # 222653  
Acct. # 078297

PAID IN FULL 8/6/93

30 Day Note



MT. HOPE CEMETERY

W.O. # E-10944

# NOTE

\$ 1402.<sup>00</sup> San Diego, California 7-20 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 Fourteen Hundred Two <sup>00</sup>/<sub>100</sub> DOLLARS with interest from August 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 JERRY M. HUBBELL SIGNATURE Jerry M. Hubbell

ADDRESS 2281 PEACHTREE LN. SPRING VALLEY 91978

CALIFORNIA DRIVER LICENSE NUMBER Y1053191 SSN # 455-18-095



E-10944

# 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) <b>WILSON</b>	1B. MIDDLE <b>GLENN</b>	1C. LAST (FAMILY) <b>HUBBELL</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/10/1915</b>	3. DATE OF DEATH MONTH DAY YEAR <b>07/18/1993</b>	4. SEX <b>MALE</b>
5A. CITY OF DEATH <b>LA MESA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JERRY W. HUBBELL, WIFE 2281 PUNCH TREE LANE SPRING VALLEY, CA 91977</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>PERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>F-119</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ed Leach</i>		
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.		8B. DATE SIGNED <b>07/21/1993</b>			

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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>07/21/1993</b> <b>V.I. MITCHELL</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9 9305828</b>
	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 <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

3. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY)</b>	11B. DATE BURIED <b>7-23-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>2465-10 wood-vault</i>	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

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

43930



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

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

Date: 7-20, 1993

From: Jerry Hubbell Address: 2381 Peach Tree Lane, San Diego, CA

Don't understand booky sum - 2/10 Dollars (\$ 467.38)

In \_\_\_\_\_ Payment of Payment of Wilson Hubbell

Lot 2465 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10944

BALANCE DUE \$1402.00

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 Walt

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>467.38</u>
Opening/Closing	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	\$	<u>467.38</u>

222653 08/02/93 078297 JERRY HUBBELL

E-10944

100 072  
100 072  
100 072  
100 072  
100 072  
60101  
67007

08/06/93 CK 2384

77181 000072  
77182 000072  
77183 000072  
77184 000072  
77185 000072  
78390  
77184

1,402.00  
375.00  
250.00  
45.00  
328.62  
165.00  
19.38  
199.00

1,402.00 0.00  
PAID IN FULL



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 4-21-93

*Pres. Need  
Not fee.*

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

in a \_\_\_\_\_ 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 71 Grave 8 Row \_\_\_\_\_ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... 795.00

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 ..... 795.00

Paid receipt number 43931 ..... 205.00

Balance due 590.00  
590.00

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 \_\_\_\_\_

Edna M. Montasid  
Signature  
2634 "K" Str.  
Address  
San Diego Ca. 92102  
City  
(619) 239-3855  
Telephone  
Zip Code

Work Order # **E 10945**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-10945  
CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

E-10945  
11948

**A H C A**

OWNERSHIP AND INTERMENT PRIVILEGES

TO Edna Muqtasid for the sum of \$ 795.00 (DOLLARS)

LEGAL DESCRIPTION Lot 71; Grave 8; Section 3; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10945

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

Wesley J. League

Cemetery Manager

J. T. Gentry  
Property Director

OFFICIAL RECEIPT



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

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

44713

Date 3-9- 19 94

From: Muqtasid Edwar Address: 2634 K' Street S. D. CA. 92102

In part Payment of 50 dollars Dollars (\$ 50.00)

for pre-need lot  
Clarence Davis

Lot 71 Grave 8 Row \_\_\_\_\_ Section 3 Division 12 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10945

BALANCE DUE 290.00

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.

ISSUED BY J Balobly

CREDIT	67007		
20% Sales Care	77184	<u>50</u>	<u>00</u>
80% Sales of Lots	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033	<u>50</u>	<u>00</u>
	9022		
Sales Tax	50101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>



OFFICIAL RECEIPT

43931



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

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

Date: 7-21, 1993

From: Edna Mustard Address: 234 K St, SD

Two Hundred Five 110/100 Dollars (\$ 205.00 )

In \_\_\_\_\_ Payment of Pre-Need Lot

Lot 41 Grave 8 Row - Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-10945  
BALANCE DUE 590.00

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

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

1

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>205.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>205.00</u>

OFFICIAL RECEIPT



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

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

43956

Date: 8-6, 1993

From: Wayne D. Vignard Address: 21034 K St.

Beatty 710/110 Dollars (\$ 50.00 )

In Payment of The Head Rest

Lot 11 Grave 1 Row 7 Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10945

BALANCE DUE 3540.00

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 [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>50</u>	<u>00</u>
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	\$	<u>50</u>	<u>00</u>

OFFICIAL RECEIPT

44110



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

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

Date: 9-15, 1993

From: Edna Mustard Address: 2034 K St, LA

Fifty Dollars (\$ 50.- )

In Payment of Pre-Need LOT

Lot 71 Grave 7 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10745

BALANCE DUE \_\_\_\_\_

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

*11/11/93 4733 11204  
 11/15/93 2215*

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

**CITY AUDITOR**  
**SEP 23 1993**

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>50 w</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50 w</u>



44250

## OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 527-3400
Date: 10-27, 1993From: Edna J. Wightland Address: 235 K St., #9202In Fifty Dollars (\$ 50.)Payment of Pre-Need Lot for Clarence H. WightLot 71 Grave 9 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10945

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct Pre-need Trust  Cash  Check NO# 731006 921131

AC-212 (Rev. 1-81)

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

ISSUED BY

J. Wight

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>50 W</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50 W</u>

OFFICIAL RECEIPT



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

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

44343

Date: 11/10, 1993

From: Edna Mustard Address: 2674 "K" St. San Diego 92102

Twenty-five and 00/100 Dollars (\$ 25.00 )

In Part Payment of Pre-need lot for Clarence Davis

Lot 71 Grave 8 Row \_\_\_\_\_ Section 3 Division 12 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10943

BALANCE DUE \$45.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

*PAID  
ORDER*

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	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

OFFICIAL RECEIPT



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

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

44431

Date: 10-9, 19 93

From: Echo Mungtorid Address: 2634 "K" St, S.D. CA 92102

Twenty-five & 00/100 Dollars (\$ 25.00 )

In Part Payment of Pre-need lot for Clarence Davis

Lot 71 Grave 8 Row \_\_\_\_\_ Section 3 Division Block 1A

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10945

BALANCE DUE \$390-

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

M.O. #  
49081569017

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

ISSUED BY K. Stadel

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63093	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>25.00</u>



OFFICIAL RECEIPT



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

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

44511

Date: 1/5 19 94

From: Edna Mustard Address: 2634 "K" St S.D. 92102  
Twenty-five and 00/100 Dollars (\$ 25.00 )

In Part Payment of Previous lot

Lot 71 Grave 8 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10945  
 BALANCE DUE 365.00

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
60% Sales of Lots	100	<u>25 00</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
	100	
	77183	
	63033	
	9022	
	56101	
	78390	
TOTAL PAID	\$	<u>25 00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
N.O.

OFFICIAL RECEIPT



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

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

44620

Date: 2/1, 1997

From: EDNA MUNTASID Address: 2134 Y ST. S. 52 CA 9208

TWENTY FIVE DOLLARS Dollars (\$ 25.00 )

In Part Payment of Pre-need Lot

Lot 7 Grave 8 Row \_\_\_\_\_ Section 3 Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10945  
 BALANCE DUE 346.00

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

ISSUED BY: [Signature]

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>25.00</u>

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

OFFICIAL RECEIPT



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

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

44849

Date: 4-12, 1994

From: EDNA MUSTASID Address: 26346 ST. SD. 92162

TWO HUNDRED NINETY Dollars (\$ 290.00 )

In FULL Payment of PRE NEED LOT FOR CLARENCE DAVIS

Lot 71 Grave 8 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10945

BALANCE DUE 2

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. Lopez

CREDIT	67007		
20% Sales Care	77184	<u>159</u>	<u>00</u>
80% Sales of Lots	77184	<u>131</u>	<u>00</u>
Opening/Closing	77161		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	60101		
	78390		
TOTAL PAID		\$ <u>290</u>	<u>00</u>



Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. Pre Need Lot E-10945

Edna Muqtasid

2634 "K" Street

San Diego, Calif. 92102

**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



\$ 25.00

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 E-10945

Edna Muqtasid

2634 "K" Street

San Diego, Calif. 92102

**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.



\$ 25.00

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 E-10945

Edna Muqtasid

2634 "K" Street

San Diego, Calif. 92102

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
						8th	10				

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

\$ \_\_\_\_\_

NAME Edna Muqtasid Amount Received \$ \_\_\_\_\_

ADDRESS 2634 "K." Street

CITY San Diego STATE Calif. ZIP 92102

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-10945

Edna Muqtasid

2634 "K" Street

San Diego, Calif. 92102

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR
					8/10		10				

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 Edna Muqtasid

ADDRESS 2634 "K" Street

CITY San Diego STATE Calif ZIP 92102

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 E-10945**

**Edna Muqtasib**

**2634 "K" Street**

**San Diego, Calif. 92102**

**Month and Day Due Indicated Below**

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					6th 1993		10				

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 each

\$ \_\_\_\_\_

NAME Mount Hope Cemetery

ADDRESS 3751 Market Street

CITY San Diego STATE Ca ZIP 92102

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-10945

Edna Muqtasid  
2634 "K" Street  
San Diego, Calif. 92102

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN.	FEB	MAR	APR	MAY
				6 <sup>th</sup> 1993			10				

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 Each

\$ \_\_\_\_\_

Amount Received \$

NAME Office of Antelope Cemetery  
ADDRESS 3751 Market Street  
CITY San Diego STATE Ca, ZIP 92102

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 - E-10945

Edna Huqtasid

2634 "K" Street

San Diego, Calif. 92102

## Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				7th	15th		10				
				1993	1993						

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

\$

NAME

Mount Hope Cemetery

ADDRESS

2754 Market Street

CITY

San Diego

STATE

Calif

ZIP

92102

 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 W-10945**

**Edna Muqtasid**

**2634 "K" Street**

**San Diego, Calif. 92102**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				<i>12/10</i> <i>1993</i>			<b>10</b>				

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**

**\$ 25.00**

Amount Received \$ \_\_\_\_\_

NAME

*Edna Muqtasid*

ADDRESS

*2634 "K" Street*

CITY

*San Diego*

STATE

*Calif*

ZIP

*92102*

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 E-10945**

**Edna Muqtasid**

**2634 "K" Street**

**San Diego, Calif. 92102**

**Month and Day Due Indicated Below**

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				30 1994			10				

Amount due when paid on, or before,  
due date above

\$ **25.00**

Amount due if paid more than 25 days  
after due date above.

\$ 25.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

Edna Muqtasid

ADDRESS

2634 K. Street

CITY

San Diego

STATE

Calif

ZIP

92102

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-10945**

**Edna Hugstad  
2634 "K" Street  
San Diego, Calif. 92102**

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10			10				

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

\$ 25.00

Amount Received

\$ 25.00

NAME Mt Hope Cemetery

ADDRESS 3751 Market Street

CITY San Diego STATE Calif ZIP 92102

check (  ) if this is new address

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-23-93

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

in a Line - #1 Vault/liner Funeral, date, time TUES. 7/27 1:30pm

Church, Chapel, Graveside Church + Grav - CALIF BURIAL Mortuary, Side

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 \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 9

Grave space & Care Fund ..... 195.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 195.00

Burial Container ..... 95.00

Handling Fees ..... 50.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 7.36

Total Due ..... 587.36

Paid receipt number 43944 587.36

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 # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E** 10946

OFFICIAL RECEIPT

43944



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

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

Date: 7-29, 1993

From Ray Busca Address: 5102 El Cajon Blvd

Five Hundred Eighty-Six Dollars (\$ 587.36 )

In Payment of Interment of Dustin King

Lot 734 Grave - Row - Section 3 Division 9 Block 9

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-10946  
BALANCE DUE ✓

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

ISSUED BY Wait

CREDIT	67007		
20% Sales Care	77184	39	00
80% Sales of Lots	100	156	00
77184			
Opening/Closing	100	195	00
77181			
Burial Containers	100	95	00
77182			
Handling Fee	100	50	00
77185			
Recording & Misc. Fees	100	45	00
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	7	36
78380			
TOTAL PAID	\$	587	36

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

6113



E-10946

# 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) <b>Deshion</b>	1B. MIDDLE <b>Duonne</b>	1C. LAST (FAMILY) <b>King</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/11/1988</b>	3. DATE OF DEATH MONTH DAY YEAR <b>7/19/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Margie Williams—Grandmother</b> <b>5 Hensley Drive</b> <b>San Diego, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel</b> <b>5602 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>7/23/93</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>Kyle Chase</b> <b>7/23/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9305995</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records—P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>7-27-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	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 7-23-93

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

of Dorothy McDaniel  
 in a T.S. Vault Funeral, date, time Thurs. 7/29 9:45  
 Church, Chapel, Graveside Church + grave - Goodbody Mortuary Goodbody

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. [Signature]

War time veteran \_\_\_\_\_

Lot \_\_\_\_\_ Grave 21 Row 1 Section 9 Division Block 7

Grave space & Care Fund Pre-Need A-6919 0

Additional spaces and care fund \_\_\_\_\_ 0

Opening/Closing & Setup Pre-Need E-9466 0

Burial Container " " 0

Handling Fees " " 0

Flower vases - Marker setting fee \_\_\_\_\_ 0

Recording and filing fee " " 0

Sales taxes " " 0

Total Due 0

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the [Signature] 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  
112 W. Harbor Dr.  
 Address  
San Diego CA 92103  
 City Zip Code

\_\_\_\_\_  
 Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 10947



E-10947

## 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) <b>DOROTHY</b>	1B. MIDDLE <b>MARY</b>	1C. LAST (FAMILY) <b>McDANIEL</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>9-16-1909</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>7-23-1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JOE DOOGAN SON 4250 FOURTH AVE., #115 SAN DIEGO, CA 92103</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GODDABODY MORTUARY 5027 EL CAJON BLVD., SAN DIEGO, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 790</b>		
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.			6A. SIGNATURE OF APPLICANT—Person taking permit <i>Peggy L Vancil</i>		6B. DATE SIGNED <b>7/27/93</b>

<b>PERMIT</b>	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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>JULY 27, 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>PEGGY L VANCIL</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA</b>	11B. DATE BURIED <b>7-29-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	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

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 7-26-93

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

in a liner Vault/Liner Funeral, date, time Wed, 7/28 10:00AM

Church, Chapel, Graveside Chapel + Grav. Conrad Mortuary Conrad

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 38 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 17

Grave space & Care Fund \_\_\_\_\_ 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup Pkg-Need (D-9691) \_\_\_\_\_ 0

Burial Container \_\_\_\_\_ 0

Handling Fees \_\_\_\_\_ 0

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 0

Total Due \_\_\_\_\_ 45.00

Balance due 0

*Mortuary to bring check*

*Post for Conrad*

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 10948**

E-10948

# 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) <b>LEONA</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>COOLBROTH</b>	2. DATE OF BIRTH <b>05/18/1896</b> <small>MONTH DAY YEAR</small>	3. DATE OF DEATH <b>07/24/1993</b> <small>MONTH DAY YEAR</small>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>LA MESA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., <b>SAN DIEGO</b> <small>ENTER STATE</small>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SELF/PRE-NEED</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CONRAD LEMON GROVE MORTUARY 7387 BROADWAY—LEMON GROVE, CA 91945-1533</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-941</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <b>Karen Warrant</b>			8B. DATE SIGNED <b>07/26/1993</b>

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.

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>07/27/1993</b> <b>Karen Warrant</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308119</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <b>SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS — P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- |  |  |
|--|--|
| <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)                             | <input type="checkbox"/> E. TEMPORARY ENVAULTMENT            |
| <input type="checkbox"/> B. CREMATION  | <input type="checkbox"/> F. DISINTERMENT                     |
| <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY | <input type="checkbox"/> G. SHIP IN TO CALIFORNIA            |
| <input type="checkbox"/> D. SCIENTIFIC USE   | <input type="checkbox"/> 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 <b>MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>7-28-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Wendy Jo Trague</b>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED <b>38-6-2-12</b> <i>metal cooler</i>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	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

43943



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

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

Date: 7-28- 1993

From: CONRAD MORT. Address: 7357 BROADWAY, LEMON GROVE

FORTY-FIVE AND <sup>xx</sup>/100 Dollars (\$ 45.00 )

In Full Payment of Recording/Filing Fee

Lot 38 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10948

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91) 2748002068

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

ISSUED BY W.J. P. [Signature]

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-26-93

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

in a T.S. VAULT Vault/Liner Funeral, date, time Thurs, 7/29 9:00 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 \$ (RM) 150 will be applied and billed to undersigned.

War time veteran No

✓ Lot 36 Grave 8 Row \_\_\_\_\_ Section 2 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need D-8806 0

Additional spaces and care fund .....

Opening/Closing & Setup..... 375.00

Burial Container..... 225.00

Handling Fees..... 185.00

Flower vases - Marker setting fee OT. for 9:00am 150.00

Recording and filing fee..... 45.00

Sales taxes..... 17.44

Total Due..... 997.44  
Paid receipt number # 43935 997.44

Balance due 0

I hereby certify I am the Trustee / Attorney 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.

R. Alan Smith, Trustee  
Signature of recorded holder of deed

R. Alan Smith, Trustee  
Signature  
PO Box 460340  
Address  
ESCONDIDO, CA 92046  
City (619) 745-2875 Zip Code  
Telephone

Work Order # E 10949

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

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

43935

Date: 7-26, 19 93

From: Alan Smith Address: P.O. Box 460340

Nine hundred ninety-seven <sup>44</sup>/<sub>100</sub> Dollars (\$ 997.44 )

In full Payment of Services for Irene Brown

Lot: 36 Grave: 8 Row: \_\_\_\_\_ Section: 2 Division: 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 10949-E

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

123

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

ISSUED BY N. Piquero

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>375</u>	<u>00</u>
	77181		
Burial Containers	100	<u>225</u>	<u>00</u>
	77182		
Handling Fee	100	<u>185</u>	<u>00</u>
	77185		
Recording & Misc. Fees	100	<u>195</u>	<u>00</u>
	77183		
Pre-Need Trust	63033	<del>100</del>	<del>00</del>
	9022		
Sales Tax	60101	<u>17</u>	<u>44</u>
	78390		
TOTAL PAID	\$	<u>997</u>	<u>44</u>

E-10949

# 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) <b>IRENE</b>	1B. MIDDLE <b>---</b>	1C. LAST (FAMILY) <b>BROWN</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>5-20-1908</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>7-25-1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>R. ALAN SMITH TRUSTEE</b> <b>2053 HILLER AVENUE</b> <b>ESCONDIDO, CA 92025</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>COODBODY MORTUARY</b> <b>5027 EL CAJON BLVD., SAN DIEGO, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 790</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Peggy L Vancil</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>7/27/93</b>		

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>JULY 28, 1993</b> <b>PEGGY L VANCIL</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306160</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S). CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET, SAN DIEGO, CA</b>	11B. DATE BURIED <b>7-29-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Trujillo</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	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
	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

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 7-26-93

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

In a T.S. Vault Vault/Urn Funeral, date, time Thurs, 7/29 10:00 AM

Church, Chapel, Graveside GRAVESIDE ; Lewis Colonial Mortuary  
(Reginald)

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. Juno Hayashi

War time veteran No

Lot 5212 Grave          Row          Section          Division/Block 10

Grave space & Care Fund Pre-Need (C-5700)         

Additional spaces and care fund         

Opening/Closing & Setup 375.00

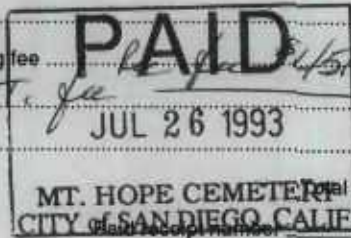
Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee         

Recording and filing fee C.T. fee 195.00

Sales taxes 19.38



Total Due 1024.38

Check/Account number 43734 1024.38

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         

Signature Juno Hayashi

Address 2085 Logan Ave.

City San Diego, CA Zip Code 92113

Telephone 233-0725

Work Order # E 10950

Invoice #         

Acct. #

OFFICIAL RECEIPT



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

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

43934

From: Tom Hayashi Address: 285 Logan Ave LA 92113  
One Thousand Twentyfour 38/100 Dollars (\$ 1024.38)  
In \_\_\_\_\_ Payment of Interest of Tom Hayashi

Lot 5212 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-10950  
BALANCE DUE #

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

AC-212 (Rev. 1-91)

898

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100		
Opening/ Closing	77181	375	00
Burial Containers	100	250	00
	77182		
Handling Fee	100	185	00
Recording & Misc. Fees	77183	195	00
Pre-Need Trust	63033		
Sales Tax	9022		
	60101	19	38
	78390		
TOTAL PAID	\$	1024	38

E-10950

# 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) <b>TOM</b>	1B. MIDDLE <b>ITSUMU</b>	1C. LAST (FAMILY) <b>HAYASHI</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>06/25/1905</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>07/23/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>TAKENO HAYASHI - WIFE 2085 LOGAN AVE SAN DIEGO, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
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.		8B. DATE SIGNED <b>07/27/1993</b>			

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>JUL 27 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald G. Ramirez, M.D., M.P.H.</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN-TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>7-29-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Taylor</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 7-27-93

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

in a LINER Vault/Liner Funeral, date, time Thurs 7/29 1:00pm  
Church, Chapel, Graveside Del Only; Feathering, U 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 1935 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-need (C-6632) \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flowers ~~\_\_\_\_\_~~ Marker setting fee MARKER purchased Feathering - 125.00

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 14.73

**PAID** Total Due 894.73

**JUL 26 1993** Paid receipt number 43939 894.73

**MT. HOPE CEMETERY  
CITY of SAN DIEGO, CALIF** 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 \_\_\_\_\_

Marion M. Drummond  
Signature  
4083 Florida Street  
Address  
San Diego, CA 92104  
City 291-7745 Zip Code

Work Order # **E 10951**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

OFFICIAL RECEIPT

43939



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

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

Date: 7-27, 1993

From Marcus Vreeland Address: 4083 Pineda St, # 9204

Eight Hundred Twenty-four and 13/100 Dollars (\$ 824.73)

In Payment of Interment of Georgia Vreeland

Lot 1935 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10951

BALANCE DUE 2

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

216

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	
Opening/Closing	100	<u>375.00</u>
Burial Containers	100	<u>170.00</u>
Handling Fee	100	<u>145.00</u>
Recording & Misc. Fees	100	<u>170.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	<u>14.73</u>
TOTAL PAID	60101	<u>824.73</u>
	78390	

E-10951

# 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) <b>GEORGIA</b>		1B. MIDDLE <b>PEARL</b>		1C. LAST (FAMILY) <b>DRUMMOND</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>04/15/16</b>		3. DATE OF DEATH MONTH DAY YEAR <b>07/26/93</b>		4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Marion H. Drummond, sister 4083 Florida St. San Diego, CA 92114</b>				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115</b>					7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>1083</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Teri Trussdale</i>		8B. DATE SIGNED <b>1-28-93</b>	

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 7106 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>07/28/93</b> <i>Teri Trussdale</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306167</b>	
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>PO Box 85222 San Diego, CA 92186</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
<input type="checkbox"/> B. CREMATION		<input type="checkbox"/> F. DISINTERMENT					
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA					
<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA					

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery San Diego, CA</b>	11B. DATE BURIED <b>7-29-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wanda J. Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>n/a</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>n/a</b>	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 <b>n/a</b>	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 <b>n/a</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 7-28-97

*Dig grave  
6 1/2 feet  
deep*

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

of Rodolfo GARCIA

in a Double Depth Crypt Funeral, date, time Fri, 7/30 2pm

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 \$ 150.00

will be applied and billed to undersigned. Annelia Pena

War time veteran No

✓ Lot 97 Grave 15 Row \_\_\_\_\_ Section 3 Division/Black 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund.....

Opening, Closing & Setup. (2) Two O/C @ \$375.00 750.00

Burial Container..... 380.00

Handling Fees 6 1993 ..... 320.00

Flower vases - Marker setting fee.....

☞ 60 Day Note  
Burial and final fee Two Rec Fees @ \$45.00 90.00

Sales taxes..... 29.45

Total Due 2364.45

Paid receipt number 43941 591.00

Balance due 1773.45

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 \_\_\_\_\_

Annelia Pena  
Signature

2728 E Terrace Lane Dr.  
Address

San Diego, CA 92173.  
City

(615) 433-6777.  
Telephone

Zip Code

Work Order # E 10952

Invoice # 222654

Acct. # 078295

*OVER*

balance #517.45

8/6 Aux Inv. 517.45

Balance 0

MT. HOPE CEMETERY

W.O. # E-10952

# NOTE

\$ 517.45 San Diego, California 7-30- 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 Five hundred seventeen & <sup>45</sup>/<sub>100</sub> DOLLARS with interest from October 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 Ofelia Torres SIGNATURE Ofelia Torres

ADDRESS 517 4th AVE #4 Chula Vista Calif 91910

CALIFORNIA DRIVER LICENSE NUMBER N7466847 SSN # 550-11-5642



CITY OF SAN DIEGO, CALIFORNIA  
CITY TREASURER

E-10452

ACCOUNTS RECEIVABLE  
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 018295

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 8-6-93 L.D.

PAID BY (CIRCLE ONE):  CA  CK  NF

PAYMENT REFERENCE NUMBER \_\_\_\_\_

AMOUNT PAID \$ 517.45

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Ofelia Torres

PAYOR NAME None  
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS \_\_\_\_\_

REMARKS Plan - mtg # 42

CASHIER \_\_\_\_\_

INV. NO. 222654

OFFICIAL RECEIPT

43941



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

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

Date: 7-28, 1993

From: Amelia P. ... Address: 27286 ...

Five Hundred Twenty-Eight - 00/100 Dollars (\$ 528.00)

In Payment of Interment of Rodolfo Garcia

Lot 97 Grave 5 Row Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10952

BALANCE DUE 1993.45

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>591.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
TOTAL PAID	60181	<u>591.00</u>
	78390	

OFFICIAL RECEIPT



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

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

48947

Date: 7-30, 1993

From: Amelia Perras Address: 2728 C Terrace Pine Dr. S.D. 92173

Two've hundred fifty-six and 45/100 Dollars (\$ 1256.00 )

In Part Payment of Interment of Rodolfo Garcia

Lot 97 Grave 5 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-12952

BALANCE DUE 517.45

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	<u>159</u>	<u>00</u>
60% Sales of Lots	77184	<u>45</u>	<u>00</u>
Opening/Closing	100	<u>750</u>	<u>00</u>
Burial Containers	77182	<u>302</u>	<u>00</u>
	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>1256</u>	<u>00</u>



OFFICIAL RECEIPT



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

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

44355

Date: Apr 15, 1993

From: Aracela Parias Address: 27286 Terrace Lane San Diego 92173

Amount \$96.00 Dollars (\$ 96.00 )

In Part Payment of Returned check #1728 - for amount of \$100 to Garcia

Lot 97 Grave 5 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10952  
 BALANCE DUE 0

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

AC-212 (Rev. 1-81)

27-192500

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	<u>76.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>20.00</u>
	77188	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>96.00</u>

E-10952

# 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) <u>Rodolfo</u>	1B. MIDDLE <u>R.</u>	1C. LAST (FAMILY) <u>Garcia</u>	2. DATE OF BIRTH MONTH DAY YEAR <u>07/05/1953</u>	3. DATE OF DEATH MONTH DAY YEAR <u>07/28/1993</u>	4. SEX <u>M</u>	
5A. CITY OF DEATH <u>Chula Vista</u>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <u>San Diego</u>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INDEBTMENT <u>Amelia Garcia-Sister</u> <u>2728 Terrace Pine Dr.</u> <u>San Diego, CA 92173</u>				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <u>Mayer Mortuary 2859 Adams Ave. San Diego, CA</u>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <u>1424</u>	8A. SIGNATURE OF APPLICANT— <i>Permitting permit</i> <u>[Signature]</u>			8B. DATE SIGNED <u>07/28/1993</u>
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 <u>\$7.00</u>	9B. DATE PERMIT ISSUED <u>07/29/1993</u> <u>James Hale</u>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <u>9306217</u> <u>[Signature]</u>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <u>P.O.Box 85222</u> <u>San Diego, CA 92186-5222</u>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <u>Mt. Hope Cemetery</u> <u>San Diego, CA</u>	11B. DATE BURIED <u>7-30-93</u>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <u>[Signature]</u>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <u>[Signature]</u>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <u>97-5-3-12</u>	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

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.



INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND DEPT	DRG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
		63021				90222					250.00		
222654	08/02/93	078295	OFELIA TORRES					08/06/93	CA		517.45	517.45	0.00
				100 072		77182	000072				78.00		
				100 072		77183	000072				90.00		
				100 072		77185	000072				320.00		
				60101		78390					29.45		

E-10952

PAID IN FULL

NUMBER OF INVOICES PAID

4



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-28-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Muslim Organization of S.D.

In a \_\_\_\_\_ 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 Muslim Division/Block \_\_\_\_\_

Grave space & Care Fund 4.44 spaces @ \$450.00 = \$2,000.00  
Each

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

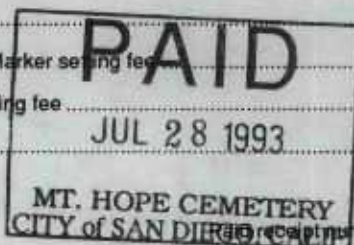
Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_



Total Due 2,000.00  
439.42 2,000.00

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 M. Askan  
Address P.O. Box 261058  
S.D. CA. 92126  
City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 10953**

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 7/29/93

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

in a T.S. Vault Funeral, date, time Tue 8/3 11:00AM

Church, Chapel, Graveside Graveside Paris Blvd Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 20.00 will be applied and billed to undersigned.

War time veteran No

Lot 1290 Grave      Row      Section 3 Division/Block 8

Grave space & Care Fund Pre-Need (D-6004)     

Additional spaces and care fund     

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee     

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 874.38

Paid receipt number VISA 874.38

Balance due 0

I hereby certify I am the Survivor 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.

(POLLY CARMEN)

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

Signature of recorded holder of deed

Signature [Signature]

Address 625 Crickstone CA

City Nashville TN 37214

Telephone (615) 889-7815 Zip Code

Work Order # E 10954

PY-593 (Rev. 8-92)

Invoice #     

Acct. #



E-10954

# 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) <i>Henrietta</i>	1B. MIDDLE <i>Annabelle</i>	1C. LAST (FAMILY) <i>Carman</i>	2. DATE OF BIRTH MONTH DAY YEAR <i>07/21/1924</i>	3. DATE OF DEATH MONTH DAY YEAR <i>07/27/1993</i>	4. SEX <i>F</i>
5A. CITY OF DEATH <i>North Vernon</i>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <i>Indiana</i>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <i>Dorinda Mae Carman-Step Sister</i> <i>7700 E CR 150S</i> <i>Butlerville, IN 47223</i>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Paris-Frederick Mortuary</i> <i>374 N. Magnolia ave.; El Cajon, CA 92020</i>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <i>795</i>	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>William H. Harris</i>		
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.		8B. DATE SIGNED <i>7/29/93</i>			

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 <i>\$7.00</i>	9B. DATE PERMIT ISSUED <i>JUL 30 1993</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald L. Rivas, M.D., M.P.H.</i>
	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 <i>P.O. Box 85222</i> <i>San Diego, CA 92186-5222</i>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <i>Mt. Hope Cemetery; 3761 Market St.</i> <i>San Diego, CA 92102</i> <i>1290-3-8</i>	11B. DATE BURIED <i>8-3-93</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Teagler</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>T.S. Vault</i>	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 -

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 7-29-93

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

in a Double Depth Crypt Vault/Urner Funeral, date, time Mon, 8/2 1:00pm

Church, Chapel, Graveside Church + grave - Pasadena 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. Laura Russell

War time veteran \_\_\_\_\_

Lot 101 Grave 3 Row \_\_\_\_\_ Section 3 Division/~~Block~~ 12

Grave space & Care Fund \_\_\_\_\_ 795.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup, One (1) o/c \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 380.00

Handling Fees \_\_\_\_\_ 320.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee One (1) rec fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 29.45

Total Due 1944.45

*30 Day Note*

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.

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

Signature of recorded holder of deed \_\_\_\_\_

Laura Russell  
Signature

4875 MANONET ST  
Address

San Diego, Ca 92113  
City Zip Code

(619) 264-3481  
Telephone

Work Order # **E 10955**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 7-30-93

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

of Algie Morris

in a T. 5 Vault Funeral, date, time Mon, 8/2 1:00pm

Church, Chapel, Graveside Church - Grace - Ragsdale Mortuary Grace

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. DeWise Hayes

War time veteran No

Lot 101 Grave 3 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee .....

Recording and filling fee ..... 45.00

Sales taxes ..... 19.38

**PAID**  
SEP 1 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 1669.38

Paid receipt number 43945 1000.00

Balance due 669.38

I hereby certify I am the granddaughter Aux. 1510-CC-669.38 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

DeWise Hayes  
Signature

4875 MARLOWET ST  
Address

San Diego 92113  
City Zip Code

(619) 264-3481  
Telephone

Work Order # **E 10956**

Invoice # 223015

Acct. # 078320

30 Day  
NOTE





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

025  
E-10956

E-10956

LAURETTA RUSSELL  
4875 MANDMET STREET  
SAN DIEGO CA 92013

ACCT NO  
078320

TREASURERS USE ONLY

PAYMENT DATE 9/1/93  
BY: CA CK IF Money  
check  
PAYMENT REF NO 0898005931

AMT PAID: \$1069.38

INVOICE DATE 08/04/93 PAYMENT DUE 09/03/93 PERIOD COVERED JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:  
JOANN WAITS REF NO: E-10956  
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES AMOUNT

ALGIE MORRIS SERVICE	795.00
LOT 101; GR 3; SEC 3;	375.00
OPENING/CLOSING	250.00
TOP SEAL VAULT	185.00
HANDLING FEE	45.00
RECORDING FEE	19.38
TAX ON VAULT	
LESS PAYMENT - REC #43	-1,000.00

PAID  
SEP 1 1993  
MT. HOPE CEMETERY  
CITY OF SA

TOTAL DUE 669.38

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



OFFICIAL RECEIPT



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

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

01249

43945

Date: 7-30, 1993

From: Rapid Mortuary Address: 5050 Federal Blvd. St  
One Newark Mojo

In Payment of Interment of Alice Morris Dollars (\$ 1000.-)

Lot 101 Grave 3 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-10956  
BALANCE DUE 8669.38

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

ISSUED BY White

CREDIT	67007		
20% Sales Care	77184	<u>159</u>	<u>00</u>
60% Sales of Lots	100	<u>636</u>	<u>00</u>
Opening/Closing	77184	<u>205</u>	<u>00</u>
Bural Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	77183		
	53033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>1000</u>	<u>00</u>

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

AC-212 (Rev. 1-81) 12561

E-10956

# 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) <b>ALGIE</b>	1B. MIDDLE <b>LEE</b>	1C. LAST (FAMILY) <b>MORRIS</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/09/1917</b>	3. DATE OF DEATH MONTH DAY YEAR <b>07/28/1993</b>	4. SEX <b>F</b>
2A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Lauretta Russell - Daughter 4875 Manomet St. San Diego, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragedale Mort.; 5050 Federal Blvd. San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>		
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.		8B. DATE SIGNED <b>07/30/1993</b>			

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 07/30/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306267</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA</b>	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 <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b>  <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
---	--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>8-2-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Jorgensen</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	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 8-2-93

OPEN IMP. ST. GATES

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

of Ottie Webb

in a Liner Funeral, date, time Wed 8/4 1:00pm

Church, Chapel, Graveside Chapel - Space - Greenwood Mortuary (SHARON)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150<sup>00</sup>

will be applied and billed to undersigned. Margieann Webb

War time veteran No

Lot 30 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund Pre-Need (E-1166) 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 45.00

Sales taxes 0

Total Due 45.00

Paid receipt number 43960 45.00

Balance due 0

**PAID**  
AUG 02 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

I hereby certify I am the house 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.

Margieann Webb  
Signature of recorded holder of deed

Signature 4738 Beech St

Address San Diego CA 92102

City 264-2252 Zip Code

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 10957



E-10957

# 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) <b>Ollie</b>	1B. MIDDLE <b>Edwin</b>	1C. LAST (FAMILY) <b>Webb</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/07/1916</b>	3. DATE OF DEATH MONTH DAY YEAR <b>07/31/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Marqueene Webb: Wife</b> <b>4738 Beech Street</b> <b>San Diego, CA 92102</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Greenwood Mortuary: 1-805 &amp; Imperial Avenue</b> <b>San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-843</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sharon L. Ladess</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>08/03/1993</b>			

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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>Sharon L. Ladess</b> <b>08/03/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306407</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery: 3751 Market Street</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>8-4-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Taylor</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>metal sealed</b>	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

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

43960



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

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

Date: 8-2, 1993

From: Maryanne Webb Address: 4738 Birch St. # 720

Full-time Dollars (\$ 45.00 )

In Payment of Trustee of Marie Webb

Lot 30 Grave 13 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 11751

BALANCE DUE 45.00

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 Comm	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
100		
Handling Fee	77185	
Recording & Misc. Fees	100	<u>45.00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78290		
TOTAL PAID	\$	<u>45.00</u>

Preneed  
Lot & Trust  
FOR TWO

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-2-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mr. & Mrs. McADORY

In a DBL CRYPT 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 Yes ALL

Lot 5199 Grave - Row - Section - Division/Block 10

Grave space & Care Fund ..... 1095.-

Additional spaces and care fund .....

Opening/Closing & Setup ..... 2 @ 375 750.-

Burial Container ..... DBL CRYPT 380.-

Handling Fees ..... 320.-

Flower vases - Marker setting fee .....

Recording and filing fee ..... 2 @ 45 90.-

Sales taxes ..... 29.45

24 @ \$3.26

Total Due ..... 2664.45

Paid receipt number 43950 666.11

Balance due 1998.34

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 \_\_\_\_\_

Charles McAdory  
Charles McAdory  
Signature  
506 SEALS BL  
Address  
SAN Diego CA 92114  
City Zip Code  
(619) 463-0529  
Telephone

Work Order # E 10958

PV-993 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct # \_\_\_\_\_





CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

E-10958

11964

**D E F A**

OWNERSHIP AND INTERMENT PRIVILEGES

TO Mitsuko & Charles McAdory for the sum of \$ 1095.00 (DOLLARS)

LEGAL DESCRIPTION Lot 5199, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10958

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:

SEE CEMETERY MANAGER

*Wendy Jo Trague*

Cemetery Manager

*J. T. Gault*

Property Director

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

**1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre Need Lot & Trust

Mitsuko & Charles McAdory

506 Sears Avenue E-10958

San Diego, Calif., 92114

(5199-10)

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.



\$ 83.26

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME **MR. CHARLES L. McADORY**

ADDRESS **506 SEARS AVENUE**

**SAN DIEGO, CA 92114**

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. E-10958 Pre Need Lot  
Mitsuko & Chas. McAdory Trust  
506 Sears Avenue  
San Diego, Calif. 92114  
(5199-10)

**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.



\$ 83.26

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME MR. CHARLES L. McADORY

ADDRESS 506 SEARS AVENUE

CITY SAN DIEGO, CA STATE CA ZIP 92114

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*

*Mitsuko & Charles McAdory*

*506 Sears Avenue E-10958*

*San Diego, Calif. 92114*

*(5199-10)*

**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

\$ 83.26

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME **MR. CHARLES L. McADORY**

ADDRESS **506 SEARS AVENUE**

**SAN DIEGO, CA 92114**

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-10958** Pre Need Lot  
**Mitsuko & Chas. McAdory Trust**  
**506 Sears Avenue**  
**San Diego, Calif. 92114**  
**(5199-10)**

**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.

\$ **83.26**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME **MR. CHARLES L. McADORY**

ADDRESS **506 SEARS AVENUE**

**SAN DIEGO, CA 92114**

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*

*Mitsuko & Charles McAdory*

*506 Sears Avenue*

*E-10958*

*San Diego, Calif. 92114*

*(5199-10)*

**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

\$ 83.26

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME **MR. CHARLES L. McADORY**

ADDRESS **506 SEARS AVENUE**

**SAN DIEGO, CA 92114**

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-10958** Pre Need Lot  
**Mitsuko & Chas. McAdory Trust**  
**506 Sears Avenue**  
**San Diego, Calif. 92114**  
**(5199-10)**

**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.



\$ **63.26**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

**MR. CHARLES L. McADORY**

ADDRESS

**506 SEARS AVENUE**

CITY

**SAN DIEGO, CA 92114**

ZIP

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. ~~FOR NEWS LOT & TRUST~~

Mitsuko & Charles McAdory

506 Sears Avenue

B-10958

San Diego, Calif. 92114

(5199-10)

**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.



\$ 83.26

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

**MR. CHARLES L. McADORY**

ADDRESS

**506 SEARS AVENUE**

CITY

**SAN DIEGO, CA 92114**

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-10958** Pro Need Lot  
**Mitsuko & Chas. McAdory Trust**  
**506 Sears Avenue**  
**San Diego, Calif. 92114**  
**(5199-10)**

**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.



\$ 83.26

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME MR. CHARLES L. McADORY  
ADDRESS 506 SEARS AVENUE  
CITY SAN DIEGO, CA 92114 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. **Pro Nord Lot & Trust**

**Mitsuko & Charles McAdory**

**506 Sears Avenue**

**E-1095B**

**San Diego, Calif. 92114**

**(5199-10)**

**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.

\$ **83.26**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

**NAME**

**MR. CHARLES L. McADORY**

**ADDRESS**

**506 SEARS AVENUE**

**CITY**

**SAN DIEGO, CA 92114**

**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.

*& Pre-Paid Trust*

*Charles McAdory  
506 Sears Avenue  
S.D., Calif. 92114*

**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.



\$ 90.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

**MR. CHARLES L. McADORY**

ADDRESS

**506 SEARS AVENUE**

CITY

**SAN DIEGO, CA 92114**

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.

CHECK ONE & PRE-NEED TRADE  
Charles McAdory  
506 Sears Avenue  
S.D., Calif. 92114

**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



\$ 98.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME

Amount Received \$ \_\_\_\_\_  
MR. CHARLES L. McADORY  
506 SEARS AVENUE  
SAN DIEGO, CA 92114

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-Paid Taxes*

*Charles McAdory  
506 Sears Avenue  
S.D., Calif. 92114*

**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

▶ \$ ~~2.23~~ 2.23

Amount due if paid more than \_\_\_\_\_ days  
after due date above

▶ \$ \_\_\_\_\_

\$ \_\_\_\_\_

NAME MR. CHARLES L. McADORY

ADDRESS 506 SEARS AVENUE  
SAN DIEGO, CA 92114

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

check (✓) if this is new address

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51144



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

MOUNT HOPE CEMETERY  
527-3400

Date: 5-13, 1999

From: Charles McAdory Address: 506 Sears Ave SD, 92114

Two Hundred Fifty Nine and 20/100 Dollars (\$ 259.20 )

In Full Payment of foundation for upright marker - pre-need

Lot 5199 & 5200 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E10958

BALANCE DUE 259.20

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

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

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>259.20</u>
Sales Tax	9022	
	60101	
	78390	

740

ISSUED BY Lynda

TOTAL PAID \$ 259.20

OFFICIAL RECEIPT



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

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

44698

Date: 3-4, 19 94

From Charles W. Aubrey Address: 506 Fairview Dr 92114

8187-326 Dollars (\$ 83.26)

In \_\_\_\_\_ Payment of Pre-Need Trust

Lot 5199 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10958

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

1809

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

ISSUED BY W. A. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>83.26</u>
	9022	
Sales Tax	60101	
	78390	
<b>TOTAL PAID</b>	<b>\$</b>	<u>83.26</u>



OFFICIAL RECEIPT



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

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

44506

Date: 1/5, 19 94

From: CHARLES McDOORY Address: 506 Seacoast Ave, S.D 92114  
EIGHTY-THREE and 26/100 Dollars (\$ 83.26)

In Part Payment of PRE-NEED LOT/TRUST

Lot 5199 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-10958  
BALANCE DUE \$1582.04

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	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>83 26</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>83 26</u>

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

OFFICIAL RECEIPT



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

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

43950

Date: 8-2- 1993

From: Mr. + Mrs. McAdams Address: 506 SEARS AVE. SAN DIEGO, CA

Six hundred sixty-six and 11/100 Dollars (\$ 666.11 )

In Part Payment of Pre-need Lot + TRUST - BOTH TRUSTS

Lot 5199 Grave      Row      Section      Division Block 10

Invoice No.                     

Acct. No.                     

W.O. E 10958

BALANCE DUE 1998.34

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

1767  
195

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	<u>666.11</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
TOTAL PAID	50101	\$ <u>666.11</u>
	78390	

OFFICIAL RECEIPT



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

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

44148

Date: 9-15, 1923

From: Charles McCarty Address: 510 So. Ave. St.

In Payment of Plot - Trust Dollars (\$ 83.26 )

Lot 5199 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10958  
 BALANCE DUE \_\_\_\_\_

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	<u>83</u>	<u>26</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	8022		
	60101		
	78390		
TOTAL PAID	\$	<u>83</u>	<u>26</u>

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

1770



OFFICIAL RECEIPT

44186



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

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

From: McClellan, Charles Address: 506 Ocean Ave, #18 Date: 10-4, 1993  
Eighty - Three Dollars (\$ 83.26)  
In Payment of Pre-Need Lot + Trust

Lot 5199 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10956

BALANCE DUE \_\_\_\_\_

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>83.26</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>83.26</u>

OFFICIAL RECEIPT



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

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

44305

Date: 11/5, 19 93

From: Charles McLooney Address: 526 Seais Ave S.D. CA 92114

Eighty-three and 26/100 Dollars (\$ 83.26 )

In Part Payment of Pre-need lot + trust

Lot 5109 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 17

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10958

BALANCE DUE 1783.56

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

1786

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	83	26
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	60033		
	8022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	83	26

OFFICIAL RECEIPT



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

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

E 10958

43861

Date: 7-1, 1993

From Charles Mc Atney Address: 506 Seaward Ave, San Diego

In full Payment of Pre-Need Lot & Trust Dollars (\$ 272.23 )

Lot 5248 Grave - Row - Section - Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-9677

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 Walt

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>272 93</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>272 93</u>



OFFICIAL RECEIPT



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

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

44400

Date: 12-3, 19 93

From: CHARLES H. ADARY Address: 506 SEARS AVE. S.D. 92114

EIGHTY-THREE ; 26/100 Dollars (\$ 83.26 )

In PART Payment of ~~PRE-NEED~~ PRE-NEED LOT ; TRUST

Lot 5199 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10958

BALANCE DUE \$1665.30

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

#1790

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>83 26</u>
80% Sales of Lots	77184	
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	80101	
	78390	

TOTAL PAID \$ 83 26

OFFICIAL RECEIPT



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

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

44582

Date: 2-4, 19 94

From: McAdams, Mitsuko Address: 506 Sears Ave. S.D. 92114

Eighty-three and 26/100 Dollars (\$ 83.26 )

In Part Payment of Pre-need Lot & Trust

Lot 5109 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10958

BALANCE DUE 1498.78

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 [Signature]

1303

CREDIT	87007		
20% Sales Care	77184	<u>12</u>	<u>54</u>
80% Sales of Lots	100		
Opening/ Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>70</u>	<u>72</u>
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>83</u>	<u>26</u>

OFFICIAL RECEIPT

44798



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

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

Date: 4-4, 1994

From: Charles Mc Obery Address: 5060 San Jacinto St.

Eighty Three 26/100 Dollars (\$ 83.26 )

In \_\_\_\_\_ Payment of Pre-Need Trust

Lot 5199 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10958

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	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>83.26</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>83.26</u>



OFFICIAL RECEIPT



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

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

44919

Date: May 5, 1994

From: Thomas J. McCleary Address: 506 S. Main Ave. #A 92114  
Eighty-three and 26/100 Dollars (\$ 83.26)  
 In \_\_\_\_\_ Payment of Pre-Need Lot + Trust

Lot 5199 Grave - Row - Section - Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10958

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

1821

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

ISSUED BY J. Wait

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>83.26</u>
	9022	
Sales Tax	60101	
	78090	
TOTAL PAID	\$	<u>83.26</u>

OFFICIAL RECEIPT

44972



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

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

From Charles W. C. [unclear] Address: 502 [unclear] [unclear] Date: 5-19, 1994  
[unclear] Dollars (\$ 1249 )  
 In full Payment of Pre-Need Trust

Lot 5199 Grave - Row - Section - Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10958  
 BALANCE DUE [unclear]

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

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>1249 00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>1249 00</u>

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

ISSUED BY [Signature]

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8-2-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosie Lee JACKSON

in a T-2 Vault Vault/Urner Funeral, date, time Thurs, 8/5 11:00AM  
 Church, Chapel, Graveside Chapel + grave - Papdale Mortuary side

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. Yolanda Strong

War time veteran No

Lot 118 Grave 4 Row \_\_\_\_\_ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee .....

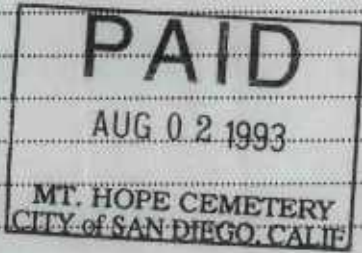
Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due ..... 1669.38

Paid receipt number 43951 1665.38

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 \_\_\_\_\_

Yolanda Strong  
 Signature  
5241 La Ray Dr.  
 Address  
San Diego CA 92114  
 City  
(619) 263-1931 Zip Code  
 Telephone

Work Order # **E 10959**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_



OFFICIAL RECEIPT

43951



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

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

Date: 8-2, 1993

From: Gloria King Address: 524 La Paz Blvd # 72116  
Severna Park Md 20686 Dollars (\$ 1669.31)  
In \_\_\_\_\_ Payment of Payment of basic

Lot 118 Grave 14 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-10959  
BALANCE DUE +

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

CREDIT	57007		
20% Sales Care	77184	159	00
60% Sales of Lots	100	636	00
77184			
Opening/Closing	100	375	00
77181			
Burial Containers	100	250	00
77182			
100		185	00
Handling Fee	77185		
Recording & Misc. Fees	100	45	00
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	19	31
78390			
TOTAL PAID	\$	1669	31

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

ISSUED BY

*Wait*

E-10959

# 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) <b>Rosie</b>	1B. MIDDLE <b>L.</b>	1C. LAST (FAMILY) <b>Jackson</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>04/22/1922</b>	3. DATE OF DEATH MONTH DAY YEAR <b>07/29/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Esther Lawrence - Aunt 5241 La Paz Dr. San Diego, CA. 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary: 5050 Federal Blvd San Diego, CA. 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		
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 <i>Robert Williams</i>		
			8B. DATE SIGNED <b>08/03/1993</b>		

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 08/03/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306370</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>San Diego, CA 92186</b> <b>Vital Records: P.O. Box 85222</b>	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 <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery: 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>8-5-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Trigo</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <i>metal w/sealed</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 8-2-93

*Pre-Need Lot  
+ Trust for:*

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

of ANTONIO GARCIA

in a 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 NO

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

*Paid in full  
12-2-94*

Total Due 1564.73

Paid receipt number MasterCard 391.00

Balance due 1173.73

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

Antonio Garcia  
Signature  
162W. Seaward Ave #3  
Address  
San Diego Ca 92173  
City  
(619) 428-6744  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 10960





NAME Garcia, Antonio

ACCT. NO.

ADDRESS 162 W. Seaward Ave., #3, San Ysidro RATING 92173

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
8-2-93	Opened Pre Need Lot & Trust for:				
	Lot 97; Grave 6; Section 3; Div. 12	795.00			
	Trust: O/C; Liner; Handling Fee; Rec. Fee;				
	tax on liner	769.73			1564.73
8-2-93	Master Card -Down payment			391.00	1173.73
9-17-93	Coupon 1, Rec # 44114			49.00	1124.73
10-4-93	Coupon 2, Rec # 44182			49.00	1075.73
11-3-93	Coupon #3, Rec # 44308			49.00	1026.73
12-13-93	Coupon #4, Rec # 44440			49.00	977.73
12-13-93	Coupon #5, Rec # 44435			77.73	900.00
1/4 94	Coupon #6, Rec # 44503			50.00	850.00
1/5 94	Coupon #7, Rec # 44516			50.00	800.00
2/4 94	Coupon #8, Rec # 44586			50.00	750.00
3-7-94	Coupon 9, Rec # 44699			100.00	650.00
4-4-94	Coupon 10, Rec # 44799			100.00	550.00
5-5-94	Coupon 11, Rec # 44916			100.00	450.00

NAME

ACCT. NO.



ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BAL.
6-2 94	coupon #12, Rec #				450.00
6-2 94	Rec # 45071			50.00	400.00
7-6-94	Coupon 13, Rec # 45213			50.00	350.00
8-2-94	Coupon 14 rec. 45300			50.00	300.00
9/6 94	Coupon 15 R# 45408			50.00	250.00
10/4 94	Coupon #16 R# 45535			75.00	175.00
11/4 94	CPN 17 R 45628			75.00	100.00
12/2 94	CPN 18 R 45706			100.00	0



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

11889

**D H H D**

E-10960

OWNERSHIP AND INTERMENT PRIVILEGES

TO ANTONIO GARCIA for the sum of \$ 795.00 (DOLLARS)

LEGAL DESCRIPTION Lot 97 Grave 6 Section 3 Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10960

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, 12"x24".

Wendy Jo League

Cemetery Manager

J. T. [Signature]

Property Director



OFFICIAL RECEIPT



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

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

44442

Date: 12-13, 19 93

From: Antonio Garcia Address: 142 W. Seaward Ave #3 San Ysidro

Forty-nine and 00/100 Dollars (\$ 59.00 )

In Part Payment of Pre-need Lot & Trust

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10960

BALANCE DUE 900.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

M.O. =  
62516793

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

ISSUED BY [Signature]

CREDIT	57007		
20% Sales Care	77184	<u>20</u>	<u>27</u>
80% Sales of Lots	100	<u>21</u>	<u>73</u>
	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	80101		
	78390		
TOTAL PAID	\$	<u>49</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

44435

Date: 12-13, 19 93

From: Antonio Garcia Address: 162 W. Seaward Ave. #3 San Diego

Seventy-seven and 7/100 Dollars (\$ 77.73 )

In Part Payment of Pre-need Lot 1st

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10960  
 BALANCE DUE \_\_\_\_\_

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

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>77.73</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>77.73</u>

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

AC-212 (Rev. 1-91) M.O. 6201178

ISSUED BY [Signature]

OFFICIAL RECEIPT



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

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

44699

Date: 3-9, 1994

From: Antonio Garcia Address: 162 W. Sanborn, #13 San Diego  
One Hundred 70/100 Dollars (\$ 100 )

In Payment of Pre Need Trust - Trust

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10960  
 BALANCE DUE \_\_\_\_\_

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

ISSUED BY J. Ruiz

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

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
162 W Sanborn #13  
 AG-212 (Rev. 1-81)



OFFICIAL RECEIPT



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

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

45071

Date: 6-2, 1994

From: ANTONIO GARCIA Address: 162 W SEAWARD AVE APT 3 SAN YSIDRO

FIFTY Dollars (\$ 50.00 )

In PART Payment of PRE-NEED LOT + TRUST

Lot 77 Grave 6 Row \_\_\_\_\_ Section 3 Division 12  
 Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10760

BALANCE DUE 400.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

1004

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

ISSUED BY M. Longman

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

OFFICIAL RECEIPT



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

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

45300

Date: 8/3, 1994

From: Antonio Garcia Address: 162w. Seward San Ysidro

Fifty Dollars (\$ 50.00 )

In part Payment of pre-need Lot & Trust

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10960

BALANCE DUE 300.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

1009

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

ISSUED BY

Nancy

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

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

45628

MOUNT HOPE CEMETERY

527-3400

Date: NOV. 4, 1974

From: ANTONIA GARCIA Address: 162 W SEWARD AV APT 3, SAN DIEGO

Security fund \$200.00 Dollars (\$ 75.00 )

In PART Payment of PRE-NEED LOT & TRUST

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 13

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10960

BALANCE DUE \$100.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

1016

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

ISSUED BY Krausk

CREDIT	67007		
20% Sales Care	77184		
90% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>75</u>	<u>00</u>
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>75</u>	<u>00</u>



OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

45535



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

MOUNT HOPE CEMETERY

527-3400

Date: 12/1, 1904

From: Antonio Garcia Address: 12 W. Seward Ave #3 San Diego

5000 - 10000 Dollars (\$ 75.00 )

In Part Payment of See rec 15 - trust

Lot 07 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11962

BALANCE DUE 175.00

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	69033	<u>75.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>75.00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45408

Date: \_\_\_\_\_, 19\_\_\_\_

From: Antonio Garcia Address: 167 W. Seaward Ave #3 San Diego

6/22/00 Dollars (\$ 50.00 )

In cash Payment of Payment of trust

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10960

BALANCE DUE 250.00

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>50.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50.00</u>

1012

OFFICIAL RECEIPT

44503



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

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

Date: 1/2, 19 05

From: Antonio Garcia Address: 162 W. Seward Ave. San Diego, CA  
Fifty & 20/100 Dollars (\$ 50.00 )

In Part Payment of Pre-need lot - trust

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10960  
 BALANCE DUE 850.00

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

CREDIT	67007	<u>22</u>	<u>00</u>
20% Sales Care	77184		
80% Sales of Lots	100	<u>28</u>	<u>00</u>
	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	\$	<u>50</u>	<u>00</u>

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

ISSUED BY [Signature]



OFFICIAL RECEIPT



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

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

44516

Date: 1-5, 19 94

From Antonio Garcia Address: 162 W. Seaward Ave #3 San Diego

Fifty one 10/100

Dollars (\$ 50.00 )

In Part Payment of Pre-need lot/trust

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10960

BALANCE DUE \$800.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

M.O.

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	<u>50</u>	<u>00</u>
80% Sales of Lots	77184		
Opening/Closing	100		
Burial Containers	77181		
	100		
Handling Fee	77182		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

44114

Date: 9-17, 1993

From Union Service Address: 1624 S. Broadway Ave, #5, 110

Pay for Dollars (\$ 49.00 )

In Payment of Pre-Need Trust - Trust

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10960

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

11-27-134187366-5  
 AC-212 (Rev. 1-91)

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

ISSUED BY [Signature]

CREDIT	77007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>49.00</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
100		
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>49.00</u>

OFFICIAL RECEIPT



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

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

44182

Date: Oct 4, 1993

From: Antonia Pineda Address: 222 W. Seward Ave #3 - San Diego

Forty-Nine Dollars (\$ 49.00)

In Payment of Pre-Need Lot & Trust

Lot 99 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10960

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

W.O. #393-5655-729  
 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	<u>49.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>49.00</u>



OFFICIAL RECEIPT



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

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

44308

Date: 11-5, 1993

From: Antonia Garcia Address: 162 W. Laurel St #3, San Diego  
San Diego, CA Dollars (\$ 49.-)

In Payment of Pre-Need Trust & Trust

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10960  
 BALANCE DUE \_\_\_\_\_

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	<u>49 W</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
	9022	
	60101	
	78380	
TOTAL PAID	\$	<u>49 W</u>

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

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

44586

Date: 2-4, 1992

From: Antonio Garcia Address: 162 W. Seward Ave.  
Fifty and 00/100 Dollars (\$ 50.00)

In Part Payment of Pre-need trust

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10960  
 BALANCE DUE 750.00

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

ISSUED BY K. L. Studdell

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	<u>50.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>50.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
H.O.  
 AC-212 (Rev. 1-91) 91685772510

OFFICIAL RECEIPT

44799



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

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

From: Antonio Garcia Address: 163 W. Leonard Ave #3, 44  
One Hundred Dollars (\$ 100.-)  
 In \_\_\_\_\_ Payment of Pre-Need Trust

Date: 4-4, 19 94

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10960  
 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 Wait

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



OFFICIAL RECEIPT

44916



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

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

Date: May 5, 1994

From: Antonio Garcia Address: 16201 Seaward Ave #3 San Diego

One Hundred Dollars (\$ 100.00 )

In Payment of Pre-Need Lot + Trust

Lot 97 Grave 4 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10960

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

1003

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

ISSUED BY J. Winters

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	<u>100.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>100.00</u>

OFFICIAL RECEIPT



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

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

45213

From: Antonio Garcia Address: 162 W. Sanborn Ave #3, Sylmar  
City and 710/100 Dollars (\$ 50.00)  
In \_\_\_\_\_ Payment of Pre-Need Kit + Trust

Date: 7-6, 1994

Lot 94 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10960

BALANCE DUE \_\_\_\_\_

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 [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	<u>50</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>50</u>	<u>00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45706

Date: Dec 2, 1994

From: Antonio Garcia Address: 1102 W. Seward Ave #3 San Ysidro 92173

One hundred & no/100 Dollars (\$ 100.00 )

In final Payment of pre-need lot & trust

Lot 97 Grave 6 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-109160

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

1017

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

ISSUED BY

*J. Rauch*

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
TOTAL PAID	\$	<u>100.00</u>



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

**1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre Need Loc & Trust

Antonio Garcia E-10960

162 W. Seaward Ave., #3

San Ysidro, Cal. 92173

**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



\$ 49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$

\$ 49.00

NAME

Antonio Garcia

ADDRESS

162 W. Seaward Ave. #3

CITY

San Ysidro

STATE

Ca.

ZIP

92173

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

Antonio Garcia

E-10960

162 W. Seaward Ave., #3

San Ysidro, Cal. 92173

**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.



\$ 49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 49.00

NAME

Antonio Garcia

ADDRESS

162 W. Seaward Ave. #3

CITY

San Ysidro

STATE

Ca. ZIP 92173

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

Antonio Garcia E-10960

162 W. Seaward Ave., #3

San Ysidro, Cal. 92173

**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.

\$ 49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ 49.00

NAME

Antonio Garcia

ADDRESS

162 W. Seaward Ave. #3

CITY

San Ysidro

STATE

ca.

ZIP

92173

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

Antonio Garcia

E-10960

162 W. Seaward Ave., #3

San Ysidro, Cal. 92173

**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.

\$ 49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ 49.00

NAME

Antonio Garcia

ADDRESS

162 W. Seaward Ave #3

CITY

San Ysidro

STATE Ca.

ZIP 92173

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**  
**Antonio Garcia** E-10960  
**162 W. Seaward Ave., #3**  
**San Ysidro, Cal. 92173**

**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.



\$ **49.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 

\$ \_\_\_\_\_

Amount Received \$

**77.73**

NAME

**Antonio Garcia**

ADDRESS

**162 W. Seaward Ave. #3**

CITY

**San Ysidro**

STATE

**Ca.**

ZIP

**92173**

check (✓) if this is new address


Send or bring one coupon with each remittance **COUPON****6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre Heed Lot & TrustAntonio Garcia E-10960162 W. Seaward Ave., #3San Ysidro, Cal. 92173

## Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	IAN	FEB	MAR	APR	MAY
								10			

Amount due when paid on, or before,  
due date above

 \$ ~~49.00~~ 50.00
Amount due if paid more than \_\_\_\_\_ days  
after due date above.

 \$ 50.00

 \$ 50.00

 Amount Received \$ 50.00  
 NAME Antonio Garcia
ADDRESS 162 W. Seaward Ave #3CITY San Ysidro STATE Ca. ZIP 92173 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**

**Antonio Garcia E-10960**

**162 W. Seaward Ave., #3**

**San Ysidro, Cal. 92173**

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.



\$ ~~49.00~~ 50.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 

\$ \_\_\_\_\_

Amount Received \$ 50.00

NAME Antonio Garcia

ADDRESS 162 W. Seaward Ave. #3

CITY San Ysidro STATE Ca. ZIP 92173

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**

**Antonio Garcia**

**E-10960**

**162 W. Seaward Ave., #3**

**San Ysidro, Cal. 92173**

**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.



\$ **49.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$

↓

\$

50.00

Amount Received

\$

50.00

NAME

**Antonio Garcia**

ADDRESS

**162 W. Seaward Ave. #3**

CITY

**San Ysidro**

STATE

**Ca.**

ZIP

**92173**

check (✓) if this is new address

Send or bring one coupon with each remittance

**COUPON**

**9**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pro Need Lot & Trust**  
**Antonio Garcia** E-10960  
**162 W. Seaward Ave., #3**  
**San Ysidro, Cal. 92173**

**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.



\$ 49.00

Amount due if paid more than      days  
after due date above.



\$       
↓  
\$ 100.00

Amount Received \$ 100.00

NAME Antonio Garcia

ADDRESS 162 W. Seaward Ave. #3

CITY San Ysidro STATE Cal. ZIP 92173

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**10**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. *Pro Hood Lot & Trust*

*Antonio Garcia*

*E-10960*

*162 W. Seaward Ave., #3*

*San Ysidro, Cal. 92173*

**Month and Day Due Indicated Below**

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								<i>10</i>			

Amount due when paid on, or before,  
due date above.



\$ *49.00*

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$

*↓*  
*100.00*

\$

Amount Received

\$ *100.00*

NAME

*Antonio Garcia*

ADDRESS

*162 W. Seaward Ave #3*

CITY

*San Ysidro*

STATE

*Ca.*

ZIP

*92173*

check (✓) if this is new address

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

**11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Free Seed Lot & Trust*  
*Antonio Garcia* E-10960  
*162 W. Seaward Ave., #3*  
*San Ysidro, Cal. 92173*

**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.



\$ ~~49.00~~ 100.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ 100.00

Amount Received \$ 100.00

NAME *Antonio Garcia*

ADDRESS *162 W. Seaward Ave #3*

CITY *San Ysidro* STATE *Ca.* ZIP *92173*

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****Antonio Garcia** E-10960**162 W. Seaward Ave., #3****San Ysidro, Cal. 92173****Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
								<del>10</del>			

Amount due when paid on, or before,  
due date above.\$ ~~42.00~~ \$50.00Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 50.00

\$ 50.00

Amount Received

\$ 50.00NAME Antonio GarciaADDRESS 162 W. Seaward Ave #3CITY San Ysidro STATE Ca. ZIP 92173 check (✓) if this is new address



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

**13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *1111 11111 1111 1111 1111*

*Antonio Garcia E-10960*  
*162 W. Seaward Ave., #3*  
*San Ysidro, Cal. 92173*

**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.

▶ \$ ~~49.00~~ 50.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

▶ \$ \_\_\_\_\_

↓  
\$ 50.00

Amount Received \$ # 50.00

NAME *Antonio Garcia*

ADDRESS *162 W. Seaward Ave #3*

CITY *San Ysidro* STATE *Ca.* ZIP *92173*

check (✓) if this is new address

Send or bring one coupon with each billittance

**COUPON**

**14**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. Fre Hood Lot & Trust  
Antonio Garcia E-10960  
162 W. Seaward Ave., #3  
San Ysidro, Cal. 92173

**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.

▶ \$ ~~45.00~~ \$50.00

Amount due if paid more than \_\_\_\_\_ days after due date above.

▶ \$ ↓  
Hand \$50.00  
\$ \_\_\_\_\_

Amount Received

\$ \$50.00

NAME Antonio Garcia

ADDRESS 162 W. Seaward Ave #3

CITY San Ysidro STATE Cal. ZIP 92173

check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

15

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre Wood Lot & Tract*

*Antonio Garcia* *H-10960*

*162 W. Seward Ave., #3*

*San Ysidro, Cal. 92173*

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



\$ ~~42.70~~ *50.00*

Amount due if paid more than \_\_\_\_\_ days after due date above.



\$ *↓*

\$ *50.00*

NAME *Antonio Garcia* Amount Received \$ *50.00*

ADDRESS *162 W. Seward Ave #3*

CITY *San Ysidro* STATE *Cal.* ZIP *92173*

check (✓) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Fre Head Lot & Trust

Antonio Garcia

E-10960

162 W. Seaward Ave., #3

San Ysidro, Cal. 92173

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
								<u>19</u>			

Amount due when paid on, or before,  
due date above.



\$ ~~45.00~~ 75.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 75.00

\$ 75.00

\$ 75.00

Amount Received

\$ 75.00

NAME Antonio Garcia

ADDRESS 162 W. Seaward Ave. #3

CITY San Ysidro STATE Cal. ZIP 92173

check (✓) if this is new address

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

**17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *FTS 8888 LOT 4 TRUST*

*Antonio Garcia 8-10960*

*162 W. Seaward Ave., #3*

*San Ysidro, Cal. 92173*

**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.



~~\$ 49.00~~ **\$ 75.00**

Amount due if paid more than \_\_\_\_\_ days after due date above.



\$ \_\_\_\_\_

\$ **75.00**

\$ **75.00**

Amount Received \$

NAME *Antonio Garcia*

ADDRESS *162 W. Seaward Ave. #3*

CITY *San Ysidro* STATE *Ca.* ZIP *92173*

check (✓) if this is new address

Send or bring one coupon with which remittance **COUPON****18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pro Seed Lot & TrustAntonio Garcia E-10960162 W. Seward Ave., #3San Ysidro, Cal. 92173

## 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.\$ ~~45.00~~ 100.00Amount due if paid more than \_\_\_\_\_ days  
after due date above.\$ 100.00\$ 100.00\$ 100.00

Amount Received \$ \_\_\_\_\_

NAME Antonio GarciaADDRESS 162 W. Seward Ave #3CITY San Ysidro STATE Ca. ZIP 92173 check (✓) if this is new address



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8-2-93

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 \_\_\_\_\_; HEATH Mortuary, CHURCH

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 No

Lot 3794 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-Need (E-3007) \_\_\_\_\_ 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.-

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.-

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 # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order #

**E 10961**

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-3-93

*Ashes  
To be Added to  
Grave of Charles  
I 50M*

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

of John M. Estrada (D)

in a Ash Vault Vault/Liner Funeral, date, time Tues 8/10 11:00 AM

Church, Chapel, Graveside Graveside S.D. Cremation Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.<sup>00</sup>

will be applied and billed to undersigned. Susan W. Gloeze

War time veteran \_\_\_\_\_

Lot 8 Grave 18 Row - Section 100F Division/Block 28

Grave space & Care Fund Pre-Need (1940) 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

**PAID**  
 AUG 3 1993  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Total Due 269.26

Paid receipt number 43961 269.26

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 \_\_\_\_\_

Susan W. Gloeze  
 Signature  
685 Garfield Ave.  
 Address  
El Cajon Ca. 92020  
 City  
(619) 460-1648  
 Telephone

Work Order # **E 10962**

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-10962

63603 SAN DIEGO CREMATION

# 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) <b>John</b>	1B. MIDDLE <b>Michael</b>	1C. LAST (FAMILY) <b>Estrada</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/22/1939</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>05/05/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Januel</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Susan W. Gloege - Sister</b> <b>685 Garfield Ave.</b> <b>El Cajon, CA 92020</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>San Diego Cremation Service</b> <b>4135 Taylor St. #6 San Diego, CA 92110</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>1481</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
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.				8B. DATE SIGNED <b>8/16/93</b>	

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>08/06/1993</b> <b>Kenneth W. Davidson</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306531</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP-IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> 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 <b>Mc. Hope Cemetery 3751 Market St.</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>8-10-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Cypress View Crematory</b> <b>3953 Imperial Ave. San Diego, CA 92113</b>	12B. DATE CREMATED <b>8/6/93</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Kenneth W. Davidson</i>
	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

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

43961



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

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

Date: 8-3, 1983

From: Susan Morgan Address: 685 Bayfield Ave. El Cajon - 92020

Two Hundred Sixty-Nine Dollars (\$ 269.26 )

In Payment of Interment of the Estate

Lot 8 Grave ~~11~~ 19 Row - Section IWF Division 28 Block 28

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-10762

BALANCE DUE 0

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.

ISSUED BY Wait

CREDIT	76007		
20% Sales Care	77184		
80% Sales of Lots	100		
77184			
Opening/Closing	100	105	(11)
77181			
Burial Containers	100	55	(11)
77182			
100		60	(11)
Handling Fee	77185		
Recording & Misc. Fees	100	45	(11)
77183			
Pre-Need Trust	83033		
9022			
Sales Tax	60101	4	26
76390			
TOTAL PAID	\$	269	26



E-10962

SAN DIEGO COUNTY

SAN DIEGO VICTIM WITNESS 073  
PROGRAM  
P O BOX X 1011  
SAN DIEGO, CA 92112-4192  
(619) 531-3915

September 21, 1993

MOUNT HOPE CEMETERY  
CITY OF SAN DIEGO  
3751 MARKET ST  
SAN DIEGO, CA 92102

CLAIM NUMBER: 288462 REQ. 4  
USER ID: BCTWEST  
CLAIMANT: GLOEGE  
SUSAN, W  
SOCIAL SECURITY NO. N/A  
DATE OF BIRTH: N/A  
FILED BY: N/A

VICTIM: ESTRADA <sup>E-10 012</sup>  
JOHN, M  
SOCIAL SECURITY NO. 555-52-0203  
DATE OF BIRTH: March 22, 1939  
DATE OF DEATH: May 5, 1993  
PATIENT'S ACCT.NO. N/A

The above CLAIMANT/VICTIM has filed a Crime Victim Compensation Application with the Victims of Crime Program, State Board of Control, for unreimbursed funeral/burial losses.

In order for us to process this claim, please complete and return the lower portion of this form with a copy of the contract and an itemized statement. Our eligibility determination is dependent upon a number of considerations including the information that you provide. Please resolve any account reconciliation issues with the CLAIMANT/VICTIM.

In accordance with Government Code Section 13962(b), the Board certifies that an "AUTHORIZATION TO OBTAIN INFORMATION" signed by the CLAIMANT/VICTIM is on file at the Board and constitutes actual authorization for the release of information.

AS REQUIRED BY GOVERNMENT CODE SECTION 13962(b), PLEASE RETURN THIS COMPLETED FORM TO THE BOARD WITHIN TEN (10) BUSINESS DAYS OF THE DATE OF THIS LETTER.

Your cooperation is appreciated.

Funeral Expense \$ _____	Insurance Reimbursement \$ _____
Burial Expense \$ <u>269.26</u>	Social Security Benefit \$ _____
Headstone Expense \$ _____	Veterans' Benefit \$ _____
Plot Expense \$ <u>LOT PRE-PAID 1940</u>	Paid by Claimant \$ <u>269.26</u>
(X) Single ( ) Double	Other Payments \$ _____
If double plot purchased, price of single plot \$ _____	From Whom? <u>Susan Gloege</u>
Date plot purchased: <u>1940</u>	Balance Due \$ <u>0</u>
For Whom? _____	Balance Expected? ( ) Yes ( ) No
By Whom? _____	From Whom? _____

Who is legally responsible for any payment due?

Insurance Company/Address/Phone

Name of Policyholder:

Policy Number:

Comments:

SIGNATURE:

*Kathy L. Stoddard*

DATE:

11/4/93

TITLE:

OCA Administrative Aide II

PHONE:

(619) 522-3400

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8-3-93

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

in a Double Depth Crypt Funeral, date, time Fri. 8/6 11:00AM

Church, Chapel, Graveside Church + grave - Calif. Burial Mortuary, Side (Fennetto)

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. Beverly Maxfare

War time veteran YES Full Military Honor Guard.

Lot 113 Grave 7 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund ..... 895.00

Additional spaces and care fund .....

Opening/Closing & Setup One (1) o/c PAID IN FULL 11/18/93 375.00

Burial Container ..... 380.00

Handling Fees ..... 300.00

Flower vases - Marker setting fee .....

Recording and filing fee One AUG 18 1993 REC. DEPT. 45.00

Sales taxes ..... 29.45

Total Due ..... 2044.45

Paid receipt number 43962 511.00

Balance due 1533.45

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 \_\_\_\_\_

Signature Beverly Maxfare

Address 6883 Patomac St #127

City S.D. CA Zip Code 92139

Telephone (619) 479-8390

Invoice # 227534

Acct. # 078720

Work Order # E 10963

PY-593 (Rev. 8-92)



MT. HOPE CEMETERY

W.O. # E-10963

## NOTE

\$ 1533.45 San Diego, California 8-3 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order of  
3751 Market Street, San Diego, CA 92101, the sum of Fifteen Hundred Thirty-Three and 45/100 DOLLARS  
with interest from Sept. 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 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 BEVERLY MARSHALL SIGNATURE Beverly Marshall  
ADDRESS 6883 Patomar St. #127 San Diego, CA 92139  
CALIFORNIA DRIVER LICENSE NUMBER K0379144 SSN # 556-50-4030

OFFICIAL RECEIPT



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

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

43962

Date: 8-3, 19 93

From: Beverly Marshall Address: 46493 Potomac St, #151, #2157

In Five Hundred & Eleven Dollars (\$ 511.00)  
 Payment of Interment of Beverly Marshall

Lot 113 Grave 7 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11963

BALANCE DUE \$1533.45

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>511.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>511.00</u>



OFFICIAL RECEIPT

44019



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

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

Date: 8-10- 19 93

From: Beverly S. Marshall Address: 6883 Dolanue St. # 127, S.D. CA 92139  
one thousand five hundred thirty three <sup>45/100</sup> Dollars (\$ 1533.45)  
In \_\_\_\_\_ Payment of interment of MORAN MARSHALL

Lot 113 Grave 7 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10963

BALANCE DUE 2

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

145840

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

ISSUED BY

V. Balobsky

CREDIT	67007		
20% Sales Care	77184	<u>179</u>	<u>00</u>
80% Sales of Lots	77194	<u>205</u>	<u>00</u>
Opening/Closing	100	<u>375</u>	<u>00</u>
Burial Containers	77181	<u>320</u>	<u>00</u>
	100	<u>320</u>	<u>00</u>
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>29</u>	<u>45</u>
	76390		
TOTAL PAID	\$	<u>1533</u>	<u>45</u>

E-10963

## 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) <b>Barry</b>	1B. MIDDLE <b>Stanley</b>	1C. LAST (FAMILY) <b>Marshall</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>2/5/1931</b>	3. DATE OF DEATH MONTH DAY YEAR <b>7/31/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT <b>Beverly Marshall-Wife</b> <b>6883 Potomac Street #127</b> <b>San Diego, CA 92139</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel</b> <b>5602 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>8/4/93</b>
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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>8/4/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306459</b> <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA <b>Vital Records-P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	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)  E. TEMPORARY ENVAULTMENT
- B. CREMATION  F. DISINTERMENT
- C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY  G. SHIP IN TO CALIFORNIA
- D. SCIENTIFIC USE  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 <b>Mount Hope Cemetery</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>8-6-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>metal sealed</b>	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

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.



INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/D	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
227534	11/03/93	078720	BEVERLY MARSHALL				77181	000072	11/18/93	CM	JV24630	1,533.45	1,533.45	0.00
			100	072			77182	000072				375.00		
			100	072			77183	000072				380.00		
			100	072			77184	000072				45.00		
			100	072			77185	000072				205.00		
			100	072			77185	000072				320.00		
			60101				78390					29.45		
			67007				77184					179.00		
														PAID IN FULL

E-10963



PLACE ASHES  
UNDER MARKER  
AREA.

8 chairs

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-3-93

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

of KATHERINE SEGAWA

In a ASH VAULT Vault/Liner Funeral, date, time SAT. 8/7 9:30am.

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 No

Lot 4794 Grave — Row — Section — Division/Block 10

Grave space & Care Fund preneed D-9519

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vase 210.-

Recording and filing fee 45.-

Sales taxes 4.26

Total Due 479.26

Paid receipt number 43963 479.26

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 \_\_\_\_\_

Debra J. Kedams  
Signature  
8757 Vista Del Oro Way  
Address  
Spring Valley, CA 91977  
City  
443-5181  
Telephone  
Zip Code

Work Order # E 10964

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-10964

63589 LCC.B.

## 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) <b>KRIKO</b>	1B. MIDDLE <b>KATHERINE</b>	1C. LAST (FAMILY) <b>SEGAWA</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/09/1932</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>08/02/1993</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>DEB S. SEGAWA - HUSBAND</b> <b>442 SANDY CREEK DRIVE</b> <b>BONITA, CA 92901</b>				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BEMBROUGH MORTUARY</b> <b>3051 EL CAJON BLVD SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <b>3/11/93</b>			8B. DATE SIGNED <b>08/04/1993</b>
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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>AUG 04 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald S. Ramos, M.D., M.A.H.</b>	
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>---</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>8-7-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Wendy Jo League</b>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>CYPRESS VIEW CREMATORY/MAUSOLEUM</b> <b>3953 IMPERIAL AVE SAN DIEGO, CA 92113</b>	12B. DATE CREMATED <b>8/5/93</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <b>Kenneth L. Clark</b>		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	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.

OFFICIAL RECEIPT



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

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

43963

Date: 8-3- 1993

From: DEBRA J. KODAMA Address: 8757 VISTA DEL ORO WAY

FOUR HUNDRED SEVENTY-NINE AND 26/100 Dollars (\$ 479.26 )

In FULL Payment of INTERMENT SERVICE FOR KATHERINE SEGAWANA

Lot 4794 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10964

BALANCE DUE 0

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

ISSUED BY Wendy J. League

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
77184			
Opening/ Closing	100	<u>105</u>	<u>-</u>
77181			
Burial Containers	100	<u>55</u>	<u>-</u>
77182			
Handling Fee	100	<u>60</u>	<u>-</u>
77185			
Recording & Misc. Fees	100	<u>255</u>	<u>-</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	<u>4</u>	<u>26</u>
78390			
TOTAL PAID	\$	<u>479</u>	<u>26</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-3-93

10718x63/4x22 3/16  
Casket

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

in a \_\_\_\_\_ Funeral, date, time Thurs 8/5 10AM

Church, Chapel, Graveside Chapel, G.S. : 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 2777 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund Share Sing 36 X 20 X 30 ..... 100.-

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 125.-

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.-

Sales taxes ..... \_\_\_\_\_

Total Due ..... 270.-

Paid receipt number 43981 ..... 270.-

Balance due 0

MORT.  
TO BILLS  
TO 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 10965

OFFICIAL RECEIPT

43981



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

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

Date: 8-5, 1993

From Calif. Burial Address: 5602 El Cajon Blvd, Sd

Two Thousand Seventy Dollars (\$ 270.<sup>00</sup>)

In Payment of Interment of Felicia Rogala

Lot 2777 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 9 Block 9

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10765  
 BALANCE DUE 4

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>20</u>	<u>W</u>
60% Sales of Lots	100	<u>80</u>	<u>W</u>
77184			
Opening/Closing	100	<u>125</u>	<u>W</u>
77181			
Burial Containers	100		
77182			
100			
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>W</u>
77183			
Pre-Need Trust	83033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>270</u>	<u>W</u>

E-10965

# 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) <b>LeKeja</b>	1B. MIDDLE <b>Elesha Monae</b>	1C. LAST (FAMILY) <b>Rogers</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>6/10/1993</b>	3. DATE OF DEATH MONTH DAY YEAR <b>7/29/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Kerry D. King-Mother</b> <b>4463 Home Avenue, Apt. 2</b> <b>San Diego, CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel</b> <b>5602 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—(Person taking permit) <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED <b>8/4/93</b>	

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>Kyle Chase</b> <b>8/4/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306426</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DISPOSITION OCCURS IN CALIFORNIA <b>Vital Records-P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>8-5-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	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

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.



L W D  
39 X 15 X 10

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-3-92

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

in a \_\_\_\_\_ Vault/Liner Funeral, date, time Thurs 8/5 1pm  
Church, Chapel, Graveside 6THURCH, G.S.; CA BODIAL 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 3427 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 9

Grave space & Care Fund grave size 48x22 X 30 100.-

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 125.-

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.-

Sales taxes \_\_\_\_\_ 270.00

Total Due \_\_\_\_\_

Paid receipt number 43955 24010

Balance due 0

MORT.  
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 # \_\_\_\_\_

Accl. # \_\_\_\_\_

Work Order # **E 10966**  
PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

43955



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

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

Date: 8-6, 1993

From: Calif Burial Address: 5602 El Cajon Blvd, #11  
Two Hundred Seventy Dollars (\$ 270.00)  
 In Payment of Interment of Baby Stella

Lot 3427 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 9 Block 9

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10966  
 BALANCE DUE 8

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

**CITY AUDITOR**  
02073  
**AUG 23 1993**

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>20 W</u>
80% Sales of Lots	100	<u>70 W</u>
77184		
Opening/Closing	100	<u>125 W</u>
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	<u>45 W</u>
77183		
Pre-Need Trust	83033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>270 W</u>

6145

OFFICIAL RECEIPT

44031



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

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

Date: 8-19, 1993

From: Carlton Bough Address: 3918 Overland Ave #413, Comr City CA 92232

Five hundred's sixty nine 26/100 Dollars (\$ 569.26 )

In Payment of Interment of Ruth E Castillo (1st Vault)

Lot 94 Grave 4 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10966

BALANCE DUE 2

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91) 108  
10234953  
87-11-75

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

ISSUED BY J. Balotny

CREDIT	67007		
20% Sales Care	77184	<u>60</u>	<u>00</u>
60% Sales of Lots	100	<u>240</u>	<u>00</u>
77184			
Opening/Closing	100	<u>125</u>	<u>00</u>
77181			
Burial Containers	100	<u>55</u>	<u>00</u>
77182			
Handling Fee	100	<u>60</u>	<u>00</u>
77185			
Recording & Misc. Fees	100	<u>43</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	<u>4</u>	<u>20</u>
78390			
TOTAL PAID	\$	<u>509</u>	<u>26</u>



E-10966

# 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) <b>Anthony</b>	1B. MIDDLE <b>Dwayne</b>	1C. LAST (FAMILY) <b>Steel</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>9/27/1991</b>	3. DATE OF DEATH MONTH DAY YEAR <b>8/1/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Celia Steel-Father 2703 Plaza Blvd. #108 National City, CA 91950</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel -5602 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Funeral-taking permit <i>[Signature]</i>		
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.		8B. DATE SIGNED <b>8/4/93</b>	

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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>8/4/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Kyle Chase 9306457</b>
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 <b>Vital Records-P.O. Box 85222 San Diego, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery San Diego, CA</b>	11B. DATE BURIED <b>8-5-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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 8-3-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RAMON BATES PA#1149710

in a lined Vault/liner Funeral, date, time Dec 8/6 11:00 AM  
Church, Chapel, Graveside Del. Valley Claremont Mortuary.  
(Elmer)

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 4-1 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

*Kim White P.A.*

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 10967**

Invoice # 227567

Acct. # 006952







E-10967

# 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) <i>Ramon</i>	1B. MIDDLE <i>Anthony</i>	1C. LAST (FAMILY) <i>Bates</i>	2. DATE OF BIRTH MONTH, DAY, YEAR <i>01/06/1970</i>	3. DATE OF DEATH MONTH, DAY, YEAR <i>07/24/1993</i>	4. SEX <i>M</i>
5A. CITY OF DEATH <i>San Diego</i>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <i>San Diego</i>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <i>Kim White: Public Admin. 5201-A Ruffin Road San Diego, CA 92123</i>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Clairemont Mortuary: 4266 Mt. Abernathy Ave. San Diego, CA 92117</i>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <i>F-1126</i>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sheri L. Laddess</i>		

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 7106 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 <i>7.00</i>	9B. DATE PERMIT ISSUED <i>08/06/1993</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Saron L. Laddess</i> 9306542
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <i>P.O. Box 85222 San Diego, CA 92186-5222</i>	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

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <i>Mount Hope Cemetery: 3751 Market Street San Diego, CA</i>	11B. DATE BURIED <i>8-6-93</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	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

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 8-4-93

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

in a T-5 Vault Vault/Urner Funeral, date, time Aug 11, Wed, 11:00 AM  
Church, Chapel, Graveside Chapel + Graveside: Pasadena 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. Vickie Eli

War time veteran \_\_\_\_\_

Lot 119 Grave 8 Row \_\_\_\_\_ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due ..... 1669.38

Paid receipt number 43974 417.00  
8-9-93 #49992,8331.00 Balance due 1252.38

Balance - 921.38

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 \_\_\_\_\_

Vickie Eli  
Signature  
6274 Leaf CT  
Address  
SAN Diego 92114  
City  
264-1104 Zip Code  
Telephone

Work Order # **E** 10968

PY-593 (Rev. 8-92)

Invoice # 224275  
Acct # 078684

*Paid in Full 9/6/93*

*30 Day Note*



MT. HOPE CEMETERY

W.O.# E 10968

# NOTE

\$ 921.38 San Diego, California 8-9 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 nine hundreds twenty one <sup>38</sup>/<sub>100</sub> DOLLARS with interest from Sept 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 \* Vickie Williams-Eli SIGNATURE Vickie Williams-Eli

ADDRESS \* 6274 Leaf Ct SD. Ca 92114

CALIFORNIA DRIVER LICENSE NUMBER N4459150 SSN # 556-04-7032



OFFICIAL RECEIPT



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

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

43974

Date: 8-4, 1993

From: Keeper Ely Address: 6214 Laurel St # 92114

Four Thousand One Hundred Dollars (\$ 417.00)

In Payment of Interest of Milder Willard

Lot 119 Grave 8 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10968  
 BALANCE DUE 9/12/93

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

ISSUED BY J. Roberts

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>417.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	63033	
Sales Tax	9022	
TOTAL PAID	60101	<u>417.00</u>
	78390	

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

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

43992

Date: 8-9, 19 93

From: Vivie Eli Address: 6274 Leaf Ct S.D. 92114

three hundred thirty one <sup>00</sup>/<sub>100</sub> Dollars (\$ 331.00 )

In part Payment of Interment of Mabel Williams

Lot 119 Grave 8 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No.   
 Acct. No. \_\_\_\_\_  
 W.O. E 10368  
 BALANCE DUE 331.38

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

ISSUED BY V. Balobsky

CREDIT	67007		
20% Sales Care	77184	<u>112</u>	<u>00</u>
80% Sales of Lots	100	<u>219</u>	<u>00</u>
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	\$	<u>331</u>	<u>00</u>

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

E-10969

# 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) <b>Molden</b>	1B. MIDDLE <b>—</b>	1C. LAST (FAMILY) <b>Williams</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/02/1928</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/04/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Vickie Williams Eli - Daughter</b> <b>6274 Leaf Ct.</b> <b>San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Hebbie Williams</i>		
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.		8B. DATE SIGNED <b>08/10/1993</b>			

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>08/10/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>79300079</b>
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 <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186</b>	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA</b> <b>119-8-3-12</b>	11B. DATE BURIED <b>8/11/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <i>metel</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.



224275 08/30/93 078684

VICKIE ELI

100 072  
100 072  
100 072  
100 072  
60101  
67007

E-10968

09/16/93 CK 3948

77181 000072  
77182 000072  
77183 000072  
77185 000072  
78390  
77184

921.38  
375.00  
250.00  
45.00  
185.00  
19.38  
47.00

921.38

0.00  
PAID IN FULL

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-3-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Delores Spencer P.A# 1148168

in a Lines Vault/Cher Funeral, date, time 8-5 Thurs 9am

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 57 Grave 12T 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.-

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 # 227531

Acct. # 000952

Work Order # E 10969



E-10969



CITY OF SAN DIEGO, CALIFORNIA  
GENERAL INVOICE

WHITE - CUSTOMER  
YELLOW - RETURN  
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,  
P.O. BOX 2289  
SAN DIEGO, CALIFORNIA 92113  
PLEASE RETURN YELLOW COPY OF INVOICE 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 12-7-93  
BY: CA CCR IF  
PAYMENT REF NO #430085 | AMT PAID: \$386.00

INVOICE DATE 11/03/93      PAYMENT DUE 12/03/93      PERIOD COVERED OCTOBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:  
KATHY WIGDAHL      REF NO: E-10969  
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
DELORES SPENCER SERVICES PA #1148168 LOT 57; GR 12T; 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. 227531



E-10969

# 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) <b>Dolores</b>	1B. MIDDLE —	1C. LAST (FAMILY) <b>Spencer</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/03/1930</b>	3. DATE OF DEATH MONTH DAY YEAR <b>07/18/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary 2859 Adams Ave. San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>1424</b>	8A. SIGNATURE OF APPLICANT— <i>Public Administrator</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10226 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>08/04/1999</b>			

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>08/04/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>James Hale</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt Hope Cemetery San Diego, CA 57-127-1-12</b>	11B. DATE BURIED <b>8/5/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wm J. Ziegler</i>
	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

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 8-5-93

*Transfer  
to  
Cremation  
to*

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

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 57 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section IOF Division/Block 30

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 \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_ 45.00

Paid receipt number 43780 \_\_\_\_\_ 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 record holder of deed \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E** 10970



E-10970  
CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

No 11739

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Gene Whatley for the sum of \$ 35.00 (DOLLARS)

LEGAL DESCRIPTION Lot 57, IOOF, Blk 30

AS DESCRIBED ON PURCHASE ORDER NUMBER E-9046

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:

\_\_\_\_\_  
Cemetery Manager

Heathullman  
Property Director





CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

E-10970

11914

# M H C

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Mary Mason for the sum of \$ 45.00 Transfer Fee (DOLLARS)

LEGAL DESCRIPTION Lot 57; Section 100F; Block 30

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10970

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:

See Cemetery Manager

*Wendy Jo Teague*

Cemetery Manager

*J. T. [Signature]*

Property Director

E-10970

# GENE E. WHATLEY AGENCY

P.O. Box 178  
BONITA, CALIFORNIA 91908

**Cemetery Broker**

**Telephone: 482-9742**

## TRANSFER INFO FORM

Please transfer the following property described as:

Lot 57, IOOF, Block 30

in Deed/Certificate number 11739 from Mount Hope Memorial Park  
dated \_\_\_\_\_ to:

### NEW OWNER

NAME: Mary E. Mason

ADDRESS: c/o P.O. Box 178

CITY: Bonita STATE: CA ZIP: 91908

### FROM ASSIGNOR

NAME: \_\_\_\_\_

by Gene E. Whatley, Attorney in Fact

ADDRESS: P.O. Box 178

CITY: Bonita STATE: CA ZIP: 91908

ACCOUNT NUMBER 736MH

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

*Pre-Need  
Not for:*

Date 8-6-93

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

in a T.S. Vault Vault/Urns 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 2466 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ..... 995.00

Additional spaces and care fund .....

Opening/Closing & Setup..... 375.00

Burial Container..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee .....

Recording and filling fee..... 45.00

Sales taxes..... 19.38

**PAID**  
AUG 10 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF

Total Due..... 1869.38

Paid receipt number 43997 1869.38

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 \_\_\_\_\_

X Jerry M. Hubbell  
Signature  
X 2281 Peachtree Lane  
Address  
X Spring Valley, Ca. 91978  
City Zip Code  
X (619) 466-5641  
Telephone

Work Order # **E 10971**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

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

43997

Date: 8-10, 1993

From: Wm. Hubbell Address: 2281 Rock Hill Lane

Eighteen Hundred Forty-Nine - No. 30 Dollars (\$ 1169<sup>38</sup> )

In Payment of Pre Need Trust - Trust

Lot 2446 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10991

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

2388

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 PAID IN THIS SPACE

ISSUED BY W. Hubbell

CREDIT	67007		
20% Sales Care	77184	<u>199</u>	<u>0000</u>
60% Sales of Lots	100	<u>796</u>	<u>00</u>
Opening/Closing	100	<u>375</u>	<u>00</u>
Burial Containers	100	<u>250</u>	<u>00</u>
Handling Fee	100	<u>185</u>	<u>00</u>
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
Sales Tax	9022	<u>19</u>	<u>38</u>
TOTAL PAID	60101	<u>1869</u>	<u>38</u>
	78390		



E-10972



NAME Cynthia & John Harrison, Sr.

ACCT. NO.

ADDRESS 223 Henson St., S.D. 92114

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
8-6-93	Opened pre need lot				
	Lot 1413; Division 10	995.00			995.00
8-6-93	Receipt #43982			249.00	746.00
9-1-93	Coupon #1, rec #44060			31.00	715.00
10-13-93	Coupon #2, rec #44225			31.00	684.00
3/23/95	Cynthia called & wants to start payments again. I sent her a second coupon book. She will start w/ coupon 3, beginning in April '95				
4-11 95	Coupon #3 rec #46118			31.00	653.00





OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46118

Date: 6-11, 19 95

From: John & Cynthia Harrison Address: 223 HANSON STR S.D. CA. 92110

Thirty one Dollars (\$ 31.00 )

In part Payment of bro need cot

for Cynthia & John Harrison

Lot 1413 Grave 1 Row 1 Section 1 Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10972

BALANCE DUE 653.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

305

AC-212 (Rev. 5-94)

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

ISSUED BY V. Kalaba

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>31</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>31</u>	<u>00</u>

OFFICIAL RECEIPT

43982



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

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

Date: 8-6, 1993

From: Cynthia Harrison Address: 223 Sherman St. San Diego  
Two Thousand Sixty Four Dollars (\$ 249.00)

In Payment of Pre-Need Lot

Lot 1413 Grave 1 Row 1 Section 1 Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-10972

BALANCE DUE 249.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

2230

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	<u>249.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9822	
	80101	
	78390	
TOTAL PAID	\$	<u>249.00</u>

OFFICIAL RECEIPT

44060



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

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

From Cynthia Harrison Address: 235 Hansen St. # 9214 Date: 9-1, 1975  
Thirty-five Dollars (\$ 31.<sup>00</sup>)  
In \_\_\_\_\_ Payment of Pre-Need Lot

Lot 1413 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-10772  
BALANCE DUE 715.<sup>00</sup>

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

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>31</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>31</u>	<u>00</u>

2249

ISSUED BY J White



OFFICIAL RECEIPT



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

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

E-10972

44225

Date: 10-13, 1993

From: Mr. Harrison Address: 223 Jackson St, LA

W. Marty - Inc Dollars (\$ 31 )  
 In \_\_\_\_\_ Payment of Pre-Need Trust

Lot 1413 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. \_\_\_\_\_

BALANCE DUE \$684.00

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>31 W</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Mic. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>31 W</u>

Send or bring one coupon with each remittance

**COUPON**

**1**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. Pre Need Lot E-10972

Cynthia & John Harrison, Sr.

223 Henson St.

S.D., Ga. 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.



\$ 31.00

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 E-10972

Cynthia & John Harrison, Sr.

223 Henson St.

S.D., Ca. 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.



\$ 31.00

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. E-10972 Pre-Need Lot

Cynthia & John Harrison Sr.

223 Henson St.

COUPON BK #2

San Diego, Ca. 92114

(1413-10)

**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.



\$ 31.00

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-10972

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 6 day of August, 1993, between Cynthia + John Larson, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 1413, Grave —, Row —, Section —, ~~Block~~/Division 10, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$995.<sup>00</sup>, payable as follows: \$249.<sup>00</sup> cash herewith, the receipt of which is hereby acknowledged; \$31.<sup>00</sup> on the 10 day of Sept., 1993; and the balance in installments of \$31.<sup>00</sup> or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such



E-10972

WITNESS our hands this day and year above written.

Deed to be issued to:

Cynthia Hansen  
Name

223 Henson St.  
Address

San Diego, CA 92114

PURCHASER

Same as above  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address (Mail)

\_\_\_\_\_  
City State Zip Code

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: \_\_\_\_\_

23 @  
1 @  
831 @  
833 @

SLW:st(62-1)  
1-23-90



E-10972

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Cynthia & John Harrison Sr.

Address 223 Henson St. S.D. CA 92114

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 1413, Grave -, Row -, Section -, Block/Division 10 in Mt. Hope Cemetery, entered into on August 6, 1993, by and between Mt. Hope Cemetery and Cynthia Harrison that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: Michelle L. Clark  
Clerical Asst. II

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8-6-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DENNIS GOODWIN (X)

in a Ash Vault Vault/Urner Funeral, date, time Tues, 8/17 1:30pm

Church, Chapel, Graveside Del & Direct Featheringill 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 472 Grave - Row - Section 1 Division/~~Block~~ 8

Grave space & Care Fund Pre-Paid 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

**PAID**  
AUG 6 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 269.26

Paid receipt number 43983 269.26

Balance due Ø

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 \_\_\_\_\_

Ruth E. Goodwin  
Signature  
7744 50th St.  
Address  
S.D. 92115  
City Zip Code  
286-3495  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 10973**

OFFICIAL RECEIPT

43983



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

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

Date: 7-6, 1993

From: Ruth Gordon Address: 4140 50th St. # 9215

Two Hundred Sixty-Nine Dollars (\$ 269.26 )

In Payment of Interment of Ruth Gordon

Lot 472 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10973

BALANCE DUE 4

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

1683

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

ISSUED BY [Signature]

CREDIT	76007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>105</u>	<u>00</u>
	77181		
Burial Containers	100	<u>55</u>	<u>00</u>
	77182		
Handling Fee	100	<u>60</u>	<u>00</u>
	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>4</u>	<u>26</u>
	78390		
TOTAL PAID	\$	<u>269</u>	<u>26</u>



E-10973

# 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) <b>DENNIS</b>	1B. MIDDLE <b>GEORGE</b>	1C. LAST (FAMILY) <b>GOODWIN</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/21/1956</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/05/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>El Cajon</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ruth Goodwin, mother 4744 50th Street San Diego, CA 92115</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>FEATHERKINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>1083</b>		8A. SIGNATURE OF APPLICANT—Person taking permit	

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 101376 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>08/05/1993</b> <i>Edward Fezzell</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306629</b>
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 <b>P. O. Box 65222, San Diego CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input checked="" type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>n/a</b>	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Lenexa, Inc., 14065 Ulloa Highway 80 El Cajon, CA 92115</b>	12B. DATE CREMATED <b>8/1/93</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Ray Stevens</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>n/a</b>	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 <b>n/a</b>	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 EXACT PLACE AND CA DISTRICT OF DISPOSITION <b>Residence Ruth Goodwin, 4744 50th St. San Diego, CA 92115</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-9-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lula ~~WOMACK~~ WOMACK

in a Double Death Crypt Funeral, date, time Wed, 8/11 1:00pm

Church, Chapel, Graveside Graveside; PARIS Hall Mortuary (Tom)

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. Jolynn Barker

War time veteran No

Lot 21 Grave - Row - Section 100F Division/Block 9

Grave space & Care Fund Pre-Paid (A-6234) 0

Additional spaces and care fund .....

Opening/Closing & Setup..... 375.00

Burial Container..... 380.00

Handling Fees..... 320.00

Flower vase - Marker setting fee Disinterment Fee / Extended Care 1150.00

Recording and filing fees..... 45.00

Sales taxes..... 29.45

Total Due..... 2299.45

Paid receipt number 43990 2299.45

Balance due 0

AUG 9 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

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order #

**E 10974**

PY-583 (Rev. 8-92)

OFFICIAL RECEIPT

43990



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

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

Date: 8-9, 1993

From: Alan Becker Address: 4500 Central Exp. Rd. Valley

Trust - Two Hundred Twenty Five Dollars (\$ 225.00)

In Payment of Interment of Alan Becker

Lot 21 Grave 1 Row — Section INF Division Block 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10974

BALANCE DUE —

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

AC-212 (Rev. 1-91) 2437

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	375.00
77181		
Burial Containers	100	320.00
77182		
Handling Fee	100	320.00
77185		
Recording & Misc. Fees	100	1195.00
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	29.75
78390		
TOTAL PAID	\$	2291.45



E-10974

# 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) <i>Lula</i>	1B. MIDDLE <i>May</i>	1C. LAST (FAMILY) <i>Womack</i>	2. DATE OF BIRTH MONTH DAY YEAR <i>02/16/1919</i>	3. DATE OF DEATH MONTH DAY YEAR <i>08/06/1993</i>	4. SEX <i>F</i>
5A. CITY OF DEATH <i>La Mesa</i>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <i>San Diego</i>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <i>Jo Ann Barker - Dtr. 4050 Conrad Dr. Spring Valley, CA 91977</i>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Paris-Fredrick Mortuary 374 N. Magnolia ave.; El Cajon, CA 92020</i>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <i>795</i>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
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 7120 of the Health and Safety Code.		8B. DATE SIGNED <i>10/10/1993</i>			

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 <i>\$7.00</i>	9B. DATE PERMIT ISSUED <i>AUG 10 1993</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <i>5551 Rosecrans St. San Diego, CA 92110</i>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <i>-</i>

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <i>Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102</i>	11B. DATE BURIED <i>8/11/93</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>- metal sealed</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <i>-</i>	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 <i>-</i>	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 <i>-</i>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

**CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT**

No. 5193

State of CALIFORNIA }County of SONOMA }

E-10974

On 8/9/93 before me, Lorraine Roberts  
DATE NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"personally appeared LaVerne Freitas  
NAME(S) OF SIGNER(S)

personally known to me - OR -  proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Lorraine Roberts

SIGNATURE OF NOTARY

**OPTIONAL SECTION**  
**CAPACITY CLAIMED BY SIGNER**

Though statute does not require the Notary to fill in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL  
 CORPORATE OFFICER(S)

- TITLE(S)  
 PARTNER(S)  LIMITED  
 GENERAL

- ATTORNEY-IN-FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
 OTHER: \_\_\_\_\_

**SIGNER IS REPRESENTING:**  
NAME OF PERSON(S) OR ENTITY(IES)**OPTIONAL SECTION**

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

TITLE OR TYPE OF DOCUMENT City of San Diego - Authority to Disinter, Remove or Reinter (Margie Thompson)  
 NUMBER OF PAGES 2 DATE OF DOCUMENT 8/9/93  
 SIGNER(S) OTHER THAN NAMED ABOVE None

Though the data requested here is not required by law, it could prevent fraudulent reattachment of this form.



State of CALIFORNIACounty of SONOMA

E-10974

8/9/93

DATE

before me,

Lorraine Roberts

NAME, TITLE OR OFFICE (E.G., "SARAH DOE, NOTARY PUBLIC")

personally appeared

LaVarne Freitas

NAME(S) OF SIGNER(S)

personally known to me - OR -  proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Lorraine Roberts

SIGNATURE OF NOTARY

## OPTIONAL SECTION

## CAPACITY CLAIMED BY SIGNER

Though statute does not require the filer to do so in the data below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL  
 CORPORATE OFFICER(S)

TITLE(S)

- PARTNER(S)  LIMITED  
 GENERAL  
 ATTORNEY-IN-FACT  
 TRUSTEE(S)  
 GUARDIAN/CONSERVATOR  
 OTHER \_\_\_\_\_

## SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(ES)

## OPTIONAL SECTION

THIS CERTIFICATE MUST BE ATTACHED TO THE DOCUMENT DESCRIBED AT RIGHT:

TITLE OR TYPE OF DOCUMENT

City of San Diego - Authority to

NUMBER OF PAGES

2Disinter, Remove or Register (Margie Thompson)

SIGNER(S) OTHER THAN NAMED ABOVE

None

Though the date requested here is not required by law, it could prevent fraudulent reattachment of this form.

DATE OF DOCUMENT

8/9/93



E-10974

## 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) <i>Margie</i>	1B. MIDDLE <i>Lorraine</i>	1C. LAST (FAMILY) <i>Thompson</i>	2. DATE OF BIRTH MONTH DAY YEAR <i>(unknown)</i>	3. DATE OF DEATH MONTH DAY YEAR <i>08/30/1958</i>	4. SEX <i>F</i>	
5A. CITY OF DEATH <i>Truckee</i>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <i>Nevada</i>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <i>To Ann Barker Niece</i> <i>4050 Conrad Dr.</i> <i>Spring Valley, CA 91977</i>				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <i>Paris-Frederick Mortuary</i> <i>374 N. Magnolia Ave.; El Cajon, CA 92030</i>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <i>795</i>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED <i>09/10/1993</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 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 <i>\$7.00</i>	9B. DATE PERMIT ISSUED <i>AUG 10 1993</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald S. [Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <i>3851 Rosecrans St.</i> <i>San Diego, CA 92110</i>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	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	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <i>Mt. Hope Cemetery; 3751 Market St.</i> <i>San Diego, CA 92102</i> <i>21-100F-Block 9</i>	11B. DATE BURIED <i>8/11/93</i>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>Double Depth Crypt</i>	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

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.



# THE CITY OF SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101  
Property Department  
284 3151  
Business hours 8 a.m. to 4 p.m.  
Mon-Fri, Fri-Sat • Gates open daily

F-10974

### AUTHORITY TO DISINTER, REMOVE OR REINTER

8 MONTH 93 YEAR

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

Marge Hanson

from Lot 21 Grave      Section TOP Row      Block 9 Division       
and to remove the same to and reinter said remains in Lot 21 Grave       
Section TOP Row      Block 9 Division      Cemetery Mt. Hope Cemetery

The undersigned hereby certify and represent that they are the legal custodians of the remains of the deceased 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.

X La Verne Freston X Daughter X 8161 Alaf St. #1 Colton Ca  
94931

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature                      Relation to deceased                      Address

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian)                      Date

E-10974

8/9/93

To: City of San Diego Mount Hope Cemetery

Attn: JoAnn Waits

Fax # 619 527-3403

From: LaVerne Freitas (Daughter of Margie Thompson)  
8161 Olof St #1  
Costa, Ca 94931

By: Lynn Bennett  
Daughter of LaVerne Freitas

Post-It® brand fax transmittal memo 7671		# of pages = 1 of 3	
To	JoAnn Waits	From	Lynn + Bennett
City	City of San Diego	Co.	
Dept	Mount Hope Cemetery	Phone #	707-664-0779
Fax #	619-527-3403	Fax #	



E-10974



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

8 MONTH 93 YEAR

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

*Margie Hanson*

from Lot 21 Grave — Section 100F Row — Block 9 Division  
and to remove the remains to Section 100F Row — Block 9 Division — 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.

*Frank H. Stanger, Sr.* *210 South 7th Street, La.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Signature                      Relation to decedent                      Address

I hereby authorize the above disinterment:

\_\_\_\_\_  
Date

E-10974

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 213

State of California  
 County of Solano  
 On 8-9-93 before me VERNA FORGAYS  
DATE NAME, TITLE OF OFFICER - E.G. "JANE DOE, NOTARY PUBLIC"  
 personally appeared James W. Thompson  
NAME(S) OF SIGNER(S)

OPTIONAL SECTION

CAPACITY CLAIMED BY SIGNER

Though statute does not require the Notary to fill in the state below, doing so may prove invaluable to persons relying on the document.

- INDIVIDUAL
- CORPORATE OFFICER(S)
- TITLE(S)
- PARTNER(S)  LIMITED  GENERAL
- ATTORNEY-IN-FACT
- TRUSTEE(S)
- GUARDIAN/CONSERVATOR
- OTHER: \_\_\_\_\_

personally known to me - OR -  proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

*Verna Forgays*  
SIGNATURE OF NOTARY

SIGNER IS REPRESENTING:

NAME OF PERSON(S) OR ENTITY(IES)

OPTIONAL SECTION

THIS CERTIFICATE MUST BE ATTACHED TO DOCUMENT DESCRIBED AT RIGHT.

TITLE OR TYPE OF DOCUMENT Partnership to Dissolve

NUMBER OF PAGES 1 DATE OF DOCUMENT \_\_\_\_\_

SIGNER(S) OTHER THAN NAMED ABOVE \_\_\_\_\_

Though the data requested here is not required by law, it should prevent fraudulent use of this form.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-9-93

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

in a T.S. Vault Vault/Urns Funeral, date, time Wed, 8/11 11:00 AM

Church, Chapel, Graveside Graveside : Cypress View 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. Marye Suprenant

War time veteran No

Lot 470 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 3 Division/Block 8

Grave space & Care Fund Pre Need (B-9650) \_\_\_\_\_ 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container Pre Need (D-2719) \_\_\_\_\_ 0

Handling Fees \_\_\_\_\_ 185.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_

Total Due 605.00

Paid receipt number 43991 605.00

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.

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

Signature of recorded holder of deed \_\_\_\_\_

Marye Suprenant  
Signature  
3808-Vista Companso Dr. #26  
Address  
Oceanside, Ca. 92057  
City Zip Code  
619-967-8674  
Telephone

Work Order # **E 10975**

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-10975

# 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) <b>Mary</b>	1B. MIDDLE <b>Emma</b>	1C. LAST (FAMILY) <b>Bond</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>02/19/1904</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/08/1993</b>	4. SEX <b>Female</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Maxine Suprenant - Niece 3808 Vista Campana South, #26 Oceanside, CA 92033</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL HOME OR PERSON AS SUCH <b>Cypress View/Bonham Brothers San Diego, CA.</b>			7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE <b>670</b>		

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 <b>C. Hughes</b>	8B. DATE SIGNED <b>08/10/1993</b>
---	--	--------------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>08/10/1993</b> <b>C/ Hughes</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306671</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>San Diego County - Vital Records P.O. Box 85222, San Diego, CA 92186</b>		
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>—</b>			

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

**FOR CORONER'S USE ONLY**

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery 470-3-8 3751 Market Street, San Diego, CA.</b>	11B. DATE INTERRED <b>8/11/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <b>Wendy Jo League</b>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A wood</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

43991

Date: 8-9, 1993

From Marine Department Address: 3508 Vista Camino S, #2, Vista  
San Diego

In Payment of Payment of Mary Ford Dollars (\$ 605.<sup>00</sup>)

Lot 470 Grave - Row - Section 3 Division Block 8

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10975  
 BALANCE DUE \$

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		
Opening/Closing	77184	<u>315</u>	<u>00</u>
Burial Containers	100		
Handling Fee	77182	<u>185</u>	<u>00</u>
Recording & Misc. Fees	100		
Pre-Need Trust	77183	<u>45</u>	<u>00</u>
Sales Tax	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>605</u>	<u>00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-9-93

*DISINTERMENT*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jeanette D. Royer

in a \_\_\_\_\_ Vault/Liner Funeral, date, time 8/11/93

Church, Chapel, Graveside Glen Abbey Mortuary. (Bob) 498-4600

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 81 Grave 13 Row - Section MAS Division 0

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower table - marker setting fee DISINTERMENT Fee 700.00

Recording and filing fee \_\_\_\_\_

Sales taxes AUG 9 1993

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 700.00

Paid receipt number 43974 700.00

Balance due \_\_\_\_\_

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 \_\_\_\_\_

Dorothy E. Royer  
Signature

5265 - Sturtevant Dr.  
Address

San Diego 92105  
City Zip Code

583-2284  
Telephone

Work Order # E 10976

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

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

43994

Date: 8-9, 1993

From: Dorothy Rayon Address: 5225 Sacramento St San Diego

San Diego Dollars (\$ 700 )

In Payment of Department of San Diego

Lot 81 Grave 13 Row \_\_\_\_\_ Section 111A Division Block 0

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10976

BALANCE DUE A

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 White

CREDIT	77007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100	<u>700</u>	<u>W</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	00101		
	78390		
TOTAL PAID	\$	<u>700</u>	<u>W</u>

E-10976

# 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) <b>JEANNETTE</b>	1B. MIDDLE <b>DOROTHY</b>	1C. LAST (FAMILY) <b>ROYER</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>12/27/1947</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>07/26/1953</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>DOROTHY E. ROYER—MOTHER 5263 STREAMVIEW DRIVE SAN DIEGO, CA 92105</b>				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GLEN ABBEY MORTUARY 3838 BONITA ROAD, BONITA CA 91902</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1371</b>	8A. SIGNATURE OF APPLICANT—Person taking permit			8B. DATE SIGNED <b>08/10/1993</b>
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 7106 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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>08/10/1993</b> <b>S. SACK</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306674</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>GLEN ABBEY MEMORIAL PARK 3838 BONITA ROAD BONITA CA 91902</b>	11B. DATE BURIED <b>8/11/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	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

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.





THE CITY OF  
**SAN DIEGO**

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92103  
Property Department  
264-3151

E-10976

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

AUTHORITY TO DISINTER, REMOVE OR REINTER

8      93  
MONTH      YEAR

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

JEANETTE ROYER

from Lot 81 Grave 13 Section MAS Row — Block — Division 0  
and to remove the same to and reinter said remains in Lot — Grave —  
Section — Row — Block — Division — Cemetery Glen Abbey 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.

X Dorothy E. Royer X Mother X 5263 - Steamship Dr.

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

Dorothy E. Royer X 8-9-93  
(Lot owner must sign if not legal custodian) Date



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

*Pre-Need  
Lot*

Date 8-9-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wayne Worlick  
Bernice Johnson Worlick

in a \_\_\_\_\_ 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 18 Grave 4 Row - Section MAS Division/~~Block~~ Q

Grave space & Care Fund \_\_\_\_\_ 1495.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

**PAID**  
AUG 9 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 1495.00

Paid receipt number 435993 1495.00

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.

*Wayne P. Worlick*

Signature \_\_\_\_\_

7 Heather Lane

Address \_\_\_\_\_

Ormond Beach, FL, 32174

City \_\_\_\_\_ Zip Code \_\_\_\_\_

904/672-3721

Telephone \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 10977**

OFFICIAL RECEIPT

43993



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

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

Date: 8-9, 1993

From: Wayne W. Wick Address: 1079 Loma Vista #17, La Mesa

Fourteen Hundred Seventy five Dollars (\$ 1475.00)

In Payment of Pre-Need Lot

Lot 17 Grave 14 Row - Section Max Division Block Q

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-101177

BALANCE DUE 4

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

AC-212 (Rev. 1-91)

3039

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>299.00</u>
60% Sales of Lots	100	<u>1196.00</u>
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	\$	<u>1495.00</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8-10-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Mello PA# 2876

in a Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside Del Only : ADA 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 \_\_\_\_\_ Grave \_\_\_\_\_ 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 ..... 54.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... \_\_\_\_\_

Total Due ..... 440.00

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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order #

**E 10978**

*Invoice  
Imp. Co  
% Shirle  
1331  
D.A. Hendershot  
SO. CLARK  
EL CENTRAL  
PA # 2249*



E-10978

FAIRELENE TAYLOR  
PUBLIC ADMINISTRATOR'S OFFICE

FROM:

*Local Handicapped  
Deputy P.A.*

FAIRELENE TAYLOR - PUBLIC ADMINISTRATOR  
PUBLIC CONSERVATOR/ GUARDIAN/ AREA AGENCY ON AGING  
1331 SOUTH CLARK ROAD, BUILDING #11  
EL CENTRO, CALIFORNIA 92243

TO:

*att: JoAnn  
Mt Hope Cms.  
Call # 527-5403*

NUMBER OF PAGES:

*1*

TELEPHONE NUMBER

(619)339-6281

FAX NUMBER (619)353-9357

DATE:

*1/10/93*

REPLY BY PHONE OR FAX

COMMENTS:

*cc Nancy C. Mello, County Counsel # 3876  
to Bill Imperial County  
Public Administrator  
1331 S. Clark # 11  
El Centro, Ca 92243*

*8440 mg*

*Budget ADH Maternity Senior Care*

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-12-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Max Lampert - Imp. Co. PA # 2877

In a liner Vault/Liner Funeral, date, time Fri. 8/20 11:30 AM

Church, Chapel, Graveside Del Only; ADA Mortuary 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 66 Grave 12-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 ..... 50.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 440.00

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 # 227539 227555

Acct. # 000952 079654

Work Order # **E** 10979

PAID IN FULL  
11/24/93

See Attached for Billing Imp.

CITY of SAN DIEGO  
MEMORANDUM

E-10979

FILE NO.:

DATE : November 8, 1993  
TO : Ernest Hamilton, Auditor's Office  
FROM : Kathy L. Wigdahl (OCA-AA II), Mt. Hope Cemetery/Property Department  
SUBJECT: Account #079654, Invoice #227555; Fairelene Taylor, Public Administrator

---

Please delete account/invoice from your records. This account was originally invoice to the San Diego County Public Administrator's Office in error. It is to be invoiced to Imperial County Public Administrator's Office.

I regret the error. If you have any further questions regarding this matter, please call me at 527-3400.

Thank you for your assistance in this matter.

  
Kathy L. Wigdahl (OCA-AA II)





# ADA Mortuary Services, Inc.

3444 Citrus Street, Lemon Grove, CA 91945

FAX (619) 466-4377  
(619) 466-6333

E-10979

## CERTIFICATE OF DEATH


STATE OF CALIFORNIA  
USE BLACK INK ONLY

STATE FILE NUMBER		LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER			
1A. NAME OF DECEDENT—FIRST (GIVEN) Max	1B. MIDDLE ---	1C. LAST (FAMILY) Lampert	2A. DATE OF DEATH—MO. DAY, YR August 07, 1993	2B. HOUR 1030	3. SEX M
4. RACE CAUCASIAN	5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR 05/12/1932	7. AGE IN YEARS 61	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HOURS HOURS MINUTES
8. STATE OF BIRTH OH	9. CITIZEN OF WHAT COUNTRY U.S.A.	10A. FULL NAME OF FATHER ROBERT LAMPERT	10B. STATE OF BIRTH UNK	11A. FULL MAIDEN NAME OF MOTHER IRMA GABRIEL	11B. STATE OF BIRTH UNK
12. MILITARY SERVICE 19__ TO 19__ <input checked="" type="checkbox"/> NONE	13. SOCIAL SECURITY NO. 558-44-6948	14. MARITAL STATUS NEVER MARRIED	15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME NONE		
16A. USUAL OCCUPATION UNKNOWN	16B. USUAL KIND OF BUSINESS OR INDUSTRY UNKNOWN	16C. USUAL EMPLOYER UNKNOWN	16D. YEARS IN OCCUPATION UNK	17. EDUCATION—YEARS COMPLETED UNKNOWN	
18A. RESIDENCE—STREET AND NUMBER OR LOCATION 1531 ROSS AVENUE APT A204			18B. CITY EL CENTRO	18C. ZIP CODE 92243	
18D. COUNTY IMPERIAL		18E. NUMBER OF YEARS IN THIS COUNTY UNK	18F. STATE OR FOREIGN COUNTRY CALIFORNIA	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT FAIRELENE TAYLOR (PA) 1331 SOUTH CLARK RD. #11 EL CENTRO, CA 92243	
19A. PLACE OF DEATH UCSD Medical Center		19B. IF HOSPITAL, SPECIFY ONE IP, ER/OP, DOA IP	19C. COUNTY San Diego	22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION 200 W. Arbor Dr.		19E. CITY San Diego		22. WAS DEATH REPORTED TO CORONER? REFERRAL NUMBER <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B AND C) IMMEDIATE CAUSE (A) Cardiac Arrest		23. WAS BIOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24. WAS AUTOPSY PERFORMED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (B) Sepsis		24A. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24B. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
DUE TO (C) Gastric Carcinoma		24C. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		24D. WAS IT USED IN DETERMINING CAUSE OF DEATH? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 None			26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25? IF YES, LIST TYPE OF OPERATION AND DATE. None		
I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		27B. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <i>Reza Gangami, MD</i>		27C. CERTIFIER'S LICENSE NUMBER G70567	27D. DATE SIGNED 08/10/1993
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR 07/15/1993		DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR 08/07/1993		27E. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS Reza Gangami, MD 200 W. Arbor Dr. San Diego, CA 92103	
I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER <i>[Signature]</i>		28B. DATE SIGNED	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined		30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR	31. HOUR
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)			33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
34A. DISPOSITION(S) BURIAL		34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS MT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA		34C. DATE MO, DAY, YEAR 08/20/1993	35A. SIGNATURE OF EMBALMER <i>Daniel Schaff</i>
35B. LICENSE NUMBER 6881		36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) ADA MORTUARY SERVICES INC.		36B. LICENSE NO. FD-1469	37. SIGNATURE OF LOCAL REGISTRAR <i>[Signature]</i>
38. REGISTRATION DATE 08/19/1993		39. CENSUS TRACT		40. STATE REGISTRAR	

FILE COPY

E-10979

E-10979


 FAIRELENE TAYLOR  
 PUBLIC ADMINISTRATOR'S OFFICE
 

FROM:

Shirl - Deputy Pub Admin

FAIRELENE TAYLOR - PUBLIC ADMINISTRATOR  
PUBLIC CONSERVATOR/ GUARDIAN/ AREA AGENCY ON AGING1331 SOUTH CLARK ROAD, BUILDING #11  
EL CENTRO, CALIFORNIA 92243

TO:

Mt Hope att: John  
Say # 527-3403

NUMBER OF PAGES: /

TELEPHONE NUMBER

(619) 339-6281

FAX NUMBER (619) 353-9357

DATE: 8-12-93

REPLY BY Phone  FAX

COMMENTS:

Re: May Lampert DOD: 8-7-93  
 County Burial # 2877  
 Please make burial (County) arrangements  
 for the above named person.  
 ADA Mortuary has body.

Please send bill to the Public Administrator  
 1331 S. Clark Rd #11  
 El Centro Ca 92243

for charge of \$440.00 county rate

Thank you,



E-10979

# 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) <b>MAX</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>LAMPERT</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/12/1932</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/07/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT <b>FAIRELENE TAYLOR (PA) 1331 SOUTH CLARK RD. #11 EL CENTRO, CA 92243</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>A D A MORTUARY SERVICES INC. 3444 CITRUS STREET, LEMON GROVE, CA 91945</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1469</b>	8A. SIGNATURE OF APPLICANT—Person Issuing Permit <i>M. Shiroma</i>		
* 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.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>08/19/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307116</b>

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.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)  <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>8-20-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Targui</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.



DEPARTMENT 074

PROPERTY TAX BY TYPE CATEGORY

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
227555	11/03/93	079654	PUBLIC ADMINISTRATOR/IMPERIAL CO.		11/24/93	CK	01-060348	440.00	440.00	0.00
			100 072 77181					165.00		PAID IN FULL
			100 072 77182					54.00		
			100 072 77183					45.00		
			100 072 77185					50.00		
			67007 77184					126.00		

E-10979

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 8-12-93

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

of LEON DOXEY, JR

in a LINE Funeral, date, time Mon, 8/16 1:00pm

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 \$ 150.

will be applied and billed to undersigned. Maddy Doxy

War time veteran No

Lot 134 Grave 1 Row      Section 1 Division/Block 12

Grave space & Care Fund ..... 995.00

Additional spaces and care fund .....     

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....     

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due 1664.73

Paid receipt number 44015 1664.73

Balance due     

*30 Day  
NOTE*

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 \_\_\_\_\_

Maddy Doxy  
 Signature 414 N. 335th  
 Address San Diego  
 City 92105 Zip Code  
332-1024  
 Telephone

Work Order # **E 10980**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

MT. HOPE CEMETERY

W.O. # E-10980

# NOTE

\$ 1144.73 San Diego, California 8-12 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 Sixty four 73/100 DOLLARS with interest from Sept 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 Gladys Doxey SIGNATURE Gladys Doxey

ADDRESS 414 N 33 St S.N. 92102

CALIFORNIA DRIVER LICENSE NUMBER P0790551 SSN # 564-58-1558



E-10980

# 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) <b>Leon</b>	1B. MIDDLE <b>Andrew</b>	1C. LAST (FAMILY) <b>Doxey, Jr.</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/10/1960</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/10/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Jolla</b>		4B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Gladys M. Doxey, Mother</b> <b>141 N. 33rd At.</b> <b>San Diego, CA 92102</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA 92106</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge an applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 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 <i>Debbie Williams</i>		8B. DATE SIGNED <b>08/16/1993</b>

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams</b> <b>08/16/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306871</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <i>134-1-1-D</i> <b>San Diego, CA</b>	11B. DATE BURIED <b>8/16/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wesley J. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44015

Date: 2-13, 19 93

From Gladys Doray Address: 414 N. 33<sup>rd</sup> St. S.D. CA 92102

one thousand six hundred sixty four <sup>7</sup>/<sub>100</sub> Dollars (\$ 1664.73 )

In \_\_\_\_\_ Payment of Interment of Leon Doray, Jr

Lot 134 Grave 1 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10280

BALANCE DUE 12659

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 L. Bredtshel

CREDIT	67007		
20% Sales Care	77184	<u>379</u>	<u>00</u>
80% Sales of Lots	100	<u>716</u>	<u>00</u>
Opening/Closing	77181	<u>375</u>	<u>00</u>
Burial Containers	100	<u>170</u>	<u>00</u>
	77182		
	100	<u>145</u>	<u>00</u>
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	60333		
	9022		
Sales Tax	60101	<u>14</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>1664</u>	<u>73</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/12/93

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

In a LINER Funeral, date, time Tue, 8/17 11:00 AM

Church, Chapel, Graveside Chapel + Grave - Parkside Mortuary Parkside

All Funeral cars must arrive before 3:30 p.m. on regular work day or an extra charge of \$ 150

will be applied and billed to undersigned. Samuel Fultu

War time veteran No

Lot 82 Grave 4 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1564.73

Paid receipt number 44016 400.00

Balance due 1164.73

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 \_\_\_\_\_

Samuel Fultu  
Signature  
2569 Acropolis Pl  
Address  
San Diego CA 92139  
City Zip Code  
479-3509  
Telephone

Work Order # **E** 10981

Invoice # 224179

Acct. # 078685

30 DAY NOTE

PAID IN FULL  
9/17/93



MT. HOPE CEMETERY

W.O. # E 10981

# NOTE

1164.73

San Diego, California

8-13

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 eleven hundred sixty four <sup>73</sup>/<sub>100</sub> DOLLARS with interest from Sept 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 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 x SAMUEL FULTER SIGNATURE x Samuel Fulter

ADDRESS 2963 Acropolis PL

CALIFORNIA DRIVER LICENSE NUMBER x M0716287 SSN # x 438482704

OFFICIAL RECEIPT



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

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

44016

Date: 8-13, 19 73

From: Samuel Fulton Address: 2962 Arroyo Vista Pl. S D Ca 92139

four hundred Dollars (\$ 400 00)

In Payment of Interment of Erick Fulton

Lot 82 Grave 4 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. 1164-73

W.O. E 10981

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 V. Babitsky

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

E-10981

## 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) <b>Eric</b>	1B. MIDDLE <b>Jason</b>	1C. LAST (FAMILY) <b>Fulter</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/06/1969</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/10/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Chula Vista</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Samuel Fulter - Father 2963 Acrypolis Place San Diego, CA 92139</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debbie Williams</i>		
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.		8B. DATE SIGNED <b>08/16/1993</b>			

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 08/16/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306866</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>8/17/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.



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
224179	08/26/93	078685	SAMUEL FULTER				09/17/93	CK	1890	1,164.73	1,164.73	0.00
			100 072		77181	000072				375.00		
			100 072		77182	000072				190.00		
			100 072		77183	000072				45.00		
			100 072		77184	000072				236.00		
			100 072		77185	000072				145.00		
			60101		78390					14.73		
			67007		77184					159.00		
												PAID IN FULL

*E 10981*

MT: HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

*Pre-Need*  
*Lot and TRUST for*

Date 8-12-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY J. Bradford

in a LINER Funeral, date, time \_\_\_\_\_  
Vault/Liner

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 82 Grave 11 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund .....	<u>795.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>375.00</u>
Burial Container .....	<u>190.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	<u>5-10-1990</u>
Recording and filing fee .....	<u>45.00</u>
Sales taxes .....	<u>14.73</u>
Total Due .....	<u>1564.73</u>
Paid receipt number <u>44013</u> .....	<u>400.00</u>
Balance due .....	<u>1164.73</u>

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 Mary Bradford*  
 Signature \_\_\_\_\_  
 Address x 2447w Ingersoll St  
 City 613 275-8978 Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # **E 10982**

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

OFFICIAL RECEIPT

44121



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

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

Date: Sept 17, 19 93

From: Wm Bradford Address: 2447 W. Broadway, SA

Wm Bradford Dollars (\$ 98.<sup>00</sup> )

In Payment of Pre-Need Trust

Lot 82 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10982

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	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>98 00</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
	77185	
Pre-Need Trust	100	
Sales Tax	63003	
	9022	
TOTAL PAID	60101	<u>98 00</u>
	78390	



OFFICIAL RECEIPT

44013



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

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

Date: 8-12- 19 93

From: MARY J BRADFORD Address: 2447 West Ingersoll St. S.D. CA 92111  
four hundred dollars 00/100 Dollars (\$ 400 00)

In \_\_\_\_\_ Payment of \_\_\_\_\_

Lot 82 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10982

BALANCE DUE 1164 73

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. Baldsky

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>400</u>	<u>00</u>
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	\$	<u>400</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

44391

Date: 12-1, 19 93

From: Mary Bradford Address: 2447 W. Imperial St S.D. 92111  
Twenty-eight and 00/100 Dollars (\$ 93.00 )

In Part Payment of Pre-need Lot/Trust

Lot 83 Grave 11 Row \_\_\_\_\_ Section 3 Division 2  
 Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10982

BALANCE DUE 968.73

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91) = 116313333  
116313334

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	<u>93</u>	<u>00</u>
	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	\$	<u>93</u>	<u>00</u>

OFFICIAL RECEIPT

44535



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

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

Date: 1-12, 1994

From: Mary Bradford Address: 2447 W. Ingersoll St. SD 92111

Twenty-eight and 00/100 Dollars (\$ 28.00 )

In Part Payment of Pre-need lot trust

Lot 27 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10982

BALANCE DUE 270.73

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	<u>58</u>	<u>00</u>
80% Sales of Lots	100	<u>40</u>	<u>00</u>
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		
78380			
TOTAL PAID	\$	<u>98</u>	<u>00</u>



OFFICIAL RECEIPT



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

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

45159

Date: 6-24, 19 94

From: Bradford Wray Address: 2447 W. Ingersoll St. S.D. CA. 92111

one hundred Dollars (\$ 100.00)

In part Payment of pre-need lot and trust

Lot 82 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10982

BALANCE DUE 672.00

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 J Balshier

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	83033	<u>100</u>	<u>00</u>
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>100</u>	<u>00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45453

Date: 9/11, 1901

From: Mary Bradford Address: 2487 W. 100th St, SD 92111

One hundred and no/100 Dollars (\$ 100.00 )

In Part Payment of Pre-need lot - Trust

Lot 82 Grave 11 Row \_\_\_\_\_ Section 3 Division 12 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10982

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

N.O.  
126360833

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	<u>100 00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>100 00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46044



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

MOUNT HOPE CEMETERY  
527-3400

Date: March 27, 1995

From: Mary Bradford Address: 2447 W. Kingswell St. S.D. CA 92111

Twenty Eight and 00/100 Dollars (\$ 98.00 )

In \_\_\_\_\_ Payment of Pre Need Lot & Trust

Lot 8a Grave 11 Row - Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10982

BALANCE DUE 1174.73

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	
60% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	<u>98.00</u>
	8022	
	80101	
	78390	
TOTAL PAID	\$	<u>98.00</u>



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46238

Date: May 18, 19 95

From: Mary Bradford Address: 2447 W. Ingraham St. S.D. 92111

In Forty Nine & 1/100 Dollars (\$ 49.00)

Payment of Pre-Need Lot & Trust

Lot 82 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10982

BALANCE DUE \$ 425.73

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94) # 8301034154

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	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>49.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>49.00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46458



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

MOUNT HOPE CEMETERY  
527-3400

Date: 7-20, 1995

From: Mary Bradford Address: 2447 W. Ingersoll St. SD 92111

ninety-eight & 00/100 Dollars (\$ 98.00 )

In \_\_\_\_\_ Payment of pre-need lot in trust

Lot 82 Grave 11 Row \_\_\_\_\_ Section 3 Division 12  
Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. E-10982

W.O. \_\_\_\_\_

BALANCE DUE \_\_\_\_\_

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>98.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>98.00</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

MO: 83306031325

83306027739

ISSUED BY: J Rauch

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46556

Date: 2 29, 19 75

From: Bradford Mary Address: 2417 W. Tupper St. San Diego

forty nine Dollars (\$ 49 00)

in part Payment of pre-need lot and trust

for Bradford Mary

Lot 82 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10082

BALANCE DUE 278.73

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

MONEY ORDER

AC-212 (Rev. 5-64)

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

ISSUED BY V. Balaban

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>49</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>49</u>	<u>00</u>



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

003474

46622

Date: 9-19, 1995

From: Mary Bradford Address: 2447 W. Ingersoll St., SD 92111

In forty-nine and no/100 Dollars (\$ 49.00 )

Payment of pre-need lot w/ trust

Lot 82 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10982

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

mo  
70489262-7

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		
Opening/ Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>49</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>49</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46927



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

MOUNT HOPE CEMETERY  
527-3400

From: Mary Bradford Address: 2447 W. Ingersoll St. SU 92111 Date: 12-20, 1985  
forty-nine Dollars (\$ 49.00)  
 In part Payment of Pre-Need Trust

Lot 82 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10982  
 BALANCE DUE 180.73

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	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77180	
Pre-Need Trust	63033	<u>49.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>49.00</u>

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46976



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

MOUNT HOPE CEMETERY  
527-3400

From: Brenda Ollan Address: 2445 W. Ingersoll St. SO. 92111  
Forty-Nine  
 In: Pl. Payment of: Pre-Need Pot & Trust Dollars (\$ 49.00)  
Mary Bradford  
 Lot 82 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10982

BALANCE DUE 131.73

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-84)

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>49.00</u>
Trust	9022	
Sales Tax	90101	
	78390	
TOTAL PAID	\$	<u>49.00</u>



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47153

Date: 3-6, 1996

From: Bonnie Allen Address: \_\_\_\_\_

body care Dollars (\$ 49.00 )

In part Payment of Pre-Need Lot - Trust

Mary Bradford

Lot 82 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10982

BALANCE DUE 82.73

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. Michelle

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	<u>49.00</u>
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>49.00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47309

Date: 4/12, 19 90

From: Mary Bradford Address: 2447 W. INGERSOLL ST. S.D., CA. 92111  
Forty nine and 110/100 Dollars (\$ 49.00)

In part Payment of Pre-need lot and trust

Lot 82 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10988  
 BALANCE DUE 33.73

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
	77183	
Sales Tax	63033	<u>49</u>
	9022	<u>00</u>
	80101	
	78390	
TOTAL PAID	\$	<u>49 00</u>

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

ISSUED BY Carina M. [Signature]

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

4-338



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

MOUNT HOPE CEMETERY  
527-3400

Date: 5/13, 1996

From: Mary Bradford Address: 2447 W-Ingersoll St SD 92111

In Full Payment of Thirty three 13/100 Dollars (\$ 33.73)  
the Need Lot of Trust

Lot 82 Grave 111 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-10982  
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	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	<u>33 73</u>
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>33 73</u>

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

ISSUED BY Karen Bak



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

**1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre Need Lot & Trust*

*Mary Bradford E-10982*

*2447 W. Ingersoll St.*

*S.D., Ca. 92111*

*(82-11-3-12)*

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



\$ 49.00

Amount due if paid more than \_\_\_\_\_ days after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 49.00

NAME *Mary Bradford*

ADDRESS *2447 W. Ingersoll St*

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*  
*Mary Bradford* E-10982  
*2447 W. Ingersoll St.,*  
*S.D., Ca. 92111*  
*(82-11-3-12)*

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
							00	10			

Amount due when paid on, or before,  
due date above.



\$ 49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ 49.00  
NAME Mary Bradford  
ADDRESS 2447 W. Ingersoll St  
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 Head Lot & Trust*

*Mary Bradford E-10982*

*2447 W. Ingersoll St.*

*S.D., Ca. 92111*

*(82-11-3-12)*

**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

\$ 49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 49.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_  
NAME Mary Bradford St  
ADDRESS 2447 W. Ingersoll  
CITY San Diego STATE Ca ZIP 92111

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 Loan Trust*

*Mary Bradford E-10982*

*2447 W. Ingersoll St.,*

*S.D., Ca. 92111*

*(82-11-5-12)*

**Month and Day Due Indicated Below**

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							<i>30</i>	<i>10</i>			

Amount due when paid on, or before,  
due date above



*\$49.00*

Amount due if paid more than \_\_\_\_\_ days  
after due date above



*\$49.00*

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_  
NAME *Mary Bradford*

ADDRESS *2447 W Ingersoll St*

CITY *San Diego* STATE *Ca* ZIP *92111*

check (  ) if this is new address

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

**5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pro Need Lot & Trust*

*Mary Bradford E-10982*

*2447 W. Ingersoll St.*

*S.D., Ca. 92111*

*(82-11-3-12)*

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

\$ 49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above

\$ 49.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Mary Bradford St

ADDRESS 2447 W. Ingersoll

CITY San Diego STATE Ca. ZIP 92111

check  if this is new address

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

**6**

**DO NOT MAIL ENTIRE BOOK**

ACCDUNT No. *Pro Need Lotrs Trust*

*Mary Bradford E-10982*

*2447 W. Ingersoll St.,*

*S.D., Co. 92111*

*(82-11-3-12)*

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							<i>30</i>	<i>10</i>			

Amount due when paid on, or before  
due date above



\$ *49.00*

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ *49.00*

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

*Mary Bradford*

ADDRESS

*2447 W. Ingersoll*

CITY

*San Diego*

STATE

*Cal.*

ZIP

*92111*

check *(X)* if this is new address



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

**7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **1988 LOVE TRUST**

**Mary Bradford E-10962**

**2447 W. Ingersoll St.**

**S.D., Ca. 92111**

**(82-11-3-12)**

**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.

▶ \$ 49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

▶ \$ 49.00

\$ \_\_\_\_\_

Amount Received \$ 49.00

NAME Mary Bradford

ADDRESS 2447 W. Ingersoll St

CITY San Diego STATE Ca. ZIP 92111

check  if this is new address

Send or bring one coupon with each remittance

**COUPON**

**8**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. *Pro Need Lotrá Trust*

*Mary Bradford E-10982*

*2447 W. Ingraham St.,*

*S.D., Ca. 92111*

*(82-11-3-12)*

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							<i>30</i>	<i>10</i>			

Amount due when paid on, or before,  
due date above.



\$ *49.00*

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ *49.00*

\$ \_\_\_\_\_

Amount Received

\$ *49.00*

NAME

*Mary Bradford*

ADDRESS

*2447 W. Ingraham*

CITY

*San Diego*

STATE

*CA*

ZIP

*92111*

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**Mary Bradford E-10982**2447 W. Ingersoll St.**S.D., Ca. 92111**(82-11-3-12)***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\$ 49.00Amount due if paid more than \_\_\_\_\_ days  
after due date above.\$ 49.00

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME *Mary Bradford*ADDRESS *2447 W. Ingersoll St.*CITY *San Diego* STATE *Ca* ZIP *92111* Check ( ) if this is new address



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

**10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Fre Need Lofth Trust*

*Mary Bradford E-10982*

*2447 W. Ingersoll St.,*

*S.D., Ca. 92111*

*(62-11-3-12)*

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
								<i>10</i>			

Amount due when paid on, or before,  
due date above.



\$ *49.00*

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ *49.00*

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

*Mary Bradford*

ADDRESS

*2447 W. Ingersoll*

CITY

*San Diego*

STATE

*CA*

ZIP

*92111*

check  if this is new address

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

**11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Eye Need Not Be Trust*

*Mary Bradford E-10962*

*2447 W. Ingersoll St.*

*S.D., Co. 92111*

*(82-11-3-12)*

**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.



\$ 49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 49.00

\$ \_\_\_\_\_

Amount Received \$ 100.00

NAME Mary Bradford

ADDRESS 2447 W Ingersoll St.

CITY SD STATE Co ZIP 92111

check (✓) if this is new address

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

**12**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. *Fre Need Lotré Trust*  
*Mary Bradford* E-10982  
*2447 W. Ingersoll St.,*  
*S.D., Ca. 92111*  
*(62-11-3-12)*

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							28	10			

Amount due when paid on, or before,  
due date above.



\$ 49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 49.00

\$ \_\_\_\_\_

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. *...*

*Mary Bradford E-10932*

*2447 W. Ingersoll St.*

*S.D., Co. 92111*

*(82-11-3-12)*

Month and Day Due Indicated Below

IAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								10			

Amount due when paid on, or before,  
due date above

\$ 49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ 49.00

\$ \_\_\_\_\_

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. *Fre Mack Leland Trust*  
*Mary Bradford E-10982*  
*2447 W. Ingersoll St.,*  
*S.D., Co. 92111*  
*(82-11-3-12)*

**Month and Day Due Indicated Below**

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								<i>30 10</i>			

Amount due when paid on, or before,  
due date above.



\$ *49.00*

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ *47.00*

\$ \_\_\_\_\_

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. *Free Good Let & Trust*

*Mary Bradford 2-10962*

*2447 W. Ingersoll St.*

*S.D., Ca. 92111*

*(83-11-3-12)*

**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.



\$ 49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 7.100

\$ \_\_\_\_\_

NAME *MARY BRADFORD* Amount Received \$ 49.00

ADDRESS *2445 W Ingersoll St*

CITY *SD* STATE *Ca* ZIP *92111*

check (✓) if this is new address



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

**16**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. *Pro Bond Lofed Trust*  
*Mary Bendford* E-10902  
*2447 W. Imperial St.,*  
*S.D., Co. 92111*  
*(82-11-3-12)*

**Month and Day Due Indicated Below**

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

Amount due when paid on, or before  
due date above

\$ 19.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ 49.00

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.

Mary Bradford 2-10752  
2447 W. Ingersoll St.  
S.D., Ca. 92111  
(82-11-3-12)

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.

\$

49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$

\$

NAME

ADDRESS

CITY

check ( ) if this is new address

Amount Received

\$

49.00

Mary Bradford

2447 W. Ingersoll St

San Diego

STATE

Ca

ZIP

92111

Send or bring one coupon with each remittance

COUPON

18

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Free Speed Listed Trust**Mary Bradford 1-10902**2447 W. Ingersoll St.,**S.D., Ca. 92111**(82-11-2-12)*

Month and Day Due Indicated Below

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

Amount due when paid on, or before,  
due date above\$ 49.00Amount due if paid more than \_\_\_\_\_ days  
after due date above.\$ 49.00

\$ \_\_\_\_\_

Amount Received \$ 49.00

NAME

*Mary Bradford St.*

ADDRESS

*2447 W. Ingersoll St.*

CITY

*San Diego*

STATE

*Ca.*ZIP 92111 check ( ) if this is new address



Send or bring one coupon with each remittance

**COUPON**

**19**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No.

Mary Bradford 2-1992  
2447 W. Ingersoll St.  
S.D., Ca. 92111  
(62-11-3-12)

**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.



\$ 49.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ 49.00  
49.00

Amount Received \$ \_\_\_\_\_

NAME MARY BRADFORD

ADDRESS 2447 WEST INGERSOLL ST

CITY SAN DIEGO STATE CA ZIP 92111

check (✓) if this is new address

F-10982

CITY OF SAN DIEGO  
Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Mary Bradford

Address 2447 W. Ingersoll St. SD CA 92111

You and each of you are hereby notified that because of default in payments on that Agreement for the purchase of a before need Lot 82, Grave 11, Row —, Section 3, Block/Division 12 in Mt. Hope Cemetery, entered into on August 12, 1993, by and between Mt. Hope Cemetery and Mary Bradford that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 13 day of March, 1995.

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: Michelle L. Clark  
Clerical ASST. II

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-13-93

*Transfer  
of Ownership  
TS:*

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

In a \_\_\_\_\_ Vault/Urns 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 152 Grave 1 Row \_\_\_\_\_ Section 4 Division/Block 6

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 44014 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 # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 10983**



TITLE ORDER NO. ....

E-10983

ESCROW NO. ....

AFTER RECORDING MAIL TO



MS. DELTA M. COLLINS  
982 CHERRY STONE DR.  
LOS GATOS, CA. 95032-3556

SPACE ABOVE FOR RECORDER'S USE ONLY

# QUITCLAIM DEED

By this instrument dated May 16, 1971, for a valuable consideration,

Affix  
IRS

Robert Knapp, an unmarried man

\$ .....

do hereby remise, release and forever quitclaim to

Delta M. Nearier, an unmarried woman

the following described Real Property in the State of California, County of San Diego.

Lot 152 Grave 1 Section 4 Division 6 as described on  
Purchase Order Number B-5748 According to a map of said  
Cemetery filed in the office of the County Recorder of  
San Diego County.

*Robert W. Knapp*

ROBERT KNAPP

STATE OF CALIFORNIA }  
COUNTY OF San Diego } SS.

On May 17, 1971 before me, the undersigned, a Notary  
Public in and for said County and State, personally appeared Robert W. Knapp

....., known to me  
to be the person whose name LD subscribed to the within instrument and acknowledged  
that he executed the same.

Signature Twila M. Zeiters  
TWILA M. ZEITERS

Name (Typed or Printed)  
Notary Public in and for said County and State

FOR NOTARY SEAL OR STAMP



MAIL TAX  
STATEMENTS TO

NAME

ADDRESS

ZIP

**QUITCLAIM DEED**



LAND TITLE BUILDING  
225 BROADWAY  
SAN DIEGO, CALIFORNIA

10/10/10  
10/10/10  
10/10/10



my secretary forgot  
to enclose the deed  
and quitclaim with  
the \$45 - check we  
mailed you.

Delta Collins  
Nearin Boren

Knapp





CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

E 10983

2693151

2/23/1960

120-

# DEED

3751 Marquet St

San Diego, CA 92102

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Robert Knapp for the sum of \$ 125.00 (DOLLARS)

LEGAL DESCRIPTION Lot 152 Grave 1 Section 4 Division 6

AS DESCRIBED ON PURCHASE ORDER NUMBER B-5748

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

Raymond W. Chul  
Cemetery Manager

Leo B. Calland  
Park and Recreation Director

OFFICIAL RECEIPT

44014



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

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

Date: 8-13, 1993

From: Della Collins Address: 782 Chocoma, San Diego, Calif  
Forty five Dollars (\$ 45<sup>00</sup>)

In Payment of Transfer of Property

Lot 152 Grave 1 Row \_\_\_\_\_ Section 4 Division Block 6

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10973  
 BALANCE DUE ✓

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	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	<u>45 00</u>
	77183	
Pre-Need Trust	53033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>45 00</u>

204

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8-13-93

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

in a Dreher's Death Care Funeral, date, time Tues 8/17 11:00 AM  
Vault/Unit  
 Church, Chapel, Graveside GRAVESIDE, Rose Chapel Mortuary:  
(PARADISE, Sp.)

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 109 Grave 2 Row - Section 5 Division/~~Box~~ 2

Grave space & Care Fund The Maed (E-1088) \$125 @) Bal - 597.00

Additional spaces and care fund .....

Opening/Closing & Setup..... 350.00

Burial Container..... 360.00

Handling Fees ..... 300.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 27.90

*8/13 pd via m/c*

Total Due ..... 1699.90

Paid receipt number ~~1088~~ 1699 90

Balance due 0

I hereby certify I am the FRIGID Lloyd L. Lickel 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

Telephone

Zip Code

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E** 10984



OFFICIAL RECEIPT



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

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

44018

Date: 8-13, 19 93

From: Lloyd L. Lickert Address: 3034 McGraw STR. S.D. CA. 92117

Payment of sixteen hundred ninety nine 90/100 Dollars (\$ 1699 90)  
Interment for Lois Marie Smith

Lot 109 Grave 7 Row \_\_\_\_\_ Section 5 Division Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10984

BALANCE DUE Q

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

MASTER CARD 5286-1008-6045  
 9284

AC-212 (Rev. 1-91)

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

**PAID**

AUG 13 1993

MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF

ISSUED BY

V. Balogh

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	597	00
Opening/Closing	77184	350	00
Burial Containers	100	360	00
	77182	320	00
Handling Fee	100		
Recording & Misc. Fees	77185	45	00
Pre-Need Trust	100		
Sales Tax	77183	27	90
	63033		
	9022		
	60101		
	76390		
<b>TOTAL PAID</b>		<b>\$ 1699</b>	<b>90</b>

OFFICIAL RECEIPT



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

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

44018

Date: 8-13 19 93

From: Ward L. Cickel Address: 3034 UCGRAY STR. S.D. CA. 92117

sixteen hundred and nine 90.00 Dollars (\$ 1699.00 )

In Payment of Interment for LOUISE MARIE SMITH

Lot 109 Grave 2 Row \_\_\_\_\_ Section 5 Division Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10984

BALANCE DUE Q

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

ISSUED BY V. Balogh

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>599.00</u>
Opening/Closing	77181	<u>350.00</u>
Burial Containers	100	<u>360.00</u>
Handling Fee	77185	<u>320.00</u>
Recording & Misc. Fees	100	<u>65.00</u>
Pre-Need Trust	83693	
	9022	
Sales Tax	80101	<u>27.90</u>
	78390	
<b>TOTAL PAID</b>		<b>\$ <u>1699.90</u></b>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

E-10984

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) <b>Lois</b>	1B. MIDDLE <b>Marie</b>	1C. LAST (FAMILY) <b>Smith</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>5/23/1934</b>	3. DATE OF DEATH MONTH DAY YEAR <b>8/11/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Paradise</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>Butte</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Mr. Anthony Smith - husband</b> <b>6237 Forest Lane</b> <b>Paradise, CA. 95969</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Rose Chapel Mortuary</b> <b>6382 Clark Road - Paradise, Ca.</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>899</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Shirley McDaniel</i>		8B. DATE SIGNED <b>8-12-93</b>
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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>8/16/93</b> <i>Shirley McDaniel</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>889</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>183 County Center Drive</b> <b>Groville, CA. 95965</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery</b> <b>San Diego, CA. 109-2-5-2</b>	11B. DATE BURIED <b>8/17/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wandy Jo Teague</i>
	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

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 8/16/93

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

in a liner Vault/Liner Funeral, date, time 8-19 1:30 P.M.

Church, Chapel, Graveside Direct Burial McKinley-Nitchell 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 601 Grave 12 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 126.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 54.00

Handling Fees .....

Flower vases - Marker setting fee ..... NOV 15 1993

Recording and filing fee ..... 45.00

Sales taxes .....

**PAID**  
NOV 15 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due ..... 600.00

Paid receipt number 44354 600.00

Balance due 0

*Estate CASE  
White  
Kim  
creditors  
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 #

\_\_\_\_\_  
Acct. #

Work Order # **E 10985**

OFFICIAL RECEIPT



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

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

**44354**

County of S.D.

Date: Nov 15, 19 03

From: Public Administrator Address: 5201-A La Jolla Rd. San Diego 92123

Six hundred and 00/100 Dollars (\$ 600.00 )

In Part Payment of Interest of Gladys Heubree

Lot 61 Grave 12 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10985

BALANCE DUE Ø

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

100248

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>25 00</u>
80% Sales of Lots	100	<u>101 00</u>
Opening/Closing	77181	<u>375 00</u>
Burial Containers	100	<u>54 00</u>
Handling Fee	77185	
Recording & Misc. Fees	100	<u>45 00</u>
Pre-Need Trust	83033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>600 00</u>

E-10985

# 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) <b>GLADYS</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>HERBERG</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/17/1903</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/11/1993</b>	4. SEX <b>FEMALE</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>PERKLEY-MITCHELL FORTUARY, 3655 FIFTH AVENUE SAN DIEGO, CA 92103</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-119</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	8B. DATE SIGNED <b>08/17/1993</b>
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 7190 of the Health and Safety Code.					

<b>PERMIT</b> 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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>08/17/1993</b> <b>T.C. MITCHELL</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306998</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
---	--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY)</b>	11B. DATE BURIED <b>8-19-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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 8/16/93

*Pre-Need  
Lots + Trusts  
for*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gene & ELSIE Shimamoto

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 5053 AND 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/~~Block~~ 10

Grave space & Care Fund 2 @ \$995.00 1990.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 2 @ \$375.00 1 @ \$125.00 1 @ \$995.00

Burial Container 1 Double Depth Crypt \$300 1 Infant Liner \$150 450.00

Handling Fees Crypt - \$300 Liner \$150 450.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 3 @ \$45.00 135.00

Sales taxes Crypt - \$29.45 Inf. Liner \$5.43 34.88

**Paid in full  
9-12-95**

Total Due 3829.88

8/16 Paid receipt number VISA 957.00

Balance due 2872.88

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 \_\_\_\_\_

Gene Shimamoto  
Signature  
2147 W. Fletcher Rd.  
Address  
Imperial, Ca. 92251  
City Zip Code  
619-352-7433  
Telephone

Work Order # **E 10986**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

E-10986 12032

**D H C A**

OWNERSHIP AND INTERMENT PRIVILEGES

TO Gene and Elsie Shimamoto for the sum of \$ 1990.00 (DOLLARS)

LEGAL DESCRIPTION Lots 5053 and 5054 in Division 10.

AS DESCRIBED ON PURCHASE ORDER NUMBER E-10986

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:

See Cemetery Manager.

*John W. Wait*  
Cemetery Manager

*J. T. [Signature]*  
Real Estate Assets Director

OFFICIAL RECEIPT



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

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

44703

Date: 3-7, 1994

From: Gene Murrin Address: 2147 W. Hatzel Rd, Imperial Ca

One Hundred Twenty Dollars (\$ 120.00)

In Payment of Plot Rent Fee - Trust

Lot 5053, 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-10986

BALANCE DUE \_\_\_\_\_

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

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	<u>120.00</u>
Opening/Closing	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	\$	<u>120.00</u>

ISSUED BY [Signature]



OFFICIAL RECEIPT



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

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

45101

Date: 6-9, 1994

From: GENE SHIMAMOTO Address: 2147 HETZEL RR Imperial CA

ONE HUNDRED TWENTY Dollars (\$ 120.00 )

In PART Payment of PRE NEED lot & TRUST

Lot 5053 + 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE 1892.88

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

6096

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

ISSUED BY

N. Leryman

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>120</u>	<u>00</u>
	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		
	78980		
TOTAL PAID	\$	<u>120</u>	<u>00</u>

45268

## OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 527-3400
Date: 7-27, 19 94From: GENE, ELSIE Shimamoto Address: 2117 W Hetzel Rd. El Cajon, CA 92024In one hundred twenty Dollars (\$ 120.00)In part Payment of pre-need lot / trust  
for Shimamoto Gene ELSIELot 5053 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10986BALANCE DUE E 1772.88Pre-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 Baloblay

CREDIT	67007		
20% Sales Tax	77184		
80% Sales of Lots	100	<u>120</u>	<u>00</u>
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77181		
Recording & Misc. Fees	100		
Pre-Need Trust	77183		
Sales Tax	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>120</u>	<u>00</u>

6108

OFFICIAL RECEIPT



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

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

45303

Date: 8/4, 19 94

From: Elsie Shimamoto Address: 2147w. Hetzel Rd Imperial, CA

One Hundred Twenty Dollars (\$ 120 )

In part Payment of pre need lots

Lot 5053 & 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.o. E-10986

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

6128

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

ISSUED BY Nancy

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	<u>120</u>	<u>-</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	80101		
78390			
TOTAL PAID	\$	<u>120</u>	<u>-</u>



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45718

Date: Dec. 6, 1994

From: Elsie Shimamoto Address: 2147 W. Hetyl Rd., Imperial CA 92251

One hundred twenty-one 1/100 Dollars (\$ 120.00 )

In part Payment of pre-need later & trust

Lot 5053/54 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE 1072.88

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

ISSUED BY: Rausch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
Burial	77181		
Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	100		
Pre-Need Trust	77183		
	63033	<u>120</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>120</u>	<u>00</u>

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

6204

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

**MOUNT HOPE CEMETERY**  
 527-3400

45919

Date: 2-10, 1995

From: Elgie Shimamoto Address: 2147 W. Hutzel Rd., Imperial CA 93351

One hundred twenty & no/100 Dollars (\$ 120.00 )

In part Payment of pre need lots & trust

Lot 5053 & 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE \$ 833.88

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

ISSUED BY J. Raush

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	<u>120</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>120</u>	<u>00</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

138

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46308

Date: June 6, 19 95

From: Sam & Elsie  
Thurston Address: 2147 W. Helgel Rd. Imperial CA 92251

One Hundred Twenty Five Dollars (\$ 120.00 )

In \_\_\_\_\_ Payment of Pre-Paid Lots (2) & Trusts (2)

Lot 5053 + 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE 252.88

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		
80% Sales of Lots	100		
77184			
Opening/Closing	100		
77181			
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033	<u>120</u>	<u>00</u>
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>120</u>	<u>00</u>

\* 212



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46196

Date: May 8, 1995

From: Gene & Elsie Shimamoto Address: 2147 W. Holzner Rd. Imperial CA 92351

One Hundred and Twenty Dollars - Dollars (\$ 120.00 )

In \_\_\_\_\_ Payment of Pre-Need Lots (2) & Trusts (2)

Lot 5053+5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE \$ 472.88

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

\$ 192

AC-212 (Rev. 5-84)

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		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>120</u>	<u>00</u>
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>120</u>	<u>00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

45550

MOUNT HOPE CEMETERY

527-3400

Date: 10-7, 19 94

From: ELSIE SHIMAMOTO Address: 2147 W. HETZEL RD., IMPERIAL CA 93351

Dollars (\$ 120.00 )

In PART Payment of Pre-need Lots + TRUST

Lot 5053 & 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE \$1312.88

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-84)

7/6/66

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		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>120</u>	<u>00</u>
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>120</u>	<u>00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45429

Date: 9/9, 1994

From: Gene Shimamoto Address: 2147 W. Hotel Rd. Imperial CA 92251

One hundred twenty one 00/100 Dollars (\$ 120.00 )

in Part Payment of Payment by trust

Lot 1053/1054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 17

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10086

BALANCE DUE 8/14/94 181.31

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Cars	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	<u>120.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>120.00</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

6143



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46013

Date: 3/9, 19 95

From: Henoch & Shumamoto Address: 2147 W. Hetyl Rd Imperial CA 93351

One Hundred Twenty & 00/100 Dollars (\$ 120.00 )

In \_\_\_\_\_ Payment of Pre-Need Lot, Trust; (2) O/C; del dupl; handling fee; tax; (2) rec fee / 1 compl (urgent) line, part for tax online

Lot: 50315054 Grave - Row - Section - Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE 8913.88

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

152

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

ISSUED BY Jo Clark

CREDIT	67007		
20% Sales Com	77184		
60% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
Handling Fee	77181		
Recording & Misc. Fees	100		
Pre-Need Trust	77182		
Sales Tax	100		
TOTAL PAID	77185		
	63033	<u>120</u>	<u>00</u>
	9022		
	80101		
	78390		
		<u>120</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46096



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

MOUNT HOPE CEMETERY

527-3400

Date: 4-6, 1995

From: E. Shimamoto Address: 2147 W. Hedges Rd., Imperial CA 92251

One hundred twenty & 20/100 Dollars (\$ 120.00)

In \_\_\_\_\_ Payment of Pre-need lots & trust

Lot 5053 & 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-10986  
BALANCE DUE \_\_\_\_\_

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	<u>120</u>	<u>00</u>
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>120</u>	<u>00</u>

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

174

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46505



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

MOUNT HOPE CEMETERY  
527-3400

Date: 8-7, 1995

From: Elsie Shimamoto Address: 2147 W. Hotzel Rd., Imperial CA 92251

One hundred twenty & no/100 Dollars (\$ 120.00 )

In part Payment of Pre-need lots & trust

Lot 5053 & 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE \_\_\_\_\_

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

AC-212 (Rev. 5-94)

244

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

ISSUED BY Rauch

CREDIT	67007		
20% Sales Carr	77184		
80% Sales of Lots	100		
Opening/ Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>120</u>	<u>00</u>
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>120</u>	<u>00</u>



OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46417



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

MOUNT HOPE CEMETERY

527-3400

Date: 7/7, 1995

From: Marie Thimomato Address: 2147 W. Laurel Rd. San Diego, CA

in Payment of One hundred twenty & 00/100 Dollars (\$ 120.00)

Lot 5053 & 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11986

BALANCE DUE \_\_\_\_\_

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

AC-212 (Rev. 6-94)

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

ISSUED BY Carolyn

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Container	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>120.00</u>
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>120.00</u>

# 228

OFFICIAL RECEIPT

44303



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

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

Date: 11-5, 1993

From: Gene Minamoto Address: 2147 W. Hetzel Rd. San Diego, CA

In Three Hundred Sixty Dollars (\$ 360.00)  
 Payment of Pre-Need Fee & Trust

Lot 5053, 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10986  
 BALANCE DUE \$ 360.00

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

AC-212 (Rev. 1-91)

5967  
5945

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

ISSUED BY J. White

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>360</u>	<u>W</u>
77194			
Opening/ Closing	100		
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	100		
0022			
Sales Tax	80101		
78390			
TOTAL PAID	\$	<u>360</u>	<u>W</u>

OFFICIAL RECEIPT



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

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

44417

Date: 12-7, 1903

From: Gene Sumamoto Address: 2147 W. Wetzel Rd. Imperial 92251

One hundred twenty and 00/100 Dollars (\$ 20.00 )

In cash Payment of Pre-need lot & trust

Lot 5053/5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE \$ 2482.88

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. Shepherd

CREDIT	77007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>120</u>	<u>00</u>
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	\$	<u>120</u>	<u>00</u>

5988



OFFICIAL RECEIPT



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

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

44509

Date: 1/5, 19 94

From: Gene Shimatada Address: 2147 W. Hillside Rd. Pasadena, CA 91107

ONE HUNDRED TWENTY FOUR 00/100 Dollars (\$ 120.00 )

In PAID Payment of Pre-need 60 / Trust

Lot 5053/5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-0986

BALANCE DUE 0 2372 88

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

46007

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>115.00</u>
80% Sales of Lots	77184	<u>5.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	00101	
	76390	
TOTAL PAID	\$	<u>120.00</u>

OFFICIAL RECEIPT



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

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

44616

Date: 2/11 , 19 92

From: Gene Shimamoto Address: 2147 W. Petrel Ct Inverness CA 92251

One hundred-twenty and 00/100 Dollars (\$ 120.00 )

In Part Payment of Pre-need lot & trust

Lot 5053/54 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE 2252.88

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	75007	
20% Sales Care	77184	<u>85.00</u>
80% Sales of Lots	77184	<u>35.00</u>
Opening/Closing	77181	
Burial Containers	77182	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>120.00</u>

OFFICIAL RECEIPT



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

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

44827

Date: 4-6, 1994

From: GENE SHIMAMOTO Address: 2147 W HETZEL RD IMPERIAL CA 92251

ONE HUNDRED TWENTY Dollars (\$ 120.00 )

In PART Payment of PRE NEED Lot + TRUST

Lot 5053 + 5054 Grave 3 Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE 2132.88

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

6058

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

ISSUED BY M. Perque

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033	<u>120</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>120</u>	<u>00</u>



OFFICIAL RECEIPT



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

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

44923

Date: Nov 5, 1994

From: Eric Newman Address: 247 W. Hartzel Rd. Imperial, CA  
One Hundred Twenty Dollars (\$ 120.00 )  
 In \_\_\_\_\_ Payment of Pre-Need Trust - Trust

Lot 5053, 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

6073

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	<u>120.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>120.00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45636

Date: 11-4, 1994

From: ELSIE SHIMAMOTO Address: 2147 W. HETZEL RD. IMPERIAL 92251

one hundred twenty & no/100 Dollars (\$ 120.00 )

In part Payment of PRE-NEED LOTS & TRUST

Lot 5053/54 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE \$1192.88

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

6183

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	<u>120</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>120</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46608



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

MOUNT HOPE CEMETERY  
527-3400

Date: 9-12, 1995

From: Elsie Shimomoto Address: 2147 W. Mitgal Rd. Imperial CA  
One hundred twelve & no/100 Dollars (\$ 112.00 ) 9225

In \_\_\_\_\_ Payment of Pre need lots & trusts

Lot 5053 & 5054 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10986

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

257

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		
Opening/ Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033	<u>112</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>112</u>	<u>00</u>



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

**3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need lots & trust*

*Shimamoto, Gene & Elsie E-10986*  
*2147 W. Hetzel Rd.*  
*Imperial, CA 92251*

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.

\$ 120.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 120.00

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. *Pre-need lots/trust*

*E01986*

*Shimamoto, Gene & Elsie*

*E-10986*

*2147 W. Hetzel Rd.*

*Imperial, CA 92251*

**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.



\$ 120.00

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 lots & trust**

**Shimamoto, Gene & Elsie E-10986**

**2147 W. Hetzel Rd.**

**Imperial, CA 92251**

**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.

\$ **120.00**

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 lots/trust**

**E01986**

**E-10986**

**Shimamoto, Gene & Elsie**

**2147 W. Hetzel Rd.**

**Imperial, CA 92251**

**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.

**\$ 120.00**

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 the coupon with each remittance

**COUPON**

**7**

**DO NOT MAIL ENTIRE BOOK**

ACCOUNT No. **Pre-need lots & trust**

**Shimamoto, Gene & Klisie E-10986**  
**2147 W. Hetsel Rd.**  
**Imperial, CA 92251**

**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:

\$ 120.00

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 lots/trust*

*E01986*

*Shimamoto, Gene & Elsie*

*E-10986*

*2147 W. Hetzel Rd.*

*Imperial, CA 92251*

**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.



\$ 120.00

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. *Pro-need lots & trust*

*Shimamoto, Gene & Elsie E-10986*

*2147 W. Hartzel Rd.*

*Imperial, CA 92251*

**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.



\$ 120.00

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 a

ON **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pre-need lots/crust*

*EO1986*

*Shimamoto, Gene & Elaine*

*E-10986*

*2147 W. Hetzel Rd.*

*Imperial, CA 92251*

**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.



\$ *120.00*

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-paid lots & trust*

*Shinamoto, Gene & Elsie g-10986*  
*2147 W. Hetsel Rd.*  
*Imperial, CA 92251*

**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

▶ \$ 120.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above

▶ \$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 120

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 lots/trust**

**E01986**

**E-10986**

**Shimmoto, Gene & Elaine**

**3147 W. Hetzel Rd.**

**Imperial, CA 92251**

**Month and Day Due Indicated Below**

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
									<b>X</b>		

Amount due when paid on, or before,  
due date above



\$ **120.00**

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-PAID LOTS & TRUST*

*Shimamoto, Gene & Hlei* E-10986  
*2147 W. Hotwai Rd.,*  
*Imperial, CA 92251*

**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.



\$ 120.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 120.00

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. **FTG-0282 1000/0100**

**101986**

**Shimamoto, Gene & Elsie**

**E-10986**

**2147 W. Hetzel Rd.**

**Imperial, CA 92251**

**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:



\$ **120.00**

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-paid loans & trust*

*Shimamoto, Gary & Elaine H-10986*  
*2147 W. Matani Rd.*  
*Imperial, CA 92251*

**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.



\$ 120.00

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. **Pro-Seed Loans & Trust**

**Shimamoto, Gene & Alois H-10986**

**1147 W. Harnel Rd.**

**Imperial, CA 92251**

**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:



\$ **120.00**

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. *Pro-Seed Ints/Trust*

*E-1986*

*Shimamoto, Gene & Elsie*

*E-10986*

*2147 W. Sorel Rd.*

*Imperial, CA 92251*

**Month and Day Due Indicated Below**

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
									<i>X</i>		

Amount due when paid on, or before,  
due date above.



\$ *120.00*

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. Approved 1425 & Grant

Shimamoto, Dale & Elaine X-10936  
2147 W. Beitel Rd.  
Imperial, CA 92251

**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

\$ 120.00

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. **228-4282 1018/2182**

**591986**

**Shimono, Goro & Elsie**

**E-13986**

**2147 W. Herzel Rd.**

**Imperial, CA 92251**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
									<b>1</b>		

Amount due when paid on, or before,  
due date above.

**\$ 120.00**

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. *Pre-paid lots & trust*

*Shimamoto, Gene & Elaine X-10986  
2147 W. Hurrell Rd.  
Imperial, CA 92251*

**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.



\$

*120.00*

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. *Pre-need Ints/cont*

*Shimamoto, Gene & Alvin*

*ED-1986*

*E-10986*

*2147 W. Hetsel Rd.*

*Imperial, CA 92251*

**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.



\$ 120.00

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. **770-000 100-5 1000**

**Shimamoto, Gene & Aldie 3-10906**  
**2147 N. Central St.**  
**Imperial, CA 92351**

**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



\$ **120.00**

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. *100-1000000000000000*

*001986*

*Salmon, Gene & Bible*

*E-10986*

*2147 W. Wetzel Rd.*

*Imperial, CA 92251*

**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.



*\$112.00*

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-10986



NAME		ADDRESS		RATING	LIMIT	DEBIT	✓	CREDIT	BALANCE
DATE		ITEMS							
9/4	94	Coupon #12	R# 45429					120.00	1652.88
		* credit	100.00 for mistake					100.00	1532.88
10/7	94	CPN #13	R# 45550					120.00	1432.88
11-4	94	CPN 14	R 45636					120.00	1312.88
12-6	94	CPN 15	R 45718					120.00	1192.88
1-10	95	" 16	R 45813					120.00	1072.88
2-10	95	" 17	R 45919					120.00	952.88
3-10	95	" 18	Rec# 46013					120.00	832.88
4-6	95	" 19	R-46096					120.00	712.88
5/8	95	" 20	Rec# 46196					120.00	592.88
6/5	95	" 21	Rec# 46308					120.00	472.88
7/7	95	" 22	" 46417					120.00	352.88
8/7	95	" 23	" 46505					120.00	232.88
9/12	95	" 24	" 46608					120.00	112.88

JoAnn, do we write off the .88c ?

Yes

AVERY FORM NO. 25-204 PRINTED IN USA

GENE SHIMAMOTO  
 ELSIE SHIMAMOTO  
 PH. 619-352-7433  
 2147 W. HETZEL ROAD  
 IMPERIAL, CA 92251

257  
 16-49/1320

Sept 4 19 95

BAY TO THE ORDER OF Int. Hope Society \$ 112.00  
One hundred twelve and no/100 DOLLARS

Union Bank  
 El Centro  
 576 Main Street  
 El Centro, CA 92243-2918

FOR final payment Elsie Shimamoto  
 ⑆ 2200049613691021715⑈ 0257

Send or bring one coupon with each remittance. **COUPON 24**  
 DO NOT MAIL ENTIRE BOOK  
 ACCOUNT No. 16-49/1320  
 Shimamoto, Gene & Elsie  
 2147 W. Hetzel Rd.  
 Imperial, CA 92251

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
									5		

Amount due when paid on, or before, due date above: \$ 112.00  
 Amount due if paid more than \_\_\_\_\_ days after due date above: \$ \_\_\_\_\_  
 Amount Received \$ \_\_\_\_\_

NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-16-93

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

in a LINER Funeral, date, time Mon, 8/16 10:00 AM

Church, Chapel, Graveside Church + grave: Guadalupe 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. Andrea Herrera

War time veteran \_\_\_\_\_

Lot 91 Grave 12 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1564.73

Paid receipt number 44034 392.00

Balance due 1172.73

*30 Day  
NOTE  
Mortuary*

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.

Andrea Herrera  
Signature  
3044 Webster Ave  
Address  
San Diego CA 92113  
City  
(619) 239-9214 Zip Code  
Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 10987

PY-593 (Rev. 8-92)

Invoice # 227493

Acct. # 079445



MT. HOPE CEMETERY

W.O. # E-10987

# NOTE

\$ 1172.<sup>73</sup> San Diego, California 8-16 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 Seventy Two <sup>73</sup>/<sub>100</sub> DOLLARS with interest from Sept. 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

Alexandra Herrera

SIGNATURE

Alexandra Herrera

ADDRESS

3014 Webster Ave San Diego CA 92113

CALIFORNIA DRIVER LICENSE NUMBER

M1018205 Army

SSN #

567-33-4606



OFFICIAL RECEIPT



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

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

44034

Date: 8-18, 19 93

From: Concepcion Mercedes Address: 32nd 2601 Webster Ave Santa Ana 92702

three hundred ninety two Dollars (\$ 392.00)

In Payment of interment for Salvadoro Rodriguez

Lot 91 Grave 12 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10987

BALANCE DUE 1172.73

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

2506

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

ISSUED BY V. Balobsky

CREDIT	77007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>392</u>	<u>00</u>
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>392</u>	<u>00</u>

OFFICIAL RECEIPT

44072



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

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

Date: September 7, 1993

From: PATRICIA FLORES Address: 953 PALM STR S.D.CA. 92113

5x hundreds 00/100 Dollars (\$ 600 00 )

In \_\_\_\_\_ Payment of interment of Salvador Rodriguez

Lot 91 Grave 12 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10987

BALANCE DUE 572.73

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. Bralobles

CREDIT	87007	
20% Sales Care	77184	<u>157 W</u>
80% Sales of Lots	100	<u>244 W</u>
Opening/Closing	77184	<u>177 W</u>
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
	77183	
Sales Tax	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>600 00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
524-3400

44732

Date: 3/17, 19 94

From: Mary Bradford Address: 2447 W. Ingersoll St. S.D. CA 92104

Activity - right enc 00/100 Dollars (\$ 98.00 )

In Part Payment of Pre-need lot - trust

Lot 82 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10987

BALANCE DUE \$ 772.73

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

AC-212 (Rev. 1-91) HO.  
8183137417

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

**CITY AUDITOR**  
**MAR 25 1994**

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>3</u>	<u>00</u>
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>95</u>	<u>00</u>
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>98</u>	<u>00</u>



E-10987

# 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) <b>SALVADOR</b>	1B. MIDDLE <b>FEDERICO</b>	1C. LAST (FAMILY) <b>RODRIGUEZ</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>01/15/39</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>08/10/93</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>MARGARITA RODRIGUEZ WIFE 3014 WEBSTER AVENUE SAN DIEGO, CA 92113</b>		
7A. TYPE AND NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GUADALUPANA MEM., CHAPEL &amp; MORT. 2601 IMPERIAL AVE., S.D., CA. 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1425</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <b>08/16/93</b>		
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 <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>08/16/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306873</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS, PO. BOX 85222 SAN DIEGO CA. 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-----</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET SR., SAN DIEGO, CA. 92102</b>	11B. DATE BURIED <b>8/16/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Tague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>91-12-312</b>	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

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 8-16-93

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

in a Linco Funeral, date, time Thu 9:20 1:00pm

Church, Chapel, Graveside Church + grave - Ragsdale Mortuary Linco

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. Leatrice Johnson

War time veteran No

Lot 4121 Grave - Row - Section - Division/Block 10

Grave space & Care Fund Per Need 0

Additional spaces and care fund

Opening/Closing & Setup 375.00

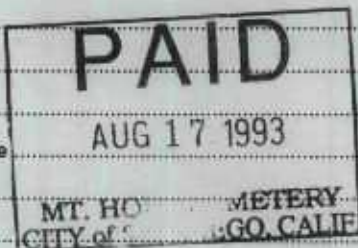
Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 14.73

Sales taxes 769.73



Total Due 769.73

Paid receipt number 44022 769.73

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.

Leatrice Johnson  
 Signature of recorded holder of deed

Leatrice Johnson  
 Signature  
1691 E. 122nd Street  
 Address  
Los Angeles, Ca. 90059  
 City  
636-7946  
 Telephone  
 Zip Code

Work Order # **E 10988**  
 PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... ALDITOR

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

44022

Date: 8-17, 1993  
 From: Patrice Okrop Address: 11091 E 122nd St. Los Angeles  
Seven Hundred Sixty-Seven Dollars (\$ 769<sup>73</sup>)  
 In Payment of Interment of Fitzgerald Murray

Lot 4121 Grave - Row - Section - Division Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10988  
 BALANCE DUE 0

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

ISSUED BY Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>375 00</u>
77181		
Burial Containers	100	<u>170 00</u>
77182		
Handling Fee	100	<u>143 00</u>
77185		
Recording & Misc. Fees	100	<u>45 00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>14 73</u>
78390		
TOTAL PAID	\$	<u>769 73</u>

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



E-10988

# 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) <b>Lonzadell</b>	1B. MIDDLE <b>--</b>	1C. LAST (FAMILY) <b>Murray</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/19/1915</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/13/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Leatrice H. Johnson - Sister 1691 E. 122nd St. Los Angeles, CA 90059</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debra Williams</i>		
ACKNOWLEDGEMENT OF APPLICANT I hereby acknowledge as significant 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.		8B. DATE SIGNED <b>08/19/1993</b>			

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 08/19/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307095</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	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	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>8-20-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 8-16-93

*OPEN ST  
 Int. Gates*

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

of CLEMENT HUGH MOTZ

in a VAULT Funeral, date, time 8-18-93 11:00 AM

Church, Chapel, Graveside CHURCH, 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 X Linda Brewer

War time veteran No

Lot 275 Grave 6 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

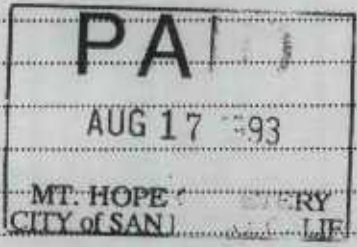
Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due ..... 1669.38

Paid receipt number 44021 1669.38

Balance due 0



*30 day  
 Note*

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.

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

\_\_\_\_\_  
 Signature of recorded holder of deed

X Mrs E.H. Motz  
 Signature  
X 722 Sunnyside Ave  
 Address  
X San Diego Ca 92114  
 City Zip Code  
X 469-8745  
 Telephone

Work Order # E 10989

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-10989

# 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) <b>CLEMENT</b>	1B. MIDDLE <b>HUGH</b>	1C. LAST (FAMILY) <b>MOTZ</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/29/1925</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/15/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>BETTY L. MOTZ - WIFE</b> <b>722 SUNNYSIDE AVENUE</b> <b>SAN DIEGO, CA 92114</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CONRAD LEMON GROVE MORTUARY</b> <b>7387 BROADWAY — LEMON GROVE, CA 91945-1533</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-941</b>		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>Karen Warrant</i>			8B. DATE SIGNED <b>08/17/1993</b>		

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>08/17/1993</b> <i>Karen Warrant</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9306967</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <b>SAN DIEGO CO. DEPT. OF HEALTH SERVICES</b> <b>VITAL RECORDS — P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	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

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET</b> <b>SAN DIEGO, CA 92102</b> <i>275-6-272</i>	11B. DATE BURIED <b>8/18/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	*CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <i>cloth</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44021



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

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

Date: 8-17, 1993

From: Betty Motz Address: 722 Sainpede Ave St

Seventy Two Hundred Twenty Two Dollars (\$ 1669.38 )

In Payment of Interment of Ernest Motz

Lot 275 Grave 6 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10789

BALANCE DUE 6

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 [Signature]

CREDIT	67007	<u>159</u>	<u>0</u>
20% Sales Care	77184		
80% Sales of Lots	100	<u>636</u>	<u>0</u>
Opening/Closing	77184		
	100	<u>375</u>	<u>0</u>
Burial Containers	77181		
	100	<u>250</u>	<u>0</u>
Handling Fee	77182		
	100	<u>185</u>	<u>0</u>
Recording & Misc. Fees	77185		
	100	<u>45</u>	<u>0</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390	<u>19</u>	<u>38</u>
TOTAL PAID	\$	<u>1669</u>	<u>38</u>

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 8/17/93

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

in a T.S. Vault Vault/Liner Funeral, date, time Wed, 8/18 11:00 AM  
 Church, Chapel, Graveside Chapel + Gravestone 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 M. Johnson

War time veteran No

Lot 133 Grave 11 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due ..... 1669.38

Paid receipt number 4402 400.00

*30 Day Note*

I hereby certify I am the Edna M. Johnson 44155 1269.38 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 \_\_\_\_\_

Edna M. Johnson  
 Signature  
3754 1/2 36th St.  
 Address  
San Diego Ca 92105  
 City Zip Code  
619-283-4054  
 Telephone

Work Order # **E 10990**

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_  
 Acct # \_\_\_\_\_

MT. HOPE CEMETERY

W.O. # E-10990

# NOTE

\$ 1269.35 San Diego, California 8-17 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 Twelve Hundred Sixty Nine 35/100 DOLLARS with interest from Sept 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 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 OO ROBERTS SIGNATURE OS Roberts

ADDRESS 6690 Downing St apt 94

CALIFORNIA DRIVER LICENSE NUMBER 10 CD7D C3629064 SSN # 571591465



OFFICIAL RECEIPT



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

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

44155

Date: Sept 21, 1993

From: Edna Hansen Address: 3954 1/2 St. N. 11905

Includes handling fee 7.00 - 3.00 Dollars (\$ 1269.38 )

In Payment of Statement by Alvin Nelson

Lot 133 Grave 11 Row 1 Section 1 Division Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10950

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

03721

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	159.00
80% Sales of Lots	100	234.00
77184		
Opening/Closing	100	375.00
77181		
Burial Containers	100	250.00
77182		
Handling Fee	100	185.00
77185		
Recording & Misc. Fees	100	45.00
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	80101	19.38
78390		

TOTAL PAID \$ 1269.38

44020

## OFFICIAL RECEIPT


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

 CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 527-3400
Date: 8-17, 1993From: John Johnson Address: 3754 1/2 36th StIn Base Burial Payment of 7111 Dollars (\$ 400)In Interment of Olivia RobertsLot 133 Grave 11 Row \_\_\_\_\_ Section 3 Division Block 12

\* Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10990BALANCE DUE 1269.38Pre-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.

DCR

 CITY AUDITOR  
 AUG 23 1993


ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>400</u>	<u>0</u>
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	\$	<u>400</u>	<u>0</u>

E-10990

**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) <b>Alonia</b>	1B. MIDDLE <b>Marie</b>	1C. LAST (FAMILY) <b>Roberts</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/03/1935</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/13/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Kenneth Roberts - Son 4979 Auburn Dr. #1 San Diego, CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		

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: *Heather Williams*

8B. DATE SIGNED: **08/18/1993**

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 08/18/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307004</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records, P.O. Box 85222 San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

A. BURIAL (INCLUDES ENTOMBMENT)       E. TEMPORARY ENVAULTMENT

B. CREMATION       F. DISINTERMENT

C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY       G. SHIP IN TO CALIFORNIA

D. SCIENTIFIC USE       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 <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A cloth</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 8-18-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of De Roy Moore - A # 1149253

in a Linex Funeral, date, time Thu, 8/18 2pm

Church, Chapel, Graveside Debt Only : Covered 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 666 Grave 12-A 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 \_\_\_\_\_

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 # 227559

Acct. # 000952

Work Order # **E** 10991

E-10991

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1. NAME OF DECEDENT—FIRST (GIVEN) <b>LE ROY</b>		1B. MIDDLE <b>T.</b>	1C. LAST (FAMILY) <b>MOORE</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/05/1918</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/09/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>LA MESA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., OTHER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SAN DIEGO CO. PUBLIC ADMINSTR. 5201-A RUFFIN ROAD SAN DIEGO, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533</b>				7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-941</b>		8A. SIGNATURE OF APPLICANT—Person taking permit; <i>Karen Warrant</i>
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.				8B. DATE SIGNED <b>08/18/1993</b>		

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>08/20/1993</b> <i>Karen Warrant</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307146</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <b>SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS — P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>8-20-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 CALIFORNIA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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-10991



CITY OF SAN DIEGO, CALIFORNIA  
GENERAL INVOICE

WHITE - CUSTOMER  
YELLOW - RETURN  
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,

P.O. BOX 2289

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO  
PUBLIC ADMINISTRATOR  
5201-A RUFFIN RD  
SAN DIEGO

ACCT NO  
000952

CA 92123

TREASURERS USE ONLY

PAYMENT DATE 12-7-93  
BY: CA CR IF

PAYMENT REF NO #430085 | AMT PAID: 386.00

INVOICE DATE 11/03/93      PAYMENT DUE 12/03/93      PERIOD COVERED OCTOBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:  
KATHY WIGDAHL      REF NO: E-10991  
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
LE ROY MOORE SERVICES PA #1149253	
LOT 66; GR 12T; SEC 1; DIV 12	126.00
OPENING/CLOSING LINER	165.00
RECORDING FEE	50.00
	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, WITH A LATE FEE OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 227559



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8-18-93

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

in a LINER Vault/Liner Funeral, date, time 8-20-93 Fri Noon

Church, Chapel, Graveside Chapel + Mausoleum CA Bural 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. K

War time veteran NO

Lot 281 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1664.73

Paid receipt number 44026 417.00

Balance due 1247.73

*30 day note*

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.

Sylvie Murga  
Signature of recorded holder of deed

Sylvie Murga  
Signature  
5865 Wilson #2  
Address  
S. D. Ca 92104  
City  
584-0971 Zip Code  
Telephone

Work Order # E 10992

PY-593 (Rev. 8-92)

Invoice # 224384

Acct. # 078718

MT. HOPE CEMETERY

W.O. # E 10092

# NOTE

1247.73

San Diego, California August 19 1903

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 hundreds forty seven and <sup>73</sup>/<sub>100</sub> DOLLARS with interest from September 20, 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 x Letitia Bowden SIGNATURE x Letitia Bowden

ADDRESS x 5246 <sup>Geobelande</sup> Coronado St San Diego CA 92114 263-5118

CALIFORNIA DRIVER LICENSE NUMBER x N8040108 SSN # x 553807232

OFFICIAL RECEIPT



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

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

44026

Date: 8-19, 19 93

From: Letitia Bowden Address: 5246 Greenwood Ave S.D. CA 92114

four hundred seventeen Dollars (\$ 417.00 )

In Payment of Interment of Christopher Sinflore

Lot 281 Grave 3 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10992

BALANCE DUE 1247.73

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

ISSUED BY V. Belokhin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	417	00
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	100		
Pre-Need Trust	77183		
	63033		
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	417	00



E-10992

# 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) <b>Christopher</b>	1B. MIDDLE <b>O'Neil</b>	1C. LAST (FAMILY) <b>Sinclair</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>2/7/1977</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>8/13/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Sybil Morgan-Mother</b> <b>3865 Wilson Avenue #2</b> <b>San Diego, CA 92104</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel</b> <b>5602 El Cajon Blvd. San Diego, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		
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. <i>[Signature]</i>		8B. DATE SIGNED <b>8/19/93</b>

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>8/19/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307083</b> <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records—P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>8-20-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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 8/18/93

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

of Frank BLANKENBURG  v.B.

in a Ash Vault Vault/Urner Funeral, date, time Sept 1, Wed 11:30 AM

Church, Chapel, Graveside Witness Only: Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150<sup>00</sup>

will be applied and billed to undersigned. \_\_\_\_\_

War time veteran No

Lot 34 Grave 3 Row \_\_\_\_\_ Section 2 Division/~~Block~~ 4

Grave space & Care Fund Pre-Need (A-4450) 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 249.26

Paid receipt number 44057 26926

Balance due 0

I hereby certify I am the 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. [Signature]  
Signature  
322 BROOKES AVE  
Address  
SAN DIEGO, CA 92103  
City (619) 692-1322 Zip Code  
Telephone

Work Order # **E 10993**

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

*Family to pay account*

*PAID 8-31-93 in Full*

OFFICIAL RECEIPT



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

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

44057

Date: 8-31, 19 93

From: Raymond P. Hummel III Address: 3675 8th Ave San Diego, CA 92103

Two hundred sixty nine <sup>26/100</sup> Dollars (\$ 269.26 )

In \_\_\_\_\_ Payment of Takenout for Frank Blorkeberg

Lot 34 Grave 3 Row \_\_\_\_\_ Section 2 Division Block 4

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 10993

BALANCE DUE 2

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

374

AC-212 (Rev. 1-81)

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

ISSUED BY V. Belablos

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184	<u>105</u>	<u>00</u>
Burial Containers	100	<u>55</u>	<u>00</u>
Handling Fee	77182	<u>60</u>	<u>00</u>
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
Pre-Need Trust	77183		
Sales Tax	63033	<u>4</u>	<u>26</u>
	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>269</u>	<u>26</u>



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8-19-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Robert Blansit Jr. (X)

in a ASH VAULT Vault/Urns Funeral, date, time Wed, 8/25 1:00 PM

Church, Chapel, Graveside Graveside ; Humphreys 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 28 Grave 11 Row \_\_\_\_\_ Section 16 Division/~~Block~~ 7

Grave space & Care Fund (D-7264) \_\_\_\_\_ 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

*Add to grave  
Billy Powell.*

**PAID**  
AUG 19 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF

Total Due 269.26

Paid receipt number 44027 269.26

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.

County of San Diego  
Signature of recorded holder of deed

Ailda Nan House  
Signature 8316 apt 19  
Address San Diego 92115  
City 2874172 Zip Code  
Telephone

Work Order # **E 10994**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

E-10994

# 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) JAMES	1B. MIDDLE ROBERT	1C. LAST (FAMILY) BLANSIT, JR.	2. DATE OF BIRTH MONTH DAY, YEAR 03/14/1966	3. DATE OF DEATH MONTH DAY, YEAR 08/12/1993	4. SEX M
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5A. CITY OF DEATH San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ailda Van Hoose - Mother 5360 Meade Avenue, Apt. 19 San Diego CA 92115
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7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-964	8A. SIGNATURE OF APPLICANT— <i>Judith King</i>	8B. DATE SIGNED 08/16/1993
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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 \$7.00	9B. DATE PERMIT ISSUED 08/16/1993 <i>J King</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9306906
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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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> 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 Mr. Hope Cemetery 3751 Market St.—San Diego CA	11B. DATE BURIED 8-25-93	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda, Inc. 14065 Old Highway 80, El Cajon CA	12B. DATE CREMATED 8/19/93	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	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

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.



Name of Mortuary

HUMPHREY MORTUARY

27131 E-10994

### 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:

JAMES BLANSIT

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 24 day of August 19 93.

Address:

Street

City

State

Zip

Signature:

Authorized Representative

Relationship to Deceased

Signature:

Authorized Representative

Relationship to Deceased



OFFICIAL RECEIPT



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

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

44027

Date: 8-19- 19 93

From: Alda Van Hoase Address: 5316 Apt. 19, San Diego, CA 92115

Two hundred sixty-nine and 24/100 Dollars (\$ 269.26 )

In Full Payment of Interment of James Robert Blansit Jr. (X)

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10994

BALANCE DUE 0

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

ISSUED BY W.J. Teague

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>105</u>	<u>-</u>
	77181		
Burial Containers	100	<u>55</u>	<u>-</u>
	77182		
Handling Fee	100	<u>60</u>	<u>-</u>
	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>-</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>4</u>	<u>26</u>
	78380		
TOTAL PAID	\$	<u>269</u>	<u>26</u>

*Preneed Trust*

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 8-19-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AILDA VAN HOOSE (X)

in a ASH 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 28 Grave 11 Row \_\_\_\_\_ Section 16 Division/Block 47

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 44028 30.-

Balance due 239.26

*Paid in full  
8-14-95*

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.

Cecilda Van Hoose  
Signature of recorded holder of deed

Ailda Van Hoose  
Signature  
5316 HERSH  
Address  
San Diego 92115  
City  
28741072  
Telephone

Work Order # **E 10995**

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

When I audited these payments on 8/7/95 I found an error and we corrected the card, however, when Ms. Van Hoose came in with her last payment on 8/14/95, coupon #24 had the figure \$9.26 written in and that's all she was going to pay. She said we made a mistake, that was too bad, maybe we wouldn't make that mistake again.

Jane

*Jane Rauch*  
8-14-95



NAME VAN HOOSE, AILDA

ACCT. NO. E-10995



ADDRESS 5316 Meade Ave., Apt. #19 San Diego CA 92115

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
8-19 93	Pre-need trust opened. (Pre-need lot PAID IN FULL. 28-11-16-7) Ash vault; open/close fee; handling fee; tax on vault; record/filing fee.	269.00			269.00
11/5 93	Coupon #2 Rec. 44322			10.00	259.00
2/16 93	Rec. 44028			30.00	229.00
12-1 93	Rec. # 44395			10.00	219.00
1/5 94	Coupon #4 Rec # 44508			10.00	209.00
2/4 94	Coupon #5 Rec # 44585			10.00	199.00
3-4-94	Coupon #6 Rec # 44691			10.-	189.-
4-4-94	Coupon #7 Rec # 44800			10.-	179.00
5-5-94	Coupon #8, Rec # 44922			10.-	169.00
6-3-94	Coupon #9, rec # 45080			10.-	159.00
7-6-94	Coupon #10, Rec # 45209			10.-	149.00
8/2/94	Coupon #11 Rec. 45294		100	10 -	139.00
9/6 94	Coupon 12 R. # 45409			10-	129.00
10/4 94	Coupon 13 R # 45530			10 -	119.00
11/4 94	CPN 14 R 45633			10 -	109.00
12/6 94	CPN 15 R 45717			10 -	99.00

NAME AILDA DAN Hoose

ACCT. NO.



ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
					99.00
1-4-95				10.00	89.00
2-3-95	CPN 17 R-45889			10.00	79.00
3/6/95	CPN 18 Rec # 45982			10.00	69.00
4/3/95	coupon #19 Rec # 46077			10.00	59.00
5/4/95	coupon #20, Rec # 46189			10.00	49.00
6/6/95	coupon #23, Receipt # 46312			10.00	39.00
7/5-95	" 21 " 46407 <i>misadded</i>			10.00	29.00
8/7-95	" 22 " 46506			10.00	19.00
8/14-95	" 24 " 46532			9.26	

E-10995

WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS  
ESTABLISHED FOR:

AILDA VAN HOOSE  
Name

5316 Apt. 19  
Address

SAN DIEGO, CA 92115

PURCHASER

AILDA VAN HOOSE  
Print Name

Ailda Van Hoose  
Signature

5316 MEADE AVE. APT #19

SAME  
Street Address (Mail)

SAME  
City State Zip Code

CITY OF SAN DIEGO  
Mt. Hope Cemetery

By: Wendy Jo Saugel

SLW:st(62-1)  
1-23-90



*Preneed Trust*

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 8-19-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AILDA VAN HOOSE (X)

in a ASH VAULT 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 28 Grave 11 Row \_\_\_\_\_ Section 16 Division/Block 17

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 44028 30.-

Balance due 239.26

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.

Ailda Van Hoose  
Signature of recorded holder of deed

Ailda Van Hoose  
Signature  
5316 - apt 19 92115  
Address  
San Diego 92115  
City Zip Code  
28741072  
Telephone

Work Order # E 10995

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E-10995

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 19 day of August, 1993, between Ailda VAN Hoose, herein known as "Purchaser," and the City of San Diego, Mt. Hope Cemetery, herein known as "Seller."

That Purchaser agrees to purchase and that Seller agrees to sell the exclusive right of interment in: Lot 28, Grave 11, Row —, Section 16, Block/Division 7, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$269.26, payable as follows: \$30.00 cash herewith, the receipt of which is hereby acknowledged; \$10.00 on the 10<sup>th</sup> day of OCTOBER, 1993; and the balance in installments of \$10.00 or more, payable at the office of Mt. Hope Cemetery, on the 10<sup>th</sup> day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY.

This Agreement described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which thereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

OFFICIAL RECEIPT

44691



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

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

Date: 34, 1990

From: Gilda Van House Address: 5310 Meade Ave #13, St

Del Dollars (\$ 10 )

In Payment of Pre-Need Trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10955

BALANCE DUE \_\_\_\_\_

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100		
Opening/ Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>10</u>	<u>00</u>
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>



OFFICIAL RECEIPT



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

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

45080

Date: 6-3, 1974

From: AILDA VAN HOOSE Address: 5316 MEADE AVE S.D 92115

TEN Dollars (\$ 10.00 )

In PART Payment of PRE NEEDED TRUST

Lot 28 Grave 11 Row \_\_\_\_\_ Section 11 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10995

BALANCE DUE 159.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

21-7962811985

AC-212 (Rev. 1-21)

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

ISSUED BY

M. Leguer

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>10</u>	<u>00</u>
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

45294

Date: 8/2, 19 94

From: Ailda Venthose Address: 5316 Meade Ave #19 San Diego

~~Ten~~ Dollars (\$ 10.00)

In part Payment of pre-need trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10995  
 BALANCE DUE 139.00

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
MO 21-996356376  
 AC-212 (Rev. 1-81) American Express

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

ISSUED BY Mary Jacks

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	100		
Pre-Need Trust	77183		
	83033	<u>10</u>	<u>00</u>
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46312

Date: June 6, 1995

From: Aida Van Hoose Address: 5316 Mirada Ave. Apt #19 S.D. 92115

Ten dollars Dollars (\$ 10.00 )

In Payment of Pre-Need Trust; @ Vault; O/C, Handling; Recording fee; Tax on @ Vault.

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10995  
 BALANCE DUE 38.00

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		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>10</u>	<u>00</u>
Sales Tax	9022		
	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 AC-212 (Rev. 5-94) 52163165005



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46189

Date: July 4, 1995

From: Della Van Hise Address: 5316 Mirada Ave. #19 S.D. CA 92115

ten dollars & 00/100 Dollars (\$ 10.00 )

In \_\_\_\_\_ Payment of Pr - Trust

Lot 28 Grave 11 Row - Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10995

BALANCE DUE \$ 48.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-84) 21-996800934

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		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>10</u>	<u>00</u>
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>10.00</u>	

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

45530



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

MOUNT HOPE CEMETERY

527-3400

Date: Oct 4, 19 94

From: Mildred Van House Address: 5316 Yucca Ave 19 S.D. CA 92115

Fee 12.00 Dollars (\$ 12.00)

In Part Payment of Pre-need Trust

Lot 21 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-12995

BALANCE DUE 110.00

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 [Signature]

CREDIT	67007	
20% Sales Cars	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	<u>12.00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>12.00</u>

OFFICIAL RECEIPT



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

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

44028

Date: 8-19, 1993

From: AILDA VAN HOOSE Address: 5316 Apt. 19, S.D. CA 92115

Thirty and xx/100 Dollars (\$ 30.- )

In part Payment of Preneed Trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E 10995  
 BALANCE DUE 239.26

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		
Opening/Closing	100		
	77181	<u>30</u>	<u>-</u>
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>30</u>	<u>-</u>



OFFICIAL RECEIPT



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

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

45409

Date: Sept 6, 1994

From: Lisa Van Hoose Address: 5316 Madero Ln #9 S.D. 92115

Ten and 00/100 Dollars (\$ 10.00 )

In Part Payment of Personal trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 11 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10995

BALANCE DUE \$ 129.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-84) M.O.  
21-996407451

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	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	63033	<u>. 12 00</u>
	9022	
	60101	
	78390	
		<u>12 00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

45633

MOUNT HOPE CEMETERY

527-3400

Date: Nov. 4, 19 94

From: ALIDA VAN HOOSE Address: 5316 MEADE AV APT 19 SD 92115

Trans 2000/100 Dollars (\$ 10.00 )

In PAID Payment of PRE-NEED TRUST

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10995

BALANCE DUE \$109.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

m.o:  
31-996514659

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		<u>10 00</u>
Sales Tax	60101		
	78390		
TOTAL PAID	\$		<u>10 00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46077

Date: April 3, 19 95

From: Linda Van Hise Address: 5316 Mirada Ave. Apt. # 19 S.D. CA 92115

Ten & 00/100

Dollars (\$ 10.00 )

In \_\_\_\_\_ Payment of Pr. Trust Trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10995

BALANCE DUE \$ 58.00

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>10.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>10.00</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

21-991672742

ISSUED BY M. Clark



OFFICIAL RECEIPT



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

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

44394

Date: 12-1, 1993

From: Mike Van House Address: 5316 Meade Ave #19, S.D. 92115

Ten and 00/100 Dollars (\$ 10.00 )

In Part Payment of Pre-need Trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10995

BALANCE DUE 219.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

M.O.  
31-99598752

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	<u>10</u>	<u>00</u>
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

44322

Date: Nov. 5, 19 93

From: Aildo Van Hoose Address: 5316 Meade Ave. #19 S.D. 92115

ten and 00/100 Dollars (\$ 10.00 )

In Part Payment of Pre-need trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10995

BALANCE DUE 229.00

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]  
 H.O. 15-791622816

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>10</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

OFFICIAL RECEIPT



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

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

44508

Date: 1/5, 1994

From: ALICE VAN HOOSE Address: 5316 Mendocino, S.D. 92115

Ten and 00/100 Dollars (\$ 10.00 )

In PAID Payment of PRE-NEED TRUST

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10905

BALANCE DUE \$209.00

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

*MONEY ORDER*

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	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	<u>10.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>10.00</u>



OFFICIAL RECEIPT



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

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

44585

Date: 2/4, 1995

From: Alice Van Noose Address: 5316 Heade Ave #19 S.D. 92115

Ten and 00/100 Dollars (\$ 10.00 )

In Part Payment of Pre-need trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10995

BALANCE DUE 199.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AG-212 (Rev. 1-91)

21-996129100  
M.O.

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	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>10.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>10.00</u>

OFFICIAL RECEIPT



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

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

44800

Date: 4-4, 1994

From: Wilda Van House Address: 5316 Meade Ave

San Dulce Dollars (\$ 10.- )

In Payment of Pre-Need Trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10995  
 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	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>10 00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>10 00</u>

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

110 # 31-996170034  
 AC-212 (Rev. 1-91)

ISSUED BY [Signature]

OFFICIAL RECEIPT

44922



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

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

Date: 11/10/5, 1994

From: Alida Van House Address: 5314 Wilshire Ave, #19, 92115

Jan and Dollars (\$ 10.00 )

In Payment of Pre-Need Trust

Lot 2P Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10995

BALANCE DUE \_\_\_\_\_

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

CREDIT	67907	
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	<u>10.00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>10.00</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

ISSUED BY [Signature]



OFFICIAL RECEIPT

45209



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

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

Date: 7-6, 1994

From: Delba Vanthuse Address: 5314 Monte Ave Apt #12, San Diego

Don and 71/100 Dollars (\$ 10 )

In Payment of Pre-Need Trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10995

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

111# 21-996354310  
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	
	77194	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>10 00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>10 00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45717

Date: Dec. 6, 1994

From: Gilda Van House Address: 5316 Meade Ave. San Diego 92115

Ten & no/100 Dollars (\$ 10.00 )

In Part Payment of Pre-need trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division 7 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10995  
 BALANCE DUE 10.00

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

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
Pre-Need Trust	63033	<u>10</u>	<u>00</u>
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

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

AC-212 (Rev. 5-94) m.o.  
21-996555703

ISSUED BY J Rauch

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45889

Date: 2-3, 1995

From: Gilda Vans Hooser Address: 5316 Meade Ave., Apt 19 SD 92115  
Ten & no/100 Dollars (\$ 10.00)

In part Payment of pre-need trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10995

BALANCE DUE 1078.00

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

no  
21-9966 44110

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		
Opening/ Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>10</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78090		
TOTAL PAID	\$	<u>10</u>	<u>00</u>





OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46532



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

MOUNT HOPE CEMETERY  
527-3400

From: Ailda Van Hoose Address: 5316 Meade Ave. #19 SD 92115 Date: 8/14, 1995  
nine & 26/100 Dollars (\$ 9.26 )  
 In \_\_\_\_\_ Payment of Pre-need for Trust Ailda Van Hoose

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-10995  
 BALANCE DUE 9

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	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	<u>9 26</u>
Sales Tax	9022	
	80101	
	76390	
TOTAL PAID	\$	<u>9 26</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46407

Date: 7-7, 1995

From: Aida Nammasse Address: 5916 Marquette #19 San Diego 92145

10.00 Dollars (\$ 10.00 )

In \_\_\_\_\_ Payment of Pre-need Trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11995

BALANCE DUE \_\_\_\_\_

Pra-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94)

M.O.

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

ISSUED BY Caroline

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>10.00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>10.00</u>



OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46506

Date: 8-7, 1999

From: Ailda Van Hoesen Address: 5316 Mead Ave #19 SD 92115

Term 20/100 Dollars (\$ 10.00 )

In post Payment of pre-need trust

Lot 28 Grave 11 Row \_\_\_\_\_ Section 16 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10945

BALANCE DUE \_\_\_\_\_

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 5-94) md

21-996943421

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		
Opening/Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>10</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>10</u>	<u>00</u>

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

**2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST

E-10995

Ailda Van Hoose

5316 Meade Ave., Apt. #19

San Diego, CA 92115

**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.



\$ 10.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME Ailda Van Hoose

ADDRESS 5316 Meade Ave #19

CITY San Diego STATE CA ZIP 92115

check (  ) if this is new address

Send or bring one coupon with each contribution - **COUPON**

**4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE-NEED TRUST**

**E-10995**

**Ailda Van Hoose**

**5316 Meade Ave., Apt. #19**

**San Diego, CA 92115**

**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.



\$ 10.00

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ 10.00

NAME Ailda Van Hoose

ADDRESS 5316 Meade Ave #19

CITY San Diego STATE CA ZIP 92115

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**

**Aida Van Hoose**

**E-10995**

**5316 Meade Ave., Apt #19**

**San Diego, CA 92115**

**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

\$ **10.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above

\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

*Aida Van Hoose*

ADDRESS

*5316 Meade Ave #19*

CITY

*San Diego*

STATE

*CA*

ZIP

*92115*

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-10995**

**Ailda Van Hoose**

**5316 Meade Ave., Apt. #19**

**San Diego, CA 92115**

**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



\$ **10.00**

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 TRUST**

**Aida Van Hoose**

**E-10995**

**5316 Meade Ave., Apt #19**

**San Diego, CA 92115**

**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:



\$ **10.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above:



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received \$ \_\_\_\_\_

NAME

*Aida Van Hoose*

ADDRESS

*5316 apt 19*

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 TRUST**

**E-10995**

**Alda Van Hoose**

**5316 Meade Ave., Apt. #19**

**San Diego, CA 92115**

**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.



\$ **10.00**

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 TRUST**

**Aida Van Hoose**

**E-10995**

**5316 Meade Ave., Apt #19**

**San Diego, CA 92115**

**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.



\$ 10.00

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 TRUST**

**E-16995**

**Ailda Van Hoose**

**5316 Neade Ave., Apt. #19**

**San Diego, CA 92115**

**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.



\$ **10.00**

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 TRUST**

**Aida Van Hoone**

**E-10995**

**5316 Hende Ave., Apt #19**

**San Diego, CA 92115**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
									<b>X</b>		

Amount due when paid on or before,  
due date above.



\$ **10.00**

Amount due if paid more than \_\_\_\_\_ days  
after due date above.



\$ \_\_\_\_\_

\$ \_\_\_\_\_

Amount Received

\$ **10.00**

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**

**E-10995**

**Ailda Van Hooss**

**5316 Heads Ave., Apt. #19**

**San Diego, CA 92115**

**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.



\$ **10.00**

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. **PHS-NEED TRUST**

**Aida Van Hoore**

**E-10995**

**5316 Hende Ave., Apt #19**

**San Diego, CA 92115**

**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.

\$ 10.00

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. **FAB-WRED TRUST E-10995**

**Afida Van Hoone  
5316 Honda Ave., Apt. #19  
San Diego, CA 92115**

**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.



\$ 10.00

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. **PBS-READ TRUST**

**Aida Van Eegee**

**E-10995**

**5316 Mendoc Ave., Apt #19**

**San Diego, CA 92115**

**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.



\$ **10.00**

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. **FRY, NEEL TAUST**

**Aida Van Housa**

**E-10995**

**5516 Nanda Ave., Apt #19**

**San Diego, CA 92115**

**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



\$ **10.00**

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. **FRS-NSED TRUST**

**E-10993**

**Afida Van Noone**

**3316 Nanda Ave., Apt. #19**

**San Diego, CA 92115**

**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



\$ **10.00**

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. **FBI-NEED TRUST**

**Alida Von Bollen**  
**5315 Kenda Ave., Apt #19**  
**San Diego, CA 92115**

**E-10995**

**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.



\$ 10.00

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. **PAB-NORTH TRUST**

**E-10095**

**Arlene Van Housen**

**3316 Nonda Ave., Apt. #15**

**San Diego, CA 92115**

**Month and Day Due Indicated Below**

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
									<b>X</b>		

Amount due when paid on or before,  
due date above.



\$ **10.00**

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. **788-4388 TRUST**

**Alda Van Housa**

**E-10995**

**5316 Hardslow., Apt #19**

**San Diego, CA 92115**

**Month and Day Due Indicated Below**

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

Amount due when paid on, or before  
due date above:



\$ 10.00

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. **782-5223 TRUST**

**2-16395**

**Alida Van Noy**

**3316 Maple Ave., Apt. 919**

**San Diego, CA 92115**

**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.



\$ **18.00**

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. **PSL-TRUST**

**Alma Von Hoop**

**E-10995**

**5316 Mendocino, Apt #19**

**San Diego, CA 92115**

**Month and Day Due Indicated Below**

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
									<b>2</b>		

Amount due when paid on, or before,  
due date above.



\$ **10.00**

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. **FEL-ORCA TRUST**

**E-10995**

**Alida Van Amer**

**5316 Meade Ave., Apt. #19**

**San Diego, CA 92115**

**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.



\$ 9.26

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 8-19-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth E. Castillo ⊗

in a Ash Vault Vault/Liner Funeral, date, time A.Y.D. 10-19-93  
 Church, Chapel, Graveside Delivery & Drest Bur. : Paysondale 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 N.O.

✓ Lot 94 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund .....	<u>300.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>105.00</u>
Burial Container <u>Ash Vault</u> .....	<u>55.00</u>
Handling Fees .....	<u>60.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>45.00</u>
Sales taxes .....	<u>4.26</u>
Total Due .....	<u>569.26</u>
Paid receipt number <u>44031</u> .....	<u>569.26</u>
Balance due .....	<u>0</u>

**PAID**  
 AUG 19 1993  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF

I hereby certify I am the X 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 X Cheryl G. [Signature]  
 Address X 3848 Overland Ave #417  
 City X Culver City, CA 90232 Zip Code  
 Telephone X 310-838-7329

Work Order # **E 10996**  
 PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_  
 Acct. # \_\_\_\_\_

E 10996

# 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) <b>Ruth</b>	1B. MIDDLE <b>Edna</b>	1C. LAST (FAMILY) <b>Castillo</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/16/1939</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/15/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Allen R. Baugh - Son 8888 Menkar Rd. San Diego, CA 92126</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson &amp; Bagdsdale Mort.; 3050 Federal Blvd. San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>Subbie Williams</i>		
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 7105 of the Health and Safety Code.		8B. DATE SIGNED <b>08/23/1993</b>			

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 08/23/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307233</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Markae St. San Diego, CA</b>	11B. DATE BURIED <b>10/19/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>H/Aerwood Crematory; 4300 Imperial Ave San Diego, CA</b>	12B. DATE CREMATED <b>8/31/93</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 10997



CITY OF SAN DIEGO, CALIFORNIA  
GENERAL INVOICE

WHITE - CUSTOMER  
YELLOW - RETURN  
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.

P.O. BOX 2289  
SAN DIEGO, CALIFORNIA 92117

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO  
PUBLIC ADMINISTRATOR  
5201-A RUFFIN RD  
SAN DIEGO

ACCT NO  
000952

CA 92123

-----TREASURERS USE ONLY-----

PAYMENT DATE 12-7-93  
BY: CA  IF  
PAYMENT REF NO #430085 | AMT PAID: \$ 386.00

INVOICE DATE                  PAYMENT DUE                  PERIOD COVERED  
11/03/93                          12/03/93                          OCTOBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:  
KATHY WIGDAHL                          REF NO: E-10997  
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
SAMUEL BROOKS SERVICES	
PA #1149342	
LOT 71; GR 12B; 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, IN ADDITION TO A PENALTY OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 227564

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/19/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samuel Brooks PA #1149342

in a Linca Vault/Case Funeral, date, time Mon, 8/23 1:30p  
Church, Chapel, Graveside De. Gray Featherston 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 71 Grave 12B 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 \_\_\_\_\_

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 # 227564

Acct. # 000952

Work Order # **E 10997**



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E10997

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>SAMUEL</b>	1B. MIDDLE <b>RAY</b>	1C. LAST (FAMILY) <b>BROOKS</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>04/28/1954</b>	3. PERIOD OF DEATH MONTH DAY YEAR <b>09/26/1992</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Borrego Springs</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>1083</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10275 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. <i>[Signature]</i>		8B. DATE SIGNED <b>09-20-93</b>

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>08/20/93</b> <b>Edward Fezzell</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307126</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P. O. Box 85222, San Diego CA 92186-5222</b>		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

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
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**FOR CORONER'S USE ONLY**

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery San Diego, CA</b>	11B. DATE BURIED <b>8-23-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>n/a</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>n/a</b>	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 <b>n/a</b>	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 PLAGE AND CA DISTRICT OF DISPOSITION <b>n/a</b>	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 8-20-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GUAN JUAN FELIZ PA# 2879

in a diner Vault/Urner Funeral, date, time 8-24: 11:00 A.M  
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 \_\_\_\_\_

✓ Lot 71 Grave 12T 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 44041 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 \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E** 10998

OFFICIAL RECEIPT



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

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

44041

Date: 8-24-, 1993

From: Wesley Mitchell Address: 3655 Dupont Ave, SA 1203

San Diego County - for Dollars (\$ 316.<sup>00</sup>)

In Payment of Interment of Mrs. Mary Elizabeth

Lot 71 Grave 12T Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-10918

BALANCE DUE 2

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. Wait

CREDIT	67007	
20% Sales Care	77184	<u>126.00</u>
60% Sales of Lots	77184	
Opening/Closing	77181	<u>165.00</u>
Burial Containers	77182	<u>50.00</u>
Handling Fee	77185	
Recording & Misc. Fees	77183	<u>45.00</u>
Pre-Need Trust	63033	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>316.00</u>

E 10998

# 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) <b>JUAN</b>	1B. MIDDLE <b>—</b>	1C. LAST (FAMILY) <b>FELIX</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/20/1933</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/15/1993</b>	4. SEX <b>MALE</b>
5A. CITY OF DEATH <b>SPRING VALLEY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>PUBLIC ADMINISTRATOR 1331 SOUTH CLARK RD, BLDG 11 EL CERRILLO, CA 92242</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>P-119</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>08/20/1993</b>

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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>08/20/1993</b> <b>V.I. MITCHELL</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307172</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MC HONE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY)</b>	11B. DATE BURIED <b>8-24-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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.



Disinterment  
Reinter

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8-20-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HAZEL St. Cyr

in a Use existing Ash Vault Funeral, date, time Tue 8-24 A.Y.D.

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 8 Grave A Row \_\_\_\_\_ Section MAS Division/Bless N

**PAID**  
AUG 20 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Grave space & Care Fund ..... 1295.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 105.00

Burial Container ..... \_\_\_\_\_

Handling Fees ..... \_\_\_\_\_

Flower vases - Marker setting fee Disinterment Fee ..... 350.00

Recording and filing fee ..... 45.00

Sales taxes ..... \_\_\_\_\_

Total Due ..... 1795.00

Paid receipt number 44035 1795.00

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.

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

Signature of recorded holder of deed \_\_\_\_\_

Shirley A. Howerton  
Signature  
2415 Trace Road  
Address  
Spring Valley, Ca. 91978  
City Zip Code  
619 660 0422  
Telephone

Work Order # **E 10999**

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

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

44035

Date: 8-20-93, 1993

From: SHIRLEY A. HOWERTON Address: 2415 TRACE ROAD, SPRING VALLEY 91978

Seventeen hundred ninety-five and 1/100 Dollars (\$ 1795.00)

In Full Payment of Disinterment + Reinterment of Hazel H. Cyr.

Lot 8 Grave 3 Row \_\_\_\_\_ Section MAS Division Block N

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 10999

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

6975

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

ISSUED BY W.J. Teague

CREDIT	87007		
20% Sales Comm	77184	<u>259</u>	<u>00</u>
80% Sales of Lots	77184	<u>1036</u>	<u>00</u>
Opening/Closing	100	<u>105</u>	<u>00</u>
Burial Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100	<u>395</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>1795.</u>	<u>00</u>

E10999

DISINTERMENT, REMOVAL AND REINTERMENT RECORD

Name of Decedent HAZEL ST. Cyr.

Date of Original Interment 3-19-93

Location of Original Interment 19-50-MAS-N

Date of Disinterment, Removal and Reinterment 8-24-93

Hour of Disinterment, Removal and Reinterment \_\_\_\_\_

Reinterment MT. HOPE CEMETERY - LOT 8; GRAVE 3;  
SECTION MAS; DIVISION N:

Funeral Director Present, If Any NONE

Location Where Reinterment Made 8-3-MAS-N

Description, Make and Type of Casket \_\_\_\_\_

Remarks \_\_\_\_\_

The undersigned certify to the above, also that they viewed the above-mentioned disinterment, removal and reinterment, and that said disinterment, removal and reinterment was properly made.

Signatures of Relatives Present: \_\_\_\_\_

Signatures of All Employees Present:  V. Balotsky

Sean Craig

Refer to Work Order No. E10999





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

E 10999

### AUTHORITY TO DISINTER, REMOVE OR REINTER

8-20-93  
MONTH YEAR

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

HAZEL ST. Cyr

from Lot 19 Grave 50 Section MAS Row - Block - Division N  
and to remove the same to and reinter said remains in Lot 8 Grave 3  
Section MAS Row - Block - Division N 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.

<u>Charles G. Hoover</u>	<u>SON</u>	<u>9155 BERKVIEW LN. S.D. 91977</u>
<u>Shirley Hoover</u>	<u>daughter</u>	<u>2415 Tracer Rd Spring Valley 91978</u>

_____	_____	_____
_____	_____	_____
Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

\_\_\_\_\_  
(Lot owner must sign if not legal custodian) Date

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/20/93

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

In a Dbl Death Crypt Vault/Cher Funeral, date, time Fri. 8/27/93 1:00 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. 898

War time veteran No

✓ Lot 95 Grave 4 Row \_\_\_\_\_ Section 2 Division/Block 7

Grave space & Care Fund Pre-need C-4528 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 1 @ 375.00 375.00

Burial Container \_\_\_\_\_ 380.00

Handling Fees \_\_\_\_\_ 320.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 29.45

\_\_\_\_\_ 1149.45

\_\_\_\_\_ 287.00

Balance due 862.45

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  
5415 Elk St  
Address  
San Diego Ca 92114  
City  
619 262-1457  
Telephone  
Zip Code

Work Order # **E 11000**

Invoice # \_\_\_\_\_  
Acct # \_\_\_\_\_



*Open Imperial St gate*

*30 day note*

*pd by m/c*



MT. HOPE CEMETERY

W.O. # E-11000

## NOTE

\$ 862.45 San Diego, California 8-20 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 Eight hundred sixty-two <sup>45</sup>/<sub>100</sub> DOLLARS with interest from Sept. 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 Earline Johnson Jordan SIGNATURE Earline Johnson Jordan  
ADDRESS 5615 Elk, St. San Diego, CA 92114  
CALIFORNIA DRIVER LICENSE NUMBER DO 437584 SSN # 440-32-3044



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

11000

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Alice</b>	1B. MIDDLE -----	1C. LAST (FAMILY) <b>Johnson</b>	2. DATE OF BIRTH <b>02/19/1899</b>	3. DATE OF DEATH <b>08/18/1993</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., OTHER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Earline Jordan: Daughter</b> <b>5615 Elm Street</b> <b>San Diego, CA 92114</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Greenwood Mortuary: 1-805 &amp; Imperial Avenue</b> <b>San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-843</b>	8A. SIGNATURE OF APPLICANT—(For all taking permit) <i>Sharon L. Linder</i>			8B. DATE SIGNED <b>08/25/1993</b>

KNOWLEDGMENT 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.

<b>PERMIT</b> 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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>08/25/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Sharon L. Linder</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <b>P.O. Box 65221</b> <b>San Diego, CA 92185-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery: 3751 Market Street</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>8-27-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. Balthus</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>metal n/sealed</i>	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

COMPLETE ALL APPLICABLE ITEMS

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

44036

Date: 8-20, 1993

From: Evelene Fordge Address: 5615 Elk St. S.D. 92114

Two hundred; eighty-seven 00/100 Dollars (\$ 287.00 )

In Part Payment of Interment of Alice Johnson

Lot 95 Grave 4 Row \_\_\_\_\_ Section 2 Division Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11000

BALANCE DUE 862.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

#573

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	<u>887</u>
Opening/Closing	77184	
Burial Containers	100	<u>287 00</u>
	77151	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	79390	
TOTAL PAID	\$	<u>287 00</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8-20-93

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

of MAGGIE TAYLOR

in a LINER Vault/Liner Funeral, date, time WED 8/25 11am

Church, Chapel, Graveside CHAPEL, G.S. CA BURIAL Mortuary. Martin.

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 4503 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund prepaid E 10383 ~~\_\_\_\_\_~~

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filling fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 14.73

Total Due \_\_\_\_\_ 769.73

Paid receipt number 44052 769.73

Balance due 0

*Mortuary to bring and sign interment order*

*Ad - In full 8/25/93*

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.

X \_\_\_\_\_  
Signature of recorded holder of deed

X \_\_\_\_\_  
Signature  
X \_\_\_\_\_  
Address  
X \_\_\_\_\_  
City Zip Code  
X \_\_\_\_\_  
Telephone

Work Order # E 11001

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



11001

# 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) <b>Maggie</b>	1B. MIDDLE <b>Mae</b>	1C. LAST (FAMILY) <b>Taylor</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>2/14/1915</b>	3. DATE OF DEATH MONTH DAY YEAR <b>8/19/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INHERBANT <b>Frankie Yarbrough-Niece</b> <b>7350 Skyline Drive</b> <b>San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel</b> <b>5602 El Cajon Blvd., San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
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.				8B. DATE SIGNED <b>8/24/93</b>	

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>Kyle Chase</b> <b>8/24/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307249</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <b>Victims Records—P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>8-25-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>metal n/sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	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

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

44052



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

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

Date: 8-26, 1993

From: Calif. Burial Address: 5603 El Cajon Blvd, N  
Seven Hundred Sixty-Nine Dollars (\$ 769.<sup>73</sup>)  
in Payment of Entombment of Maggie Taylor

Lot 4503 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. \_\_\_\_\_  
BALANCE DUE E-11001

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	
Opening/Closing	77181	<u>375 00</u>
Burial Containers	100	<u>170 00</u>
Handling Fee	77182	<u>145 00</u>
Recording & Misc. Fees	100	<u>45 00</u>
Pre-Need Trust	63033	
Sales Tax	9022	<u>14 73</u>
TOTAL PAID	60101	<u>\$ 769 73</u>
	78390	

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check   
AC-212 (Rev. 1-91) 6205

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8-24-93

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

in a Linco Funeral, date, time Tues, 8/24 1:30pm

Church, Chapel, Graveside Church + Grav: 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. Christiane Dues

War time veteran No

Lot 237 Grave 2 Row - Section 2 Division/Block 12

Grave space & Care Fund Pre-Need (D-9025) 0

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

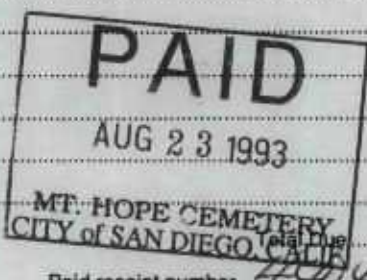
Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee ..... 14.73

Sales taxes ..... 769.73



Paid receipt number 44040 769.73

Balance due 0

I hereby certify I am the stepdaughter 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 \_\_\_\_\_

Christiane Dues  
Signature  
2637 Camille Las Pal  
Address  
Delmon Drive Calif 92105  
City Zip Code  
462-3528  
Telephone

Work Order # **E 11002**  
PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



E 11002

# 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) <b>James</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>Lewis</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/6/1936</b>	3. DATE OF DEATH MONTH DAY YEAR <b>8/20/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Christine Green-Daughter 2637 Camino De Las Palmas Lemon Grove, CA 91945</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8A. SIGNATURE OF APPLICANT—(Person taking permit) <i>[Signature]</i>	
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.				8B. DATE SIGNED <b>8/24/93</b>	

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>8/24/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Kyle Chase</b> 9307265
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records—P.O. Box 85222 San Diego, CA 92186-5222</b>		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery San Diego, CA</b>	11B. DATE BURIED <b>8-24-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>metal w/sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	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

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

44040

Date: 8-23, 1993

From: Christina Yoon Address: 2637 Camino De La Reina, #400  
San Diego, CA 92108 Dollars (\$ 769.73)

In Payment of Interment of John Lewis

Lot 237 Grave 2 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11002

BALANCE DUE 769.73

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 Watts

CREDIT	76007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>375.00</u>
Burial Containers	100	<u>190.00</u>
Handling Fee	77185	<u>145.00</u>
Recording & Misc. Fees	77183	<u>45.00</u>
Pre-Need Trust	63033	
Sales Tax	80101	<u>14.73</u>
	78390	
TOTAL PAID	\$	<u>769.73</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8/23/93

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

of CELEDONIA ENAL

in a LINER Funeral, date, time Tues, 8/24 11:00 AM

Church, Chapel, Graveside Church & grave - 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. Lueta & Margate

War time veteran No

Lot 121 Grave 7 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1564.73

Paid receipt number 44038 1564.73

Balance due 0

**PAID**  
AUG 23 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 \_\_\_\_\_

Lueta & Margate  
Signature  
55-27 Judson Blvd  
Address  
Emphurst, N.Y 11373  
City  
(918) 271-1150 Zip Code  
Telephone

Work Order # **E 11003**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11003

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

1A. FIRST NAME OF DECEDENT—(GIVEN) <b>CELEDONIA</b>	1B. MIDDLE <b>—</b>	1C. LAST (FAMILY) <b>ENAL</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/03/1915</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/21/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Zenaida E. Reavis - Daughter 805 Pillingham Street Phenix City AL 36867</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-964</b>		
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 <i>Judith King</i>		8B. DATE SIGNED <b>08/24/1993</b>	

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>08/24/1993</b> <i>J King</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307253</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> CREMATION <input type="checkbox"/> DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Ht. Hope Cemetery 3751 Market St.—San Diego CA</b>	11B. DATE BURIED <b>8-24-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <i>w/afal sealed</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	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.**

COMPLETE ALL APPLICABLE ITEMS

OFFICIAL RECEIPT



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

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

44038

Date: 8-23, 1993

From: Jessita Martinez Address: 55-27 Quenton Blvd, Encinitas, CA 92024  
Fifteen hundred and forty four 73/100 Dollars (\$ 1564.73 )

In Payment of Interment of Caledonia & 1/2

Lot 121 Grave 7 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11003  
 BALANCE DUE 0

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	159	W
80% Sales of Lots	77184	636	W
Opening/Closing	100	375	W
Burial Containers	77181	190	W
	100	145	W
Handling Fee	77185		
Recording & Misc. Fees	100	45	W
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	14	73
78390			
TOTAL PAID	\$	1564	73

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

1773



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/23/93

(2)  
Pre Need  
JUST

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

of ALBERT & VIVIAN GILBERT

in a Ash 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 No

Lot 1503 Ash Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

Grave space & Care Fund Pre Need (D-2252) \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup Pre-Need (D-2252) \$200 per \$210 (1000)

Burial Container Pre for Louis - New WASH Ash Vault \$210 Car only \$110 (10000)

Handling Fees (2) Hand fees 2 @ 60.00 120.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 2 @ \$45.4 90.00

Sales tax 20.40 8.10

Total Due 108.10

Paid receipt number 44039 108.10

Balance due 0

**PAID**  
AUG 23 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.

A Gilbert  
Signature

Signature of recorded holder of deed \_\_\_\_\_

Address 4903 Van Curen 92104  
City San Diego Zip Code

Telephone 984-4433

Work Order # **E 11004**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



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

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

44039

Date: 8-23, 1993

From Robert Gilbert Address: 2703 Vancouver St  
One Hundred, East Dollars (\$ 108.<sup>00</sup>)

In \_\_\_\_\_ Payment of Pre-Need Trust

Lot 1502-1503 Grave 7 Row \_\_\_\_\_ Section ec1 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11004

BALANCE DUE 4

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

3356

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

ISSUED BY [Signature]

CREDIT	57007	
20% Sales Tax	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	<u>108 w</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>108 w</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/23/93

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

of BERNICE Leppers

in a Linear Funeral, date, time Thurs, 8/26 11:00

Church, Chapel, Graveside Church + Grav. - Ragsdale Mortuary. DR

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 560 Grave - Row - Section - Division/Block 10

Grave space & Care Fund Pre-need (D-6084) Ø

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

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 11005**

PY-593 (Rev. 8-92)

Invoice # 227171

Acct. # 079431

INVOICE  
Attorney  
Barbara Davis  
263-2262 St  
2343 55th St  
S.D., CA 92105

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11005

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Bernice</b>	1B. MIDDLE <b>L.</b>	1C. LAST (FAMILY) <b>Peppers</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/17/1918</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/20/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. <small>ENTER STATE</small> <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Barbara L. Davis - Attorney 2343 55th St. San Diego, CA 92105</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>Debbie Whelan</i>	
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.			8B. DATE SIGNED <b>08/25/1993</b>		

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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 08/25/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307329</b>
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 <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	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)	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>8-26-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Tanager</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <i>metal sealed</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 8-23-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose Alcaraz PA# 1149393

in a Liner Vault/Liner Funeral, date, time 2:00 P.M 8-24-93

Church, Chapel, Graveside Delivery : Lewis Colonial 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 NO

✓ Lot 77 Grave 8B 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 \_\_\_\_\_

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 11006

Invoice # 227509

Acct. # 000952

E11006

# 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) <b>JOSE</b>	1B. MIDDLE <b>AMBRIS</b>	1C. LAST (FAMILY) <b>ALCARAZ</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>12/21/1958</b>	3. DATE OF DEATH MONTH DAY YEAR <b>01/11/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>PD 480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>08/24/1993</b>
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 7300 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>AUG 24 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>---</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA</b>	11B. DATE BURIED <b>8-24-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 11006



CITY OF SAN DIEGO, CALIFORNIA  
GENERAL INVOICE

WHITE - CUSTOMER  
YELLOW - RETURN  
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,  
P.O. BOX 2289  
SAN DIEGO, CALIFORNIA 92112  
PLEASE RETURN YELLOW COPY OF INVOICE 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 12/7/93  
BY: CA  IF  
PAYMENT REF NO # 430085 | AMT PAID: \$ 386.00

INVOICE DATE 11/03/93      PAYMENT DUE 12/03/93      PERIOD COVERED OCTOBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:  
KATHY WIGDAHL      REF NO: E-11006  
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOSE ALSARAZ SERVICES PA #1149393 LOT 77; GR. 8B; SEC. 1; DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
<b>TOTAL DUE</b>	<b>386.00</b>

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, IN ADDITION TO 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 227509



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 8-24-93

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

In a \_\_\_\_\_ Vault/Urner 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 # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 11007**

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-24-93

*Pre-Need  
Lot + Trust  
for:*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains  
of BERNICE JOHNSON WARLICK

in a T.S. 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 No

Lot 1B Grave 4 Row — Section MAS Division/~~Block~~ Q

Grave space & Care Fund Pre-Need (E-10977) Purchased by Warlick Wynne Warlick

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due ..... 874.38

Paid receipt number 44045 874.38

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 #

\_\_\_\_\_  
Acct. #

Work Order # **E 11008**

OFFICIAL RECEIPT



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

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

44045

Date: 9-24, 1993

From: Wayne Wick Address: 7 Southview Lane, Vista, CA 92081

Eight Hundred and Thirty Eight and 38/100 Dollars (\$ 874.38 )

In full Payment of Pre-Need Trust for Wayne Wick

Lot 18 Grave 4 Row \_\_\_\_\_ Section 1105 Division Block Q

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. F-11001  
 BALANCE DUE —

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

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100		
Opening/Closing	77181	<u>375</u>	<u>00</u>
Burial Containers	100	<u>250</u>	<u>00</u>
Handling Fee	77185	<u>185</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
Sales Tax	9022	<u>19</u>	<u>38</u>
	60101		
	78390		
TOTAL PAID	\$	<u>874</u>	<u>38</u>

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

3096

ISSUED BY J. Wait



OPEN IMP. ST. GATES

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 8/25/93

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

in a T.S. Vault Funeral, date, time Dec 27 1:00 pm

Church, Chapel, Graveside Chapel - General Cypress View Mortuary (DAN)

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. Janet Law

War time veteran No

✓ Lot 1972 Grave      Row      Section      Division/Block 10

Grave space & Care Fund Pre-Need (C-2103) 0

Additional spaces and care fund     

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee Galvanized Vase 23.78

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 898.16

**PAID**  
AUG 26 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

paid receipt number 44050 898.16

S.M. O.T. Co Balance due 600.00

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 AUG 30 1993

Signature of recorded holder of deed       
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Janet Law  
Signature       
342-21 St.  
Address       
San Diego, CA 92107  
City      Zip Code       
232-6643  
Telephone     

Work Order # **E 11009**

Invoice #     

Acct. #

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

11009

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Yip</b>	1B. MIDDLE <b>Shee</b>	1C. LAST (FAMILY) <b>Hon</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/14/1897</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/24/1993</b>	4. SEX <b>Female</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Jeanne Lew - Daughter 442 21st Street San Diego, CA 92102</b>	
7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL HOME OR OTHER BUSINESS SUCH AS <b>Cypress View/Bonham Brothers San Diego, CA.</b>			7B. CALIFORNIA LICENSE NUMBER—IF APPLICABLE <b>670</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge or affirm 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 <i>C. Hughes</i>		8B. DATE SIGNED <b>08/25/1993</b>	

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>08/26/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>C. HUGHES</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>San Diego County - Vital Records P.O. Box 85222, San Diego, CA 92186</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>---</b>		

10. TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

**FOR CORONER'S USE ONLY**

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mount Hope Cemetery 1972 to 3751 Market Street, San Diego, CA.</b>	11B. DATE INTERRED <b>8/29/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A METAL SEALED</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44050

Date: 8-26, 1993

From: Jeanne Law Address: 442 21st St SA 92102

Eight Hundred Ninety Five Dollars (\$ 895.14 )

In Payment of Statement of Department

Lot 1972 Grave - Row - Section - Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F11009

BALANCE DUE 895.14

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>375.00</u>
77181		
Burial Containers	100	<u>250.00</u>
77182		
Handling Fee	100	<u>185.00</u>
77185		
Recording & Misc. Fees	100	<u>68.78</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>19.38</u>
78390		
TOTAL PAID	\$	<u>895.14</u>



OFFICIAL RECEIPT



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

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

44055

Date: 9-30, 1993

From: James Lewis Address: 402 21st St San Diego  
San Diego CA 92102  
 Dollars (\$ 600<sup>00</sup>)

In Payment of Statement of Expenses

Lot 1972 Grave --- Row --- Section --- Division 10  
 Block 10

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11009  
 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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>600 00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>600 00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/25/93

*Pre-Need  
Trust for:*

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

of Roger Gregory (X)

in a Ash Vault Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_; Palma Crematorium 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 \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-Need (D-4500) \_\_\_\_\_ 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 44051 269.26

Balance due X

I hereby certify I am the X 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 \_\_\_\_\_

Pearl Y. Gregory  
Signature  
X 934 S. Prescott Ave.  
Address  
Chico Canyon Calif 92030  
City Zip Code  
619-444-1765  
Telephone

Work Order # **E** 11010  
PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

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

44051

Date: 8-26, 19 93

From: Pres J. Gregory Address: 934 S. Prescott Ave, El Cajon, CA 92020

Two hundred sixty nine and 26/100 Dollars (\$ 269.26 )

In Pre-Need Payment of Interment of Pres Gregory in Ash Vault

Lot 134 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 11010

BALANCE DUE φ

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

3217

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

ISSUED BY V. Bealobsky

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<del>105</del>
Burial Containers	100	<del>45</del>
	77181	<del>55</del>
Handling Fee	100	<del>10</del>
Recording & Misc. Fees	77185	<del>45</del>
Pre-Need Trust	100	
Sales Tax	77183	<del>4</del>
	63033	<del>9022</del>
	9022	<del>96</del>
	60101	
	78390	
TOTAL PAID	\$	<u>269 26</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/25/93

*Pre-Need  
Not for:*

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

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 No

Lot 30 Grave 13 Row - Section MAS Division/Block S

Grave space & Care Fund ..... 1295.00

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

**PAID**  
AUG 25 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due ..... 1295.00

Paid receipt number 44046 1295.00

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 \_\_\_\_\_

Luis Burnett  
Signature  
2504 Calle A Guadalupe  
Address  
San Diego, Calif. 92139  
City  
775-2739  
Telephone  
Zip Code

Work Order # E 11011

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

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

44046

Date: 8-25, 1993

From: Luis Burnett Address: 2504 Calle Guadalupe, Apt 9237  
Twelve Hundred Twenty five Dollars (\$ 1245.<sup>00</sup>)

In Payment of Pre-Need Lot for Dorothy Johnson

Lot 30 Grave 13 Row \_\_\_\_\_ Section Ma Division Block S

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11011  
 BALANCE DUE 0

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

CREDIT	57007	
20% Sales Care	77184	<u>259</u> <u>W</u>
80% Sales of Lots	100	<u>1036</u> <u>W</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>1245</u> <u>W</u>

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

ISSUED BY J. White

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-25-93

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

In a \_\_\_\_\_ Vault/Urner Funeral, date, time 8-26-93, 11:00AM

Church, Chapel, Graveside Graveside; Guadalupeana 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 2479 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 .....

**PAID**  
AUG 27 1993  
CITY OF SAN DIEGO, CALIF.

Total Due ..... 270.00

Receipt number 44053 270.-

Balance due 0

I hereby certify City of San Diego, Calif. 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 11012

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E11012

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JOSE</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>QUINONEZ</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/21/93</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>08/21/93</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>ESCONDIDO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SANDIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT <b>JOVITA QUINONEZ-MOTHER 1150 N. Escondido Blvd. Escondido, Ca. 92026</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GUADALUPANA MEM. CHAPEL &amp; MORT. 2601 IMPERIAL AVE., S.D., CA. 92102</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1425</b>		
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 being permit, 8B. DATE SIGNED <i>[Signature]</i> <b>08/26/93</b>		

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>08/26/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> <b>9307405</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA. 92186-5222</b>	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	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENHAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102</b>	11B. DATE BURIED <b>8-26-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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

44053

Date: 9-15, 1993

From: Guadalupean Workmen Address: 2001 Imperial Ave. #1

Two Hundred Seventy Dollars (\$ 270.00)

In Payment of Interment of Jose Guadalupe

Lot 2779 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11012

BALANCE DUE 270.00

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.

03720

CITY AUDITOR

OCT 04 1993

ISSUED BY J. Waits

CREDIT	67007	
20% Sales Care	77184	<u>20.00</u>
80% Sales of Lots	100	<u>70.00</u>
77184		
Opening/Closing	100	<u>125.00</u>
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77185		<u>45.00</u>
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	83033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>270.00</u>

2538

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

8/27/93

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

of Joyce Lavens Calhoun

in a Casket Funeral, date, time Mon, 8/30 1:30pm

Church, Chapel, Graveside Church + grave - Lewis Colonial 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. Stephen L. Hance

War time veteran no

✓ Lot 107 Grave - Row - Section 1 Division/~~Block~~ 8

Grave space & Care Fund Prestead (A-6798) 0

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee fd - in full

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number 44207 76973

Balance due 0

I hereby certify I am the Stephen L. Hance 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

Stephen L. Hance  
Signature

928 E. FESLER

Address SANTA MARIA CA 93454

City 805 922-7410 Zip Code

Telephone

Work Order # E 11013

Invoice #

Acct. #



MT. HOPE CEMETERY

W.O. # E-11013

**NOTE**

\$ 769.73/ San Diego, California 8-27 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 Seven Hundred Sixty Nine 73/100 DOLLARS with interest from Sept 30, 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 STEPHEN L. HAVENS SIGNATURE Stephen L Havens

ADDRESS 928 E. FESLER SANTA MARIA CA 93454

CALIFORNIA DRIVER LICENSE NUMBER \_\_\_\_\_ SSN # 572-62-0426

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11013

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JOYCE</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>CALHOON</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/15/1912</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/27/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SANTRE</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JUDITH K. HAVEN - EXECUTRIX</b> <b>1564 LOS MERROS ROAD</b> <b>ARROYO GRANDE, CA 93420</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BENBOUGH MORTUARY</b> <b>3051 EL CAJON BLVD SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit 		
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.		8B. DATE SIGNED <b>08/30/1993</b>			

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>AUG 30 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
AUTHORIZATION OF LOCAL REGISTRAR	8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS... P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	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	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 107-1-8</b> <b>3751 MARKET STREET SAN DIEGO, CA</b>	11B. DATE BURIED <b>8/30/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44207

Date: 10-6, 19 93

From: Kay Fleckinger Address: 6400 Camino Ct #53 H

Seven Hundred Forty Three Dollars (\$ 767.73)

In Payment of Interest on grave

Lot 107 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 8 Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11013

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

789

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	
Opening/Closing	77184	375 00
Burial Containers	100	150 00
Handling Fee	77182	145 00
Recording & Misc. Fees	100	45 00
Pre-Need Trust	63033	
Sales Tax	9022	14 73
TOTAL PAID	60101	\$ 767 73
	78390	



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Aug 30, 1993

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

in a LINER Vault/Liner Funeral, date, time THURS. 9-2 1:00 PM

Church, Chapel, Graveside CHAPEL/G.S. : PAGSDALE 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. D.M.

War time veteran NO

✓ Lot 68 Grave 9 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund PRE-DEED E-6756 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 14.73

Total Due \_\_\_\_\_ 769.73

Paid receipt number 44683 769.73

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

Davis Malt  
Signature

294 Cedarvale Dr  
Address

San Diego CA 92114  
City Zip Code

Telephone

Work Order # E 11014

PY-583 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

50240

From: Keith Johnson Address: 5270 Santa Margarita SD 92114 Date: 7-30 1998  
Twenty three & 78/100 Dollars (\$ 23.78)  
 in full Payment of galvanized flower vault for  
Deane Young  
 Lot 48 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11014  
 BALANCE DUE \_\_\_\_\_

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	<u>10 00</u>
Handling Fee	77182	<u>13 00</u>
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	<u>78</u>
	78390	
TOTAL PAID	\$	<u>23 78</u>

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

ISSUED BY Calina Avallone

143

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11014

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Decie</b>	1B. MIDDLE <b>---</b>	1C. LAST (FAMILY) <b>Young</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/01/1908</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/28/1992</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Juanita Johnson - Daughter 5270 Santa Margarita St. San Diego, CA 92104</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Neil Williams</i>		8B. DATE SIGNED <b>08/02/1993</b>

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	
<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>
AUTHORIZATION OF LOCAL REGISTRAR	9B. DATE PERMIT ISSUED <b>D. Williams 09/02/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307666</b>
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 <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	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	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>9/2/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A Metal w/sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44683

Date: 3-4, 1993

From: David Mills Address: 214 Cedaridge Dr, SD

Seven thousand sixty-nine and no/100 Dollars (\$ 769.93)

In \_\_\_\_\_ Payment of Statement to New York

Lot 68 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11014

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	6707		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>375</u>	<u>00</u>
	77181		
Burial Containers	100	<u>190</u>	<u>00</u>
	77182		
Handling Fee	100	<u>145</u>	<u>00</u>
	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>14</u>	<u>23</u>
	78390		
TOTAL PAID	\$	<u>769</u>	<u>93</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8-30-93

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

in a liner Vault/Liner Funeral, date, time 9-1-93, 11:00A-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

will be applied and billed to undersigned. [Signature]

War time veteran N.O.

✓ Lot 256 Grave 8 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund (tree shade) 895.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 375.00

Burial Container liner 190.00

Handling Fees 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes 14.73

*pd in full  
10-6-93*

Total Due 1664.73

Paid receipt number 44682 450.00

Balance due 1214.73

I hereby certify I am the [Signature] 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  
7037 MT VERNON  
Address  
VERNON GROVE CA 91945  
City Zip Code  
465-9735  
Telephone

Work Order # **E 11015**  
PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY

W.O. # E-11015

# NOTE

\$ 1214.<sup>43</sup> San Diego, California Aug. 31 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 Dollars 43/100 DOLLARS with interest from October 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 II, 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 REGINALD ARMSTEAD SIGNATURE [Signature]

ADDRESS 7537 MT VERNON LEMON GROVE, CA 91945

CALIFORNIA DRIVER LICENSE NUMBER 20 994 131 SSN # 166-48-6998



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11015

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Tammi</b>		1B. MIDDLE <b>Terrell</b>		1C. LAST (FAMILY) <b>Griffin</b>		2. DATE OF BIRTH MONTH DAY YEAR <b>10/06/1967</b>		3. DATE OF DEATH MONTH DAY YEAR <b>08/24/1993</b>		4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Connie Armsteed - Mother 7537 Mt. Vernon St. Lemon Grove, CA 91945</b>				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd San Diego, CA</b>						7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debra Williams</i>		8B. DATE SIGNED <b>08/31/1993</b>
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 <b>\$7.00</b>		9B. DATE PERMIT ISSUED <b>D. Williams 08/31/1993</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307559</b>		
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 <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS							FOR CORONER'S USE ONLY			
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)		<input type="checkbox"/> E. TEMPORARY ENVAULTMENT		<input type="checkbox"/> F. DISINTERMENT		<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)		
<input type="checkbox"/> B. CREMATION		<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY		<input type="checkbox"/> D. SCIENTIFIC USE		<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				
COMPLETE ALL APPLICABLE ITEMS	BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. 256-8-212 San Diego, CA</b>			11B. DATE BURIED <b>9/1/93</b>		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Watts</i>		
	CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>			12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>			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 <b>N/A</b>			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 GA DISTRICT OF DISPOSITION <b>N/A</b>			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

44194

Date: 10-6, 1993

From: Concepcion Cruz Address: 7537 W. Vassar, San Diego, CA 92123

Trustee Memorial Payment Dollars (\$ 1214.43 )

In Payment of Interest & Trustee Fee

Lot 256 Grave 8 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F. 11015

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. White

CREDIT	67007	
20% Sales Care	77184	<u>179 W</u>
80% Sales of Lots	77184	<u>2666 00</u>
Opening/Closing	77181	<u>375 W</u>
Burial Containers	77182	<u>190 W</u>
Handling Fee	77185	<u>145 W</u>
Recording & Misc. Fees	77183	<u>45 W</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>14 43</u>
	78390	
TOTAL PAID	\$	<u>1214 43</u>

734-2321242

OFFICIAL RECEIPT



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

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

44682

Date: 3-4, 1994

From: Dequines Armitage Address: 1531 Mt. Vernon Ave. Chgo

Four Hundred Fifty Dollars (\$ 450 )

In Payment of Settlement of Tamara Griffin

Lot 256 Grave P Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11015

BALANCE DUE 450.00

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	<u>450.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>450.00</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/30/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ricardo M. Nieves HA# 1149075

in a Linear Vault/Urn Funeral, date, time Wed, 9/1 10:30 AM

Church, Chapel, Graveside Del Oro Glen Abbey 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 77 Grave 8-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 \_\_\_\_\_

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 # 227524

Acct. # 000952

Work Order # **E** 11016

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11016

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>RICARDO</b>	1B. MIDDLE <b>CUESTAS</b>	1C. LAST (FAMILY) <b>MTERES</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>02/07/1949</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/06/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GLEN ABBEY MORTUARY, 3838 BONITA RD., BONITA, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1371</b>		

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.

8A. SIGNATURE OF APPLICANT—Person taking permit: *Suzanne Sack* 8B. DATE SIGNED: **08/31/1993**

<b>PERMIT</b> 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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>08/31/1993</b> <b>S. SACK</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307574</b>
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 <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	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:

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY 77-8-1-12 3751 MARKET ST., SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>9/1/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. W. T.</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 PLAGE AND CA DISTRICT OF DISPOSITION <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

11016  
WHITE - CUSTOMER  
YELLOW - RETURN  
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,  
P.O. BOX 3288  
SAN DIEGO, CALIFORNIA 92112  
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO  
PUBLIC ADMINISTRATOR  
5201-A RUFFIN RD  
SAN DIEGO

ACCT NO  
000952

CA 92123

TREASURERS USE ONLY

PAYMENT DATE 12-7-93  
BY: CA CK IF

PAYMENT REF NO 8430095 | AMT PAID: \$386.00

INVOICE DATE 11/03/93      PAYMENT DUE 12/03/93      PERIOD COVERED OCTOBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:  
KATHY WIGDAHL      REF NO: E-11016  
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
RICARDO MIERES SERVICES PA #1149075	
LOT 77; GR 8T; 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. 227524



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8-30-93

*Disinterment  
of:*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kim Fai Ho

In a \_\_\_\_\_ Vault/Liner \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Church, Chapel, 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 156 Grave 3 Row \_\_\_\_\_ Section 2 Division/~~Block~~ 11

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee Disinterment Fee 350.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 350.00

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 # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 11017**

*Sub  
Patrick Ho  
10768 Avenida Playa  
Vera Cruz  
SD - 92124 - 7206  
W-694  
H-5767851*

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8-30-93

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

of Lidia Martin

in a Linco Funeral, date, time Thu, 9/3 10:00AM

Church, Chapel, Graveside Church + grave Greenwood Mortuary Greenwood

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 Martin

War time veteran No

Lot 143 Grave 4 Row BK 2 Section 3 Division/Block 3

Grave space & Care Fund Pre Need Trust (B2297) 0

Additional spaces and care fund .....

Opening/Closing & Setup..... 375.00

Burial Container..... 190.00

Handling Fees..... 145.00

Flower vases - Marker setting fee.....

Recording and filing fee..... 45.00

Sales taxes..... 14.73

Total Due 769.73

Paid receipt number 44059 769.73

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

Ronald Martin  
Signature  
10926 Sunset Trail  
Address  
Santee Calif. 92071  
City Zip Code  
258-8364  
Telephone

Work Order # E 11018

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 11018

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Lidia</b>	1B. MIDDLE <b>Joy</b>	1C. LAST (FAMILY) <b>Martin</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>08/18/1907</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>08/29/1893</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>El Cajon</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ron G. Martin: Son 10926 Sunset Trail San Diego, CA 92071</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Greenwood Mortuary: 1-805 &amp; Imperial Avenue, San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-843</b>		
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 <i>Heather McMahon</i>		8B. DATE SIGNED <b>09-03-93</b>		

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>Heather McMahon 09/03/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307715</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>	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	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>St. Hope Cemetery: 3751 Market ST., San Diego, CA</b>	11B. DATE BURIED <b>9/3/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>143-4 Blvd 2-3</b>	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

44059

Date: 8-31, 1993

From: Ronald Martin Address: 10706 Santa Fe Trail, Santa

San Fernando, Calif. - 91370 Dollars (\$ 769.<sup>73</sup>)

in Payment of Trusty's Expense

Lot 143 Grave 4 Row 84 Section 2 Division Block 3

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11018

BALANCE DUE 2

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>375</u> <u>(w)</u>
77181		
Burial Containers	100	<u>190</u> <u>(w)</u>
77182		
Handling Fee	100	<u>145</u> <u>(w)</u>
77185		
Recording & Misc. Fees	100	<u>45</u> <u>(w)</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>10</u> <u>(w)</u>
78390		
TOTAL PAID	\$	<u>769.<sup>73</sup></u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 8/31/93

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

in a Linco Funeral, date, time 9/3/93 2pm

Church, Chapel, Graveside Chapel - Grove - Paradise Mortuary Site

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 48 Grave 3 Row \_\_\_\_\_ Section 17 Division Block 7

Grave space & Care Fund Pre Paid (D-5421) Ø

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 11 6 Ø

Burial Container 11 4 Ø

Handling Fees 1 4 Ø

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee 11 11 Ø

Sales taxes 11 9 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 11019**

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11019

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Vera</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>Norris</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/01/1907</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/28/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Lemon Grove</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>H. W. Ragsdale - Friend 5050 Federal Blvd. San Diego, CA 92002</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		

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.

<b>PERMIT AUTHORIZATION OF LOCAL REGISTRAR</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 09/03/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307762</b>
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 <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> 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 <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED <i>death</i>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.





# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11020

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Jean</b>	1B. MIDDLE <b>Jeanette</b>	1C. LAST (FAMILY) <b>Carroll</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/03/1927</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/30/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>William Carroll - Husband 2861 Preece St. San Diego, CA 92111</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		

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: *Debbie Williams*      8B. DATE SIGNED: **09/07/1993**

<b>PERMIT</b> 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 09/07/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307794</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> <b>Vital Records; P.O. Box 86222 San Diego, CA 92186</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small>	

1. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> 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 <b>Ht. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>9/7/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A      <i>used n/scalped</i></b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	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.



11020

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/O	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
227172	11/02/93	079432	JILL ROBINSON	100	072		77183	000072	11/12/93	CK	4080	150.00 150.00	150.00	0.00 PAID IN FULL

NUMBER OF EMPLOYEE DATA



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/31/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard Plummer PA#1149067

in a Liner Vault/Liner Funeral, date, time THURS 9/2 11:00 AM

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 \_\_\_\_\_

✓ Lot 88 Grave 8B Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund .....	<u>126.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>165.00</u>
Burial Container .....	<u>50.00</u>
Handling Fees .....	_____
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>45.00</u>
Sales taxes .....	_____
Total Due .....	<u>386.00</u>

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** 11021

PY-593 (Rev. 8-92)

Invoice # 227519

Acct. # 000952

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11021

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>RICHARD</b>	1B. MIDDLE <b>JOHN</b>	1C. LAST (FAMILY) <b>PLUMMER</b>	2. DATE OF BIRTH MONDAY DAY YEAR <b>08/12/1921</b>	3. DATE OF DEATH MONDAY DAY YEAR <b>08/08/1993</b>	4. SEX <b>MALE</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>NORMA TURKNETT, SISTER 1350 HOLLYHOCK CIRCLE JACKSONVILLE, FL 32211</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>NEWBLEY-MITCHELL FORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-119</b>		
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 <b>09/01/1993</b>

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>09/01/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>V.I. MITCHELL</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S) <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
---	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>PT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY)</b>	11B. DATE BURIED <b>9/2/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	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

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.



E11021



CITY OF SAN DIEGO, CALIFORNIA  
GENERAL INVOICE

WHITE - CUSTOMER  
YELLOW - RETURN  
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.

P.O. BOX 2289

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO  
PUBLIC ADMINISTRATOR  
5201-A RUFFIN RD  
SAN DIEGO

ACCT NO  
000952

CA 92123

-----TREASURERS USE ONLY-----

PAYMENT DATE 12-7-93

BY: CA CK IF

PAYMENT REF NO #430085 | AMT PAID: \$386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
11/03/93	12/03/93	OCTOBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:  
KATHY WIGDAHL REF NO: E-11021  
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
RICHARD PLUMMER SERVICES PA #1149067	
LOT 88; GR. 8B; 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, WITH INTEREST 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 227519



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 8/31/93

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

of GERARDO LOPEZ PA #1150235

in a Linex Vault/Urns Funeral, date, time 1 p.m. 9-93

Church, Chapel, Graveside PARKCREST 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 88 Grave 8T 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 PA ..... \_\_\_\_\_

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 \_\_\_\_\_

Work Order # **E 11022**

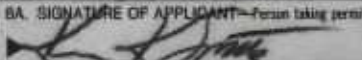
Invoice # 227495

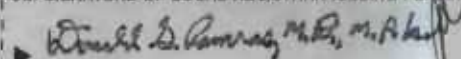
Acct. # 000952

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

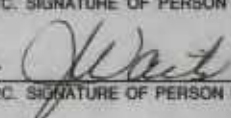
E11022

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Gerardo</b>	1B. MIDDLE <b>Perez</b>	1C. LAST (FAMILY) <b>Gonzales</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/12/1962</b>	3. DATE OF DEATH MONTH DAY YEAR <b>06/21/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>La Jolla</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>S.D. Co. Public Administrator 5201A Ruffin Road San Diego, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Park Crest Funeral Home 2441 University Avenue, San Diego, CA 92104</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1507</b>		
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—For use taking permit 		8B. DATE SIGNED <b>09/08/1993</b>

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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>09/08/1993</b> <b>KK Smith</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
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 <b>PO Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt Hope Cemetary 3751 Market St., S.D., CA 92102</b>	11B. DATE BURIED <b>9/8/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	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

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 9-1-93

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

of Bonnie L. Lewis JR

in a Liner Funeral, date, time 9-3-93 Fri, 1p.m

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

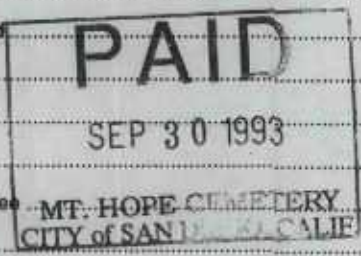
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150

will be applied and billed to undersigned. CME

War time veteran NO

✓ Lot 168 Grave 8 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund .....	<u>795.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>375.00</u>
Burial Container .....	<u>190.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>45.00</u>
Sales taxes .....	<u>14.73</u>



Total Due ..... 1564.73

Paid receipt number 44065 400.00

9/30/93 Balance due 1164.73  
44176 1164.73

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

Cecilia Moullet-Lewis  
Signature  
4613 S. 45th Street  
Address  
San Diego 92113  
City Zip Code  
(619) 262-2482  
Telephone

Work Order # **E 11023**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

MT. HOPE CEMETERY

W.O. # E-11023

# NOTE

\$ 1164.73 San Diego, California September 2 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 eleven hundred sixty four <sup>73</sup>/<sub>100</sub> DOLLARS with interest from October 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 X SIMON JUDGE SIGNATURE X Simon Judge

ADDRESS X 613 S. 45 ST.

CALIFORNIA DRIVER LICENSE NUMBER X K0135547 SSN # X 426-26-38



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

11023

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Bonnie</b>	1B. MIDDLE <b>Lee</b>	1C. LAST (FAMILY) <b>Lewis, Jr.</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/06/1957</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/22/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>El Cajon</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Annie P. Judge - Mother 613 S. 45th St. San Diego, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>		7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Debbie Wilton</i> <b>09/03/1993</b>		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103176 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 09/03/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307707</b>
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 <b>Vital Records, P.O. Box 85222 San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>9/3/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A metal sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.



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1164 • 73 +

1164 • 73 T

E11023

OFFICIAL RECEIPT



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

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

44176

Date: Sept 30, 1995

From: Simon Judge Address: 613 S. 45th St. L.A.

Balance forward for you 73/100 Dollars (\$ 1164.73)

In Payment of Interest of Bonnie Lewis, Jr

Lot 168 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11023

BALANCE DUE 44

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 13 1995

03998

ISSUED BY Wait

CREDIT	67007	
20% Sales Care	77184	<u>159.00</u>
80% Sales of Lots	77184	<u>236.00</u>
Opening/Closing	100	<u>395.00</u>
Burial Containers	77182	<u>190.00</u>
Handling Fee	100	<u>145.00</u>
Recording & Misc. Fees	77183	<u>45.00</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	<u>14.73</u>
	78390	
TOTAL PAID	\$	<u>1164.73</u>

OFFICIAL RECEIPT



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

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

44065

Date: 9-2, 19 93

From: Cimon Judge Address: 613 S 45<sup>th</sup> St 92113 S.D. CA.

four hundred Dollars (\$ 400.00)

In Payment of interment of Bonnie L. Lewis Jr

Lot 168 Grave 8 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 11023

BALANCE DUE 1164.73

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.

ISSUED BY V. Balaban

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



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Sept 1 1993

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

in a Liner Vault/Liner Funeral, date, time FRI. 9/3 2:00 PM

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<sup>00</sup>

will be applied and billed to undersigned. New spoke w/ Mr. Ragsdale

War time veteran \_\_\_\_\_

Lot 48 Grave 3 Row \_\_\_\_\_ Section 17 Division/Block 7

Grave space & Care Fund ..... Ø

Additional spaces and care fund ..... Ø

Opening/Closing & Setup ..... Ø

Burial Container ..... Ø

Handling Fees ..... Ø

Flower vases - Marker setting fee ..... Ø

Recording and filling 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 11024**

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-2-93

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

in a Vault Funeral, date, time 9-3-93 1:00 P.M.

Church, Chapel, Graveside GRAVESIDE ; ERICKSON 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 [Signature]

War time veteran NO

Lot 126 Grave 2 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund	<u>SHADE</u>	<u>895.00</u>
Additional spaces and care fund		<u>2</u>
Opening/Closing & Setup		<u>375.00</u>
Burial Container		<u>250.00</u>
Handling Fees		<u>185.00</u>
Flower vases - Marker setting fee	<u>SEP 2 1993</u>	
Recording and filing fee		<u>45.00</u>
Sales taxes		<u>19.38</u>
Total Due		<u>1769.38</u>

Paid receipt number VISA 1769.38

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 \_\_\_\_\_

Signature [Signature]

Address 1555 Laurel

City San Luis Obispo CA 93401

Zip Code

Telephone 805 544 6130

Work Order # **E 11025**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E11025

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Alan</b>	1B. MIDDLE <b>Bernard</b>	1C. LAST (FAMILY) <b>Hudson</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/09/1951</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/31/1993</b>	4. SEX <b>Male</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Helen Bornholdt (sister) 1555 Laurel Lane San Luis Obispo, CA 93401</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Erickson-Anderson Mortuary 8390 Allison Ave., La Mesa, CA 91941</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 296</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, <i>John D. Luerson</i>		8B. DATE SIGNED <b>09/02/1993</b>
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 7150 of the Health and Safety Code.					

<b>PERMIT</b> 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 <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>09/02/1993</b> <i>John D. Luerson</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307677</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF CREATION OCCURRED IN CALIFORNIA <b>NO. 1000 50 Box 85227 San Diego, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mc. Hope Cemetery 3751 Market St. San Diego, CA 92102 126-2-312</b>	11B. DATE BURIED <b>9/3/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>W. West</i>	
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.

COMPLETE ALL APPLICABLE ITEMS



49568

## OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA


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

 MOUNT HOPE CEMETERY  
 527-3400
Date: 1/27, 1998
 From: Rae Hudson Address: 4915 Refugee Blvd (419) 268  
One hundred twenty five 02/2 Dollars (\$ 125.00 )

 In Full Payment of Setting fee / Marker for Alan  
R. Hudson

 Lot 124 Grave 2 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E11025BALANCE DUE 125.00Pre-Need Lot  At Need  On Acct Pre-need Trust  Cash  Check 

AC-212 (Rev. 5-84)

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

CREDIT	87007	
30% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

ISSUED BY Karjok

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Sept. 2, 1993

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sarah Cloud ⊗

in a Ash Vault Vault/Urner Funeral, date, time Thurs. 9/9 11:00 AM

Church, Chapel, Graveside Graveside only: Neptune Society 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. BWP

War time veteran No

✓ Lot 197 Grave 2 Row \_\_\_\_\_ Section 14 Division/Block 7

Grave space & Care Fund Pre-need 9427 \_\_\_\_\_

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 44063 269.26

Balance due 0

**PAID**  
SEP 2 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF

*FAMILY TO WITNESS BURIAL*

*10 choir possible cc/npf*

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 BWP  
Address 2710 Denton Rd.  
El Cajon, CA 92019  
City El Cajon Zip Code  
442-2950  
Telephone

Work Order # **E 11026**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11026

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>SARAH</b>	1B. MIDDLE <b>LEE</b>	1C. LAST (FAMILY) <b>CLOUD</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/10/1898</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/01/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>EL CAJON</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>BENJAMIN CLOUD—SON 2710 DENESA RD EL CAJON, CA 92019</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1352</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
			8B. DATE SIGNED <b>09/03/1993</b>		

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.

<b>PERMIT</b> 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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>09/03/1993</b> <b>JANET HUBBARD</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307743</b>
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 <b>PO BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>9/9/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION 12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>LEREDA INC 14065 HWY 8 BUS EL CAJON, CA 92021</b>	12B. DATE CREMATED <b>9/5/93</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE 13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>n/a</b>	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 <b>n/a</b>	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 <b>n/a</b>	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

44063



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

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

Date: Sept 2, 1993

From: Ben Cloud Address: 270 Dehesia Rd # 100 San Diego 92019

Two hundred sixty-nine - 26/100 Dollars (\$ 269.26 )

In Full Payment of Interment of Sarah Cloud (osher)

Lot 197 Grave 2 Row \_\_\_\_\_ Section 14 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11026

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

*[Handwritten Signature]*

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>105 00</u>
	77181	
Burial Containers	100	<u>55 00</u>
	77182	
Handling Fee	100	<u>60 00</u>
	77185	
Recording & Misc. Fees	100	<u>45 00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	86101	<u>4 26</u>
	78390	
TOTAL PAID	\$	<u>269 26</u>

*[Handwritten Mark]*

PRE-NEED TRUST

# MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date Sept. 2, 1993

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

of Elsie Mills  $\text{\textcircled{D}}$

in a Ash 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 No

Lot 268 Grave 2 Row \_\_\_\_\_ Section 14 Division/Block 7

Grave space & Care Fund PRE-NEED A-5984  $\text{\textcircled{0}}$

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

**PAID**  
SEP 2 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due \_\_\_\_\_ 269.26

Paid receipt number 44064 269.26

Balance due 0

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.

Elsie Mills  
Signature  
871 Missouri St.  
Address  
San Diego, Ca. 92109  
City  
(619) 274-9194 Zip Code  
Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 11027**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT

44064



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

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

From: Elsie Mills Address: 571 Mission St. 274-1104 Date: Sept 2, 19 93  
Two hundred sixty-nine and 26/100 Dollars (\$ 269.26 )  
in full Payment of Pre-need trust for Elsie Mills

Lot 268 Grave 2 Row \_\_\_\_\_ Section 14 Division Block 7

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. \_\_\_\_\_  
BALANCE DUE E-11027  
D

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

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>105</u>	<u>20</u>
	77181		
Burial Containers	100	<u>55</u>	<u>00</u>
	77182		
Handling Fee	100	<u>60</u>	<u>00</u>
	77185		
Recording & Misc. Fees	100	<u>55</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>4</u>	<u>26</u>
	78390		
TOTAL PAID	\$	<u>269</u>	<u>26</u>

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



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-3-93

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

in a Linex Vault/Liner Funeral, date, time Tuesd 9-7-93 2:00P.M.

Church, Chapel, Graveside Graveside ; Mitchell 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. notified

War time veteran NO

✓ Lot 2557 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Bleek 10

Grave space & Care Fund PRE-NEED C-7774 \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 14.73

Total Due \_\_\_\_\_ 769.73

Paid receipt number 44154 769.73

Balance due 0

**PAID IN FULL  
9-22-93**

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 11028**

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11028

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>MENDALL</b>	1B. MIDDLE <b>WILLIAM</b>	1C. LAST (FAMILY) <b>JACOBSEN</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/09/1906</b>	3. DATE OF DEATH MONTH DAY YEAR <b>06/26/1993</b>	4. SEX <b>MALE</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>CAROL R. BLYTHE, DAUGHTER 3069 NORTH LAKE AVENUE ALTADENA, CA 91001</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>BEARDSLEY-NITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-816</b>		
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 <i>Ed Leach</i>		8B. DATE SIGNED <b>09/02/1993</b>

<b>PERMIT AUTHORIZATION OF LOCAL REGISTRAR</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>09/02/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>T.C. MITCHELL</b>
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 <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	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	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY)</b>	11B. DATE BURIED <b>9/7/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>2557 10 Lane</b>	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

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

44154

Date: Sept 22, 1993

From: Donald Mitchell Address: 1818 Sunset Cliffs Blvd

San Diego, CA 92161 Dollars (\$ 769.<sup>73</sup>)

In Payment of Interment of wife

Lot 2557 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11028

BALANCE DUE 0

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

ISSUED BY Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	<u>375.00</u>
Handling Fee	77181	<u>190.00</u>
Recording & Misc. Fees	100	<u>145.00</u>
Pre-Need Trust	77182	<u>45.00</u>
Sales Tax	63033	
	9022	
	60101	<u>14.73</u>
	78390	
TOTAL PAID	\$	<u>769.73</u>

10960



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-3-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dennis Ray Sanders

in a diner Vault/Urns Funeral, date, time 9-8 Wednes: 11:00

Church, Chapel, Graveside Church, Graves: CA 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. [Signature]

War time veteran NO

Lot 90 Grave 2 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1564.73

Paid receipt number 44077 392.00

Balance due 1172.73

30 Day Note

Brother  
[Signature]

I hereby certify I am the [Signature] 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 requested holder of deed \_\_\_\_\_

[Signature]  
Signature  
4363 Keele Ave.  
Address  
S.P. Ca 92113  
City  
264-7363  
Telephone  
Zip Code

Work Order # **E** 11029

Invoice # 92 7476  
Acct. # 079444

MT. HOPE CEMETERY

W.O. # E-11029

**NOTE**

\$ 1172.<sup>43</sup> San Diego, California Sept 7, 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 Seventy Two DOLLARS with interest from October 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 Jerry L SANDERS SIGNATURE Jerry L Sanders

ADDRESS 4363 Keelec Ave. S.D. Ca. 92113

CALIFORNIA DRIVER LICENSE NUMBER N5040191 SSN # 553-04-0136



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E11029

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Dennis</b>	1B. MIDDLE <b>Ray</b>	1C. LAST (FAMILY) <b>Sanders</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>7/15/1954</b>	3. DATE OF DEATH MONTH DAY YEAR <b>9/1/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Jerry Sanders—Brother</b> <b>4363 Keeler Avenue</b> <b>San Diego, CA 92113</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel</b> <b>5602 El Cajon Blvd. San Diego, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8. SIGNATURE OF APPLICANT—Person taking permit. <i>[Signature]</i>

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

9/7/93

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>Kyle Chase</b> <b>9/7/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307781</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records—P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery</b> <b>San Diego, CA 90-2-312</b>	11B. DATE BURIED <b>9/8/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>metal w/scalped</b>	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

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

44077

Date: Sept 7, 1990

From: Wm. S. ... Address: 4303 K ...

In Payment of ... Dollars (\$ 392.00 )

Lot 90 Grave 2 Row 3 Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11029

BALANCE DUE 11/12/73

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 White

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>392.00</u>
Opening/Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77163	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>392.00</u>

MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date 9/7/93

*Top left hand corner*

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

of Ora Steward

in a Ash Vault Funeral, date, time Wed 10/6 A.M. D

Church, Chapel, Graveside Del + Direct Burial Funeral Home Mail Order Mortuary

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

will be applied and billed to undersigned. \_\_\_\_\_

War time veteran \_\_\_\_\_

Lot 21 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 100F Division/Block E

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 ..... 10-00

Recording and filing fee ..... 45.00

Sales taxes ..... 4.26

Total Due ..... 269.26

Paid receipt number 44156 269.26

Balance due \_\_\_\_\_

*Dr John Steward  
 (415) 325-0224*

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 \_\_\_\_\_

Address \_\_\_\_\_

City Palobk, Ca Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 11030**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E-11030

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

99 4<sup>3</sup>

NAME OF DECEDENT <b>Ora Schroepfel Steward</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Feb. 25, 1893</b>	DATE OF DEATH <b>Sept. 26, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>Palo Alto</b>	PLACE OF DEATH—COUNTY (ON STATE IF NOT IN CALIFORNIA) <b>Santa Clara</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>John P. Steward, JR. (Son) 2070 Webster Street Palo Alto, CA. 94301</b>		
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Roller &amp; Hapgood &amp; Tinney 980 Middlefield Road, Palo Alto, CA.</b>		CALIFORNIA LICENSE NUMBER <b>F 132</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

<input type="checkbox"/> 1 BURIAL (INCLUDES ENTOBMENT)	<input type="checkbox"/> 5 DISINTERMENT AND BURIAL (INCLUDES ENTOBMENT)	<input type="checkbox"/> 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INCURNMENT)
<input checked="" type="checkbox"/> 2 CREMATION AND BURIAL (INCLUDES INCURNMENT)	<input type="checkbox"/> 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INCURNMENT)	<input type="checkbox"/> 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
<input type="checkbox"/> 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY	<input type="checkbox"/> 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY	<p><b>FOR CORONER'S USE ONLY</b></p> <input type="checkbox"/> 10 DISPOSITION PENDING
<input type="checkbox"/> 4 SCIENTIFIC USE		

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery San Diego</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Alta Mesa Crematory, Palo Alto</b>	DATE CREMATED <b>9-29-86</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS
----------------	--

ACKNOWLEDGMENT OF APPLICANT	<p>This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.</p>	SIGNATURE OF APPLICANT ▶
		DATE SIGNED

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	AMOUNT OF FEE PAID <b>\$ 3.00</b>	DATE PERMIT ISSUED <b>SEP 29 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
--	---	---	--

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Santa Clara County Health Dept. 2220 Moorpark, San Jose, CA. 95128</b>
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COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED 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 BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.



E 11030

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Ora Schroepfel Steward</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Feb. 25, 1893</b>	DATE OF DEATH <b>Sept. 26, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>Palo Alto</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Santa Clara</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>John P. Steward, JR. (Son) 2070 Webster Street Palo Alto, CA. 94301</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Roller &amp; Hapgood &amp; Tinney 980 Middlefield Road, Palo Alto, CA.</b>		CALIFORNIA LICENSE NUMBER <b>F 132</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- 1 BURIAL (INCLUDES ENTOMBMENT)
- 2 CREMATION AND BURIAL (INCLUDES INURNMENT)
- 3 CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- 4 SCIENTIFIC USE
- 5 DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- 6 DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- 7 DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- 8 DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- 9 DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY
- 10 DISPOSITION PENDING

FOR CORONER'S USE ONLY

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery San Diego</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Alta Mesa Crematory, Palo Alto</b>	DATE CREMATED <b>9-29-86</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>P. J. Nichols</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS		
ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.		SIGNATURE OF APPLICANT DATE SIGNED
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	AMOUNT OF FEE PAID <b>\$ 3.00</b>	DATE PERMIT ISSUED <b>SEP 29 1986</b>
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>Stephen A. Coay M.D.</i>	
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Santa Clara County Health Dept. 2220 Moorpark, San Jose, CA. 95128</b>		

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED PERMIT WITHIN 15 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.

E 11030

### PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT <b>Ora Schroepfel Steward</b>		SEX <b>Female</b>	DATE OF BIRTH <b>Feb. 25, 1893</b>	DATE OF DEATH <b>Sept. 26, 1986</b>
PLACE OF DEATH—CITY OR TOWN <b>Palo Alto</b>		PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA) <b>Santa Clara</b>	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT <b>John P. Steward, JR. (Son) 2070 Webster Street Palo Alto, CA. 94301</b>	
NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>Roller &amp; Hapgood &amp; Tinney 980 Middlefield Road, Palo Alto, CA.</b>		CALIFORNIA LICENSE NUMBER <b>F 132</b>		

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> 1. BURIAL (INCLUDES ENTOMBMENT)                         | <input type="checkbox"/> 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)                     | <input type="checkbox"/> 6. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)     |
| <input checked="" type="checkbox"/> 2. CREMATION AND BURIAL (INCLUDES INURNMENT) | <input type="checkbox"/> 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)          | <input type="checkbox"/> 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY |
| <input type="checkbox"/> 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY   | <input type="checkbox"/> 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY |   |
| <input type="checkbox"/> 4. SCIENTIFIC USE                                       |   |   |

**FOR CORONER'S USE ONLY**

10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED <b>Mt. Hope Cemetery San Diego</b>		COUNTY <b>San Diego</b>
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED <b>Alta Mesa Crematory, Palo Alto</b>	DATE CREMATED <b>9-29-86</b>	SIGNATURE OF PERSON IN CHARGE OF CREMATORY <i>[Signature]</i>
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY OF CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION		

SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS
----------------	--

ACKNOWLEDGMENT OF APPLICANT	This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.	SIGNATURE OF APPLICANT <i>[Signature]</i>
		DATE SIGNED

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	AMOUNT OF FEE PAID <b>\$ 3.00</b>	DATE PERMIT ISSUED <b>SEP 29 1986</b>	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
-----------------	--	--------------------------------------	--	---

CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON _____ (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
--	---	--	--

IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH <b>Santa Clara County Health Dept. 2220 Moorpark, San Jose, CA. 95128</b>
--	---

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING THE PERMIT AND FORWARDING THE COMPLETED 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 BURIED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR.



2070 Webster Str.  
Palo Alto, CA 94301  
10 September 1993

E 11030

Mt. Hope Cemetery  
3751 Market Street  
San Diego, CA 92102

Greetings,

I hereby request and authorize the interment of the remains of Ora Schroepfel Steward in lot 21, Block E, Section I.O.O.F. in accordance with and subject to the rules and regulations governing said interment in Mt. Hope Cemetery. As son of the deceased, I certify that I have the legal right to make such authorization, & I agree to hold Mt. Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Enclosed are three copies of the State of California Permit for Disposition of Human Remains as well as my personal check for \$269.26 to cover cost of the interment.

Most respectfully,

John P. Steward, Jr., M.D.

phone (415) 325-0224

Please acknowledge completion of this interment.

Thank You



OFFICIAL RECEIPT



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

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

44196

Date: 10-6, 1993

From: John Steward Address: 270 Webster St. San Diego

Two Hundred Sixty-Nine Dollars (\$ 269<sup>00</sup> )

In Payment of Payment of John Steward

Lot 21 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section IWF Division Block E

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11030

BALANCE DUE 4

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

6131

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	<u>105</u>	<u>00</u>
77181			
Burial Containers	100	<u>55</u>	<u>00</u>
77182			
Handling Fee	100	<u>60</u>	<u>00</u>
77185			
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	<u>4</u>	<u>00</u>
78390			
TOTAL PAID	\$	<u>269</u>	<u>00</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Sept. 7, 93

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

of Richard S. Tokumaru a/d/d

in a T.S. Vault Funeral, date, time Tue, Sept. 14, 1993

Church, Chapel, Graveside Graveside; Levy's Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150<sup>00</sup>

will be applied and billed to undersigned. Met H. Tokumaru

War time veteran No

✓ Lot 5152 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-deed (E-10107) Bal on lot 400.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 350.00

Burial Container ..... 200.00

Handling Fees ..... 175.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 15.50

Total Due ..... 1185.50

Paid receipt number 44076 1185.50

Balance due 0

*PAID IN FULL  
9-7-93*

I hereby certify I am the Met H. Tokumaru 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

Met H. Tokumaru  
Signature  
675 CAREFREE DRIVE  
Address  
SAN DIEGO, CA 92114  
City Zip Code  
619-266-2080  
Telephone

Work Order # **E 11031**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11031

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>RICHARD</b>	1B. MIDDLE <b>H.</b>	1C. LAST (FAMILY) <b>TOKUMARU</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>12/01/1905</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/05/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>JANET H. TOKUMARU - DAUGHTER</b> <b>675 CARE FREE DRIVE</b> <b>SAN DIEGO, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BEMBOUGH MORTUARY</b> <b>3051 EL CAJON BLVD SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>09/08/1993</b>
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.					

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>SEP 10 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>---</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
---	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>9-14-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44076



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

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

Date: Sept. 7, 1993

From: Pat Johnson Address: 675 Canyon Way, St. Paul

El Paso Hundred West five Dollars (\$ 1185.00)

In Payment of Trust of Richard Johnson

Lot 5152 Grave - Row - Section - Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-11031  
BALANCE DUE \_\_\_\_\_

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

ISSUED BY J. [Signature]

CREDIT	67007	
20% Sales Care	77184	<u>157.00</u>
80% Sales of Lots	100	<u>241.00</u>
77184		
Opening/Closing	100	<u>350.00</u>
77181		
Burial Containers	100	<u>200.00</u>
77182		
Handling Fee	100	<u>175.00</u>
77185		
Recording & Misc Fees	100	<u>45.00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>15.00</u>
78390		
TOTAL PAID	\$	<u>1185.00</u>

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

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-7-93

*PRE-NEED TRUST FOR TWO*

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

of John & Rosalie Hull

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 322 Rosale Grave 322 John Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund D-4566 \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup x2 750.00

Burial Container for two 380.00

Handling Fees for two 290.00

Flower vases - Market setting fee \_\_\_\_\_

Recording and filing fee two 90.00

Sales taxes for two 29.46

Total Due 1539.46

Paid receipt number 1539.46

Balance due 0

**PAID**  
SEP 07 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 \_\_\_\_\_

✓ John L. Hull  
Signature  
✓ 2424 Boundary St  
Address  
✓ San Diego, Ca.  
City Zip Code  
✓ 284-0890  
Telephone

Work Order # **E 11032**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OFFICIAL RECEIPT

44069



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

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

Date: 9-7, 19 93

From: John Hupp Address: 2424 Boundary St. S. D. CA. 92104

fifteen hundred's thirty nine <sup>46</sup>/<sub>100</sub> Dollars (\$ 1539.46 )

In Payment of pre-need trust for John and  
Rosalie Hupp

Lot 321 / 322 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11032

BALANCE DUE ⓧ

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

#151

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

ISSUED BY V. Balotsky

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	<u>1539</u>	<u>46</u>
	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>1539</u>	<u>46</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Sept. 7, '93

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

in a Double Death Crypt Vault/Urns Funeral, date, time Wed, 9/8 11:00 AM

Church, Chapel, Graveside Church of Peace - Kaghan Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or in extra charge of \$ 150.

will be applied and billed to undersigned. Agnes C. E.O.

War time veteran \_\_\_\_\_

✓ Lot 129 Grave 8 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund Pre Need (E-6874) \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup One (1) o/c 375.00

Burial Container \_\_\_\_\_ 380.00

Handling Fees \_\_\_\_\_ 320.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filling fee One (1) per fee 45.00

Sales taxes \_\_\_\_\_ 29.45

Total Due 1149.45

Paid receipt number 44073 1149.45

Balance due 0

I hereby certify I am the d. 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 Agnes C. E.O.

Address 7185 Louisiana St. #7

City S.D. CA 92104

City San Diego Zip Code

Telephone 287-6662

Telephone \_\_\_\_\_

Work Order # E 11033

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

30 Day Note

229072

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11033

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Shirley</b>	1B. MIDDLE <b>Diane</b>	1C. LAST (FAMILY) <b>Henderson</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/24/1940</b>	3. DATE OF DEATH MONTH DAY YEAR <b>08/31/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Andrew L. Henderson - Husband</b> <b>4901 Deaton Dr.</b> <b>San Diego, CA 92102</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-3329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Althea Willess</i>
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.			8B. DATE SIGNED <b>09/07/1993</b>		

<b>PERMIT</b> 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. <b>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</b>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams</b> <b>09/07/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307811</b>
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 <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA</b> <i>129-8-3-12</i>	11B. DATE BURIED <b>9/8/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Walt</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <i>129-8-3-12</i> <i>metal non-sealer</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

**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

44073



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

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

From: Andrew L. Henderson Date: Sept 7, 19 93  
Hope Elie Address: 4185 Louisiana St #7, S.D. CA 92102

eleven hundreds forty and no 100 Dollars (\$ 1149.45)  
In Payment of Interment of Shirley Henderson

Lot 129 Grave 0 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E 11033  
BALANCE DUE 2

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

3974

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

ISSUED BY J. Balobis

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>375</u>	<u>00</u>
	77181		
Burial Containers	100	<u>380</u>	<u>00</u>
	77182		
Handling Fee	100	<u>320</u>	<u>00</u>
	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>29</u>	<u>45</u>
	78390		
TOTAL PAID	\$	<u>1149</u>	<u>45</u>



OFFICIAL RECEIPT



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

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

44071

Date: Sept. 7, 1993

From: Hope Elice Address: 485 Louisiana St #7

200 Dundred Eighty Eight Dollars (\$ 288 )  
 In Payment of Interment of Shirley Henderson

Lot 129 Grave 8 Row \_\_\_\_\_ Section 3 Division 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11033  
 BALANCE DUE \$861.45

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

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

**PAID**

SEP 7 1993

MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	<u>288</u>
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	60101	
TOTAL PAID	78390	<u>\$ 288</u>

182

OFFICIAL RECEIPT



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

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

44071

Date: Sept 7, 1923

From: Thye Eric Address: 4185 Linnwood #111

2nd Street Dollars (\$ 288 )

In Payment of Statement for the City of San Diego

Lot 129 Grave 20 Row 1 Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-11033

BALANCE DUE 546.45

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 White

CREDIT	67007	
20% Sales Carn	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	<u>288</u>
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	60101	
	78290	
TOTAL PAID	\$	<u>288</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date

Sept. 7, 93

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

of Arthur C. Myers  
in a Doble Deck Crypt Vault, Funeral, date, time Sept. 9/10 11:00 AM

Church, Chapel, Graveside Church & Home - Kaysdale Mortuary Home

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 106 Grave 12 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund 495.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup One (1) o/c 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee One (1) rec fee 45.00

Sales taxes 29.45

Total Due 1,944.45

Paid receipt number 44074 486.00

Balance due 1,458.45

30 Day Note

My wife 11/16/93 Auxiliary \$1000.00

I hereby certify I am the Glennia M. Myers 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.

Glennia M. Myers  
Signature  
6347 #3 Rancho Mission Rd  
Address  
S. D. 92108  
City Zip Code  
(619) 282-2464  
Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 11034

Invoice # 227209

Acct. # 079443



balance \$ 458.45  
paid 11/18/93 - 300.00  

---

\$ 158.45

MT. HOPE CEMETERY

W.O. # E-11034

**NOTE**

\$ 1458.45 San Diego, California Sept. 7, 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order of 3751 Market Street, San Diego, CA 92101, the sum of Fourteen Hundred Fifty Eight and 45/100 DOLLARS with interest from October 10, 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 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 Gloria M Myers SIGNATURE Gloria M. Myers

ADDRESS 6347 #3 Rancho Mission Rd. S.D. 92108

CALIFORNIA DRIVER LICENSE NUMBER MO 964318 SSN # 428-56-3372

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11034

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Arthur</b>	1B. MIDDLE <b>Colbert</b>	1C. LAST (FAMILY) <b>Myers</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>02/10/1918</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/05/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Gloria M. Myers - Wife 6347 Rancho Mission Rd. Bldg. 3 San Diego, CA 92108</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragdale Mortuary; 5050 Federal Blvd. San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Arthur Williams</i>		
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.		8B. DATE SIGNED <b>09/10/1993</b>			

PERMIT	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 09/10/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9301986</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <b>Vital Records, P.O. Box 85222 San Diego, CA 92186</b>	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	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. 106-12-312 San Diego, CA</b>	11B. DATE BURIED <b>9/10/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A metal w/sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

E 11034

WHITE - CUSTOMER  
YELLOW - RETURN  
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,  
P.O. BOX 3289  
SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

GLORIA MYERS  
6347 RANCHO MISSION RD., APT. #3  
SAN DIEGO CA 92108

ACCT NO  
079443

-----TREASURERS USE ONLY-----

PAYMENT DATE 11/16/93 | *Kathy Wigdahl*  
BY: CA  CK IF HD  
PAYMENT REF NO #3539 | AMT PAID: \$1000.00

INVOICE DATE                      PAYMENT DUE                      PERIOD COVERED  
11/02/93                              12/02/93                              OCTOBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:  
KATHY WIGDAHL                      REF NO: E-11034  
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
AUTHOR C. MYERS SERVICES	
LOT 106; GR. 12; SEC. 3; DIV12	795.00
OPENING/CLOSING	375.00
DOUBLE DEPTH CRYPT	380.00
HANDLING FEE	320.00
TAX ON CRYPT	29.45
RECORDING FEE	45.00
LESS PAYMENT R-44074	486.00-

TOTAL DUE 1,458.45

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. 227209

11034

CITY OF SAN DIEGO, CALIFORNIA  
CITY TREASURER

ACCOUNTS RECEIVABLE  
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 079443

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 11/18/93  
PAID BY (CIRCLE ONE):  CA  CK  NF  
PAYMENT REFERENCE NUMBER E-11034

AMOUNT PAID \$300.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Gloria Myers  
PAYOR NAME Same  
(IF OTHER THAN CUSTOMER ACCOUNT NAME)  
CUSTOMER (PAYOR) ADDRESS 6347 Rancho Mission Rd.  
Apt. #3  
San Diego 92108  
REMARKS Kathy L. Syddall

CASHIER \_\_\_\_\_

INV. NO. 227209

OFFICIAL RECEIPT



WHITE TO CUSTOMER  
CANARY CEMETERY  
PINK AUDITOR

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

44074

Date: Sept 7, 1993

From: Luvia Myers Address: 6347 Rancho Mission #3

Four hundred - Six Dollars (\$ 416.00 )

In Payment of: Statement of Luvia Myers

Lot 106 Grave 17 Row - Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-11034  
BALANCE DUE \$1458.45

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	<u>416.00</u>
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	100	
Sales Tax	77183	
	63033	
	9022	
	50101	
	78390	
TOTAL PAID	\$	<u>416.00</u>

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

3201



11034

227209	11/02/93	079443	GLORIA MYERS		11/18/93	CA	E-11034	300.00	1,458.45	1,158.45	PARTIAL PAYMENT
			100	072	77181	000072		77.14			
			100	072	77182	000072		78.17			
			100	072	77183	000072		9.26			
			100	072	77184	000072		30.85			
			100	072	77185	000072		65.82			
			60101		78390			6.06			
			67007		77184			32.70			

E-11034

227209	11/02/93	079443	GLORIA MYERS		11/16/93	CK	3539	1,000.00	1,458.45	158.45	PARTIAL PAYMENT
			100	072	77181	000072		257.12			
			100	072	77182	000072		260.55			
			100	072	77183	000072		30.85			
			100	072	77184	000072		102.85			
			100	072	77185	000072		219.41			
			60101		78390			20.19			
			67007		77184			109.03			

E-11034

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

Sept. 7, 93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES Edward WATKINS

In a T.S. Vault Funeral, date, time Thurs, 9/9 2PM

Church, Chapel, Graveside Church + grave - Paradise Mortuary etc

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: Thomas L. Williams

War time veteran \_\_\_\_\_

Lot 141 Grave 7 Row - Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due ..... 1669.38

Paid receipt number 44075 417.00

Balance due 1252.38

150.00

102.38

I hereby certify I am the mother of the above named person 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

Thomas L. Williams  
Signature  
5081 LAPAZ DR.  
Address  
S. D. Co. 94113  
City  
527-4284  
Telephone  
Zip Code

Work Order # **E 11035**

Invoice # 227203

Acct. # 079440

30 Day Note

Paid in Full 12/6/93

(over)

Balance

1402.38

Rec #

Paid 10/21/93

600.00

44236

802.38

Rec #

11/1/93

400.00

44289

402.38



MT. HOPE CEMETERY

W.O. # E-11035

**NOTE**

\$ 1252.38 San Diego, California Sept 7 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, of order  
3751 Market Street, San Diego, CA 92101, the sum of Twelve Hundred Fifty-Two and 38/100 DOLLARS  
with interest from October 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 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 THOMAS L. WILLIAMS SIGNATURE Thomas L. Williams

ADDRESS 5081 LAFAZ DR. SAN DIEGO, CO. 92113

CALIFORNIA DRIVER LICENSE NUMBER NA332850 SSN # 570846931

OFFICIAL RECEIPT

44075



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

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

Date: 7-7, 1993

From: Thomasa Williams Address: 5081 La Paz Ave, SD

Four Hundred Seventy Dollars (\$ 417.00)

In Payment of Interment of Thomas Williams

Lot 141 Grave 7 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11035  
 BALANCE DUE \$ 1252.31

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

ISSUED BY Watts

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>417.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63093	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>417.00</u>

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

AC-212 (Rev. 1-91) 2067

OFFICIAL RECEIPT



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

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

44289

Date: 11/1, 19 93

From: Bernice Williams Address: 5081 La Poo Dr. S.D 92113

Four hundred & 00/100 Dollars (\$ 400.00 )

In Lot Payment of James Watkins interment

Lot 741 Grave 7 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 11085

BALANCE DUE 402.38

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

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>3.00</u>
	77181	
Burial Containers	100	<u>250.00</u>
	77182	
Handling Fee	100	<u>147.00</u>
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>400.00</u>

2111



OFFICIAL RECEIPT



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

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

44236

Date: 10/21, 1993

From: Thomas Williams Address: 5081 La Pea Dr. S.D. CA 92113

Six hundred and 00/100 Dollars (\$ 600.00 )

In Part Payment of Interest of James Watkins

Lot 141 Grave 7 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11035

BALANCE DUE 802.38

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.

CREDIT	57007	
20% Sales Care	77184	<u>159 00</u>
80% Sales of Lots	100	<u>219 00</u>
Opening/Closing	77181	<u>222 00</u>
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>600 00</u>

ISSUED BY [Signature]

2104

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

11035

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>James</b>	1B. MIDDLE <b>Edward</b>	1C. LAST (FAMILY) <b>Watkins, II</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/15/1976</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/02/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Thomas L. Williams - Mother 5081 La Paz Dr. San Diego, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person being permit <i>Thomas L. Williams</i>	
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.			8B. DATE SIGNED <b>09/09/1993</b>		

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 09/09/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307925</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

1. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)  <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3951 Market St. San Diego, CA</b>	11B. DATE BURIED <b>9-9-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Stephen P. Donohoe</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED <i>metal interred</i>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

11035

227203 11/02/93 079440 THOMASA WILLIAMS

E-11035

100 072  
100 072  
100 072  
60101

77182 000072  
77183 000072  
77185 000072  
78390

12/06/93 CK 2142

402.38  
3.00  
195.00  
185.00  
19.38

402.38

0.00  
PAID IN FULL

NUMBER OF INVOICES PAID 2  
TOTAL AMOUNT PAID 1,576.11



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Sept. 8, 93

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

in a Double Depth Crypt Funeral, date, time Fri, 9/10 10:00 AM

Church, Chapel, Graveside St. Francis Xavier Cemetery 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. Carlene Young

War time veteran \_\_\_\_\_

✓ Lot — Grave 4 Row 1 Section 5 Division Block 7

Grave space & Care Fund Pre-need (E-7378) 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup One (1) Ok 375.00

Burial Container \_\_\_\_\_ 380.00

Handling Fees \_\_\_\_\_ 320.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee One (1) rec fee 45.00

Sales taxes \_\_\_\_\_ 29.45

Total Due 1149.45

Paid receipt number 44087 1149.45

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 \_\_\_\_\_

Carlene Young  
Signature  
3484 Schubert way  
Address  
San Diego Ca 92114  
City Zip Code  
619 264-2185  
Telephone

Work Order # **E 11036**

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 1103C

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>KENNETH</b>	1B. MIDDLE -----	1C. LAST (FAMILY) <b>NEAL JR.</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>04/10/1937</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/04/1993</b>	4. SEX <b>MALE</b>	
5A. CITY OF DEATH <b>LOS ANGELES</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF.— ENTER STATE <b>LOS ANGELES</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>CARLENE YOUNG-SISTER 5484 TRINIDAD WAY SAN DIEGO, CALIFORNIA 92114</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>HARRISON-ROSS MORTUARY 1839 E. FIRESTONE BLVD. LOS ANGELES, CALIFORNIA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD872</b>	8A. SIGNATURE OF APPLICANT—Foreign burial permit <i>[Signature]</i>			8B. DATE SIGNED <b>9-8-93</b>

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103716 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				
<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>SEP 08 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Robert C. Mabe</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>313 N. FIGUEROA STREET L.A.C.A 90012</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CALIF. 92186</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				<b>FOR CORONER'S USE ONLY</b>	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT			1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT				
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA				
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>IN HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CALIFORNIA</b>	11B. DATE BURIED <b>9/10/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>oak</b>	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

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

44087

Date: 9-9, 1973

From: Carlson Young Address: 5414 Trinidad Way St

Elwood & Harwood Property - Home Dollars (\$ 1149.45)

In Payment of Interment of Robert W. Mack

Lot - Grave 14 Row 1 Section 5 Division 7  
 Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-110236

BALANCE DUE ✓

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-61) 2466

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		
Opening/Closing	77181	<u>375</u>	<u>00</u>
Burial Containers	100	<u>570</u>	<u>00</u>
Handling Fee	77182	<u>300</u>	<u>00</u>
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
Pre-Need Trust	77183		
Sales Tax	60101	<u>29</u>	<u>45</u>
	78390		
TOTAL PAID		\$ <u>1149</u>	<u>45</u>



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-8-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rochael Nicole Williams

In a Liner Vault/Liner Funeral, date, time Fri 9/10 1:00 PM

Church, Chapel, Graveside Chapel / G.S. ; Popocate 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. C.D.H.

War time veteran \_\_\_\_\_

✓ Lot 104 Grave 5 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1564.73

Paid receipt number 44080 300.00

Balance due 1264.73

*30 dol note*

*1/22/93 Called Collections  
in amount due now to  
3,685.17 per Mrs. Clark*

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]*  
Signature  
1582 Highland Ave #72  
Address  
San Diego Ca  
City  
280-21403 Zip Code  
Telephone Victorville

Signature of recorded holder of deed

*(909) 559-2269  
work #*

Work Order # **E** 11037

Invoice # 227208

Acct. # 079442



MT. HOPE CEMETERY

W.O. # 11037  
E-11035

# NOTE

\$ 1264.73 San Diego, California Sept. 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 Twelve hundred sixty-four <sup>73</sup>/<sub>100</sub> DOLLARS with interest from Oct. 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 Armando Antonio Dawson SIGNATURE Armando A. Dawson

ADDRESS 1582 Highland #1 San Diego Ca

CALIFORNIA DRIVER LICENSE NUMBER C2594033 SSN # 571-19-8007



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11037.

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Eschel</b>	1B. MIDDLE <b>Nicoloe</b>	1C. LAST (FAMILY) <b>Williams</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>12/12/65</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/03/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. <b>SAN Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Joyce Taylor - Mother 409 Grand Ave. Spring Valley, CA 91977</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Debra Waller</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>09/09/1993</b>		

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/09/1993</b> <b>D. Williams</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307955</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	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	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b> <i>104-5-3-12</i>	11B. DATE BURIED <b>9/10/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <i>metal n/sealed</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44080

Date: 9-8, 1973

From: Amelia's Dawson Address: 1582 Highland Ave #2 10

Three hundred and 00/100 Dollars (\$ 300.00 )

In part Payment of Interest of Rachel Nicole

Lot 104 Grave 5 Row \_\_\_\_\_ Section 3 Division Block D

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11037

BALANCE DUE 91264.73

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	<u>300.00</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>300.00</u>

*Transfer of Property*

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-8-93

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

of Ridgely Powell to Dorothy Hays

in a \_\_\_\_\_ Vault/Urner 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 8 Row \_\_\_\_\_ Section 17 Division/Block 7

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee Transfer of property 45.00

Recording and filing fee \_\_\_\_\_

Sales tax \_\_\_\_\_

Total Due 45.00

Paid receipt number 44081 45.00

Balance due 0

**PAID**  
SEP 8 1993  
MT. HOPE CEMETERY  
SAN DIEGO, CALIF.

I hereby certify and ~~certify~~ certify \_\_\_\_\_ of the above named decedent and that I have the 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 11038**

E 11038

# GENE E. WHATLEY AGENCY

P.O. Box 178  
BONITA, CALIFORNIA 91908

**Cemetery Broker**

**Telephone: 482-9742**

## TRANSFER INFO FORM

Please transfer the following property described as:

**1 LOT ONLY**

Lot 6, Grave 8, Section 17, Division 7  
in Deed/Certificate number 6149 from Mt. Hope Memorial Park  
dated 5/3/72 to:

### NEW OWNER

NAME: Dorothy I. Hays  
ADDRESS: P.O. Box 178  
CITY: Bonita STATE: CA ZIP: 91908

### FROM ASSIGNOR

NAME: Ridgely W. Powell  
by Gene E. Whatley, Attorney in Fact  
ADDRESS: 3948 Mt. Everest Blvd.  
CITY: San Diego STATE: CA ZIP: 92111  
ACCOUNT NUMBER 2002MH





CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

11038

6149

5/3/1972

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Ridgely W. & Kathleen H. Powell for the sum of \$ 290.00 (DOLLARS)

LEGAL DESCRIPTION Lot 6 Graves 8 & 9 Section 17 Division 7

AS DESCRIBED ON PURCHASE ORDER NUMBER D-1671

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:

Double grave purchase - 12" x 24" single flush type marker each grave  
or 12" x 36" double flush marker both graves.

R. W. Dehne  
Cemetery Manager

William Johnson  
Director of Parks and Public Facilities

E 11038

### POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That \_\_\_\_\_

Ridgely and Kathleen Powell

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints GENE E. WHATLEY a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his 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 follows: \_\_\_\_\_

Division 7, Section 17, Grave 8

at Mount Hope Cemetery

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Ridgely Powell  
Signature

\_\_\_\_\_  
Signature

State of \_\_\_\_\_

County of \_\_\_\_\_

HomeFed Bank, <sup>PA</sup>

#### ALL-PURPOSE CERTIFICATE

STATE OF CALIFORNIA

COUNTY OF San Diego

May 21, 1993, before me, Elizabeth Fazekas, Notary Public (here insert name and title of the officer), personally appeared Ridgely Powell personally known to me or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

SIGNATURE Elizabeth Fazekas

SAV-193 (12/92)





# CERTIFICATE OF DEATH

STATE OF CALIFORNIA  
USE BLACK INK ONLY

E-11038

STATE FILE NUMBER			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER		
1A. NAME OF DECEDENT—FIRST (GIVEN) <b>KATHLEEN</b>		1B. MIDDLE <b>HERRICK</b>	1C. LAST (FAMILY) <b>POWELL</b>		2A. DATE OF DEATH—MO. DAY, YR. 2B. HOUR <b>MARCH 29, 1993 1550</b>
4. RACE <b>CAUCASIAN</b>		5. HISPANIC—SPECIFY <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	6. DATE OF BIRTH—MO. DAY, YR. <b>DECEMBER 22, 1907</b>	7. AGE IN YEARS <b>85</b>	8. SEX <b>F</b>
8. STATE OF BIRTH <b>MI</b>	9. CITIZEN OF WHAT COUNTRY <b>USA</b>	10A. FULL NAME OF FATHER <b>JAY HERRICK</b>		10B. STATE OF BIRTH <b>UNK</b>	11A. FULL MAIDEN NAME OF MOTHER <b>MABEL UNKNOWN</b>
12. MILITARY SERVICE <b>NONE</b>		13. SOCIAL SECURITY NO. <b>528-01-5932</b>	14. MARITAL STATUS <b>MARRIED</b>	15. NAME OF SURVIVING SPOUSE IF WIFE, ENTER MAIDEN NAME <b>RIDGELY POWELL</b>	
16A. USUAL OCCUPATION <b>TEACHER</b>		16B. USUAL KIND OF BUSINESS OR INDUSTRY <b>EDUCATION</b>	16C. USUAL EMPLOYER <b>SAN DIEGO UNIFIED SCHOOL DISTRICT</b>	16D. YEARS IN OCCUPATION <b>25</b>	17. EDUCATION—YEARS COMPLETED <b>16</b>
18A. RESIDENCE—STREET AND NUMBER OR LOCATION <b>3948 MT EVEREST</b>			18B. CITY <b>SAN DIEGO</b>	18C. ZIP CODE <b>92111</b>	
18D. COUNTY <b>SAN DIEGO</b>		18E. NUMBER OF YEARS IN THIS COUNTY <b>33</b>	18F. STATE OR FOREIGN COUNTRY <b>CA</b>	20. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>RIDGELY POWELL—HUSBAND 3948 MT EVEREST SAN DIEGO, CA 92111</b>	
19A. PLACE OF DEATH <b>SHARP MEMORIAL HOSPITAL</b>		19B. IF HOSPITAL SPECIFY ONE IP, ER, OP, DOA <b>IP</b>	19C. COUNTY <b>SAN DIEGO</b>	19D. STREET ADDRESS—STREET AND NUMBER OR LOCATION <b>7901 FROST STREET</b>	
21. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, AND C) <b>(A) Respiratory arrest</b>			21. TIME INTERVAL BETWEEN ONSET AND DEATH <b>Immediate</b>	22. WAS DEATH REPORTED TO CORONER REFERRAL NUMBER <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>(B) Meningitis</b>			<b>4 days</b>	23. WAS BIOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<b>(C) None</b>				24. WAS AUTOPSY PERFORMED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 21 <b>Coronary artery disease</b>			26. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 21 OR 25. IF YES, LIST TYPE OF OPERATION AND DATE. <b>No</b>		
27A. DECEDENT ATTENDED SINCE MONTH, DAY, YEAR <b>3/26/93</b>		27B. DECEDENT LAST SEEN ALIVE MONTH, DAY, YEAR <b>3/29/93</b>	27C. SIGNATURE AND DEGREE OR TITLE OF CERTIFIER <b>Brian E Jaski, MD</b>	27D. CERTIFIER'S LICENSE NUMBER <b>G55011</b>	27E. DATE SIGNED <b>3/30/93</b>
27F. TYPE ATTENDING PHYSICIAN'S NAME AND ADDRESS <b>BRIAN E JASKI, MD 8010 FROST ST-200 SAN DIEGO, CA 92123</b>		28A. SIGNATURE AND TITLE OF CORONER OR DEPUTY CORONER		28B. DATE SIGNED	
29. MANNER OF DEATH—specify one: natural, accident, suicide, homicide, pending investigation or could not be determined			30A. PLACE OF INJURY	30B. INJURY AT WORK <input type="checkbox"/> YES <input type="checkbox"/> NO	30C. DATE OF INJURY MONTH, DAY, YEAR
32. LOCATION (STREET AND NUMBER OR LOCATION AND CITY)			33. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)		
34A. DISPOSITION(S) <b>CR/SEA</b>	34B. PLACE OF FINAL DISPOSITION—NAME AND ADDRESS <b>OFF THE COAST PACIFIC OCEAN 3 mi SE POINT LOMA SAN DIEGO, CA</b>		34C. DATE MO, DAY, YR. <b>3-31-93</b>	35A. SIGNATURE OF EMBALMER <b>NOT EMBALMED</b>	35B. LICENSE NO. <b>NONE</b>
36A. NAME OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH) <b>NEPTUNE SOCIETY</b>		36B. LICENSE NO. <b>F-1352</b>	37. SIGNATURE OF LOCAL REGISTRAR <b>Ronald L. Ramsay, M.D.</b>	38. REGISTRATION DATE <b>3/31/93</b>	39. REGISTRATION DATE
STATE	A.	B.	C.	D.	E.
CENSUS TRACT	F.				

THIS IS A COPY OF THE ORIGINAL DOCUMENT FILED.  
 DATE ISSUED: April 2, 1993  
 Registrar of Vital Statistics  
 Ronald L. Ramsay, M.D.

MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS



OFFICIAL RECEIPT



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

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

44081

Date: 9-3, 19 93

From: Gene Whately Address: 2300 Boswell Rd. Suite 110 CV. 9193

Full Payment of Transfer Fee Dollars (\$ 45.00 )

Lot 6 Grave 8 Row \_\_\_\_\_ Section 17 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 11035

BALANCE DUE 0

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

25205

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

**CITY AUDITOR**  
**SEP 23 1993**

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	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>45</u>	<u>00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-8-93

*Transfer of Property*

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

To: Leonard Edwards from: Gene E. Whately

in a \_\_\_\_\_ Funeral, date, time \_\_\_\_\_

Vault/Urner

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 1305 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee Transfer of property 45.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 45.00

Paid receipt number 44082 45.00

Balance due 0

*Transferred from Mildred Thornbury*

**PAID**  
SEP 8 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 \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 11039**



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

11039

5384

1/25/1971

# DEED

John A. Thornbury OWNERSHIP AND INTERMENT PRIVILEGES  
TO and Mildred E. Thornbury for the sum of \$ 165.00 (DOLLARS)  
LEGAL DESCRIPTION Lot 1305 Division 10  
AS DESCRIBED ON PURCHASE ORDER NUMBER C-9670

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 flush type marker each grave or 12" x 36" double  
flush type marker both graves.

B. W. Drake  
Cemetery Manager

William J. ...  
Director of Parks and Public Facilities



E 11039

# GENE E. WHATLEY AGENCY

P.O. Box 178  
BONITA, CALIFORNIA 91908

**Cemetery Broker**

**Telephone: 482-9742**

## TRANSFER INFO FORM

Please transfer the following property described as:

Division 10, Lot 1305  
in Deed/Certificate number 5384 from Mount Hope Memorial Park  
dated 1/25/71 to:

### NEW OWNER

NAME: Leonard Edwards  
ADDRESS: c/o P.O. Box 178  
CITY: Bonita STATE: CA ZIP: 91908

### FROM ASSIGNOR

NAME: \_\_\_\_\_  
by Gene E. Whatley, Attorney in Fact  
ADDRESS: P.O. Box 178  
CITY: Bonita STATE: CA ZIP: 91908  
ACCOUNT NUMBER 1189MH

OFFICIAL RECEIPT



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

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

44082

Date: 9-8, 19 93

From: Gene Whately Address: 2700 Boswell Rd Suite 110 C.V. 91913

Forty-five and 00/100 Dollars (\$ 45.00)

In Full Payment of Transfer fee (M. Fred Thornburg to Leonard Edwards)

Lot 1305 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11039

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

25314

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		
<b>TOTAL PAID</b>	<b>\$</b>		<b>45 00</b>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-8-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ola Mae Riley

In a Liner Vault/Liner Funeral, date, time Fri. 9/10 2:00 pm

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

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150<sup>00</sup>

will be applied and billed to undersigned. YMS

War time veteran No

Lot 1305 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-need E-11039 \_\_\_\_\_ Ø

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_ 45.00

Recording and filing fee \_\_\_\_\_ 14.73

Sales taxes \_\_\_\_\_ 769.73

**PAID**  
SEP 8 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Paid receipt number 44083 200.00

*Page # 2941195*  
Balance due 569.73  
44084 569.73

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

Kenneth R. Edwards  
Signature  
3145 CRANE ST.  
Address  
L.G. 91945  
City Zip Code  
6985448  
Telephone

Work Order # E 11040

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11040

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

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>OLA</b>	1B. MIDDLE <b>MAE</b>	1C. LAST (FAMILY) <b>RILEY</b>	2. DATE OF BIRTH <b>08/26/1950</b>	3. DATE OF DEATH <b>09/02/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>La Mesa</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Leonard Edwards - Brother</b> <b>3145 Crane Street</b> <b>Lemon Grove CA 91945</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Rumphrey Chula Vista Mortuary</b> <b>855, Broadway Chula Vista CA 91911</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-964</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge an 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) <i>Judith King</i>		8B. DATE SIGNED <b>09/09/1993</b>

<b>PERMIT</b> 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/09/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Jeking</i>	9D. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9307948</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> <b>Vital Records P.O. Box 85222</b> <b>San Diego CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 1225-10</b> <b>3751 Market St.—San Diego CA</b>	11B. DATE BURIED <b>9/10/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Walt</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <i>cloth</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	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.

COMPLETE ALL APPLICABLE ITEMS

OFFICIAL RECEIPT



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

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

44084

11040  
Date: 9/8, 19 93

From: Leonard Edwards Address: 3145 Creese St. L.G. 91945

Five hundred sixty-nine 73/100 Dollars (\$ 569.73 )

In full Payment of Old Mae Riley Interment

Lot 1305 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-112-0  
BALANCE DUE 0

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	
Opening/Closing	77184	<u>275.00</u>
Burial Containers	100	<u>190.00</u>
Handling Fee	77182	<u>145.00</u>
Recording & Misc. Fees	100	<u>45.00</u>
Pre-Need Trust	77183	<u>5</u>
Sales Tax	83033	<u>14.73</u>
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>569.73</u>

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

1330  
8300  
20 3  
569.73

OFFICIAL RECEIPT



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

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

44576

Date: 2-2, 19 94

From: JANET CRAMER MCH. FUND Address: 4647 ZION AVE. S.D. CA 92120

THREE HUNDRED TWENTY TWO <sup>00</sup>/<sub>100</sub> Dollars (\$ 320.00 )

In Full Payment of INTERMENT OF OLD MRS RICE - UNUSUAL  
CHECK FEE (20.00)

Lot 1305 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11040

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91) # 9013124/224

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	
Opening/Closing	77181	
Burial Containers	100	<u>175.00</u>
	77182	
Handling Fee	100	<u>125.00</u>
Recording & Misc. Fees	77183	<del>20.00</del>
Pre-Need Trust	60033	
	9022	
Sales Tax	60401	<u>20.00</u>
	78390	
TOTAL PAID		<u>320.00</u>

RETURNED CK. 1100/



OFFICIAL RECEIPT



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

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

44083

Date: 9/8, 19 93

From: Turane Brown Ins. Address: 1746 Euclid Ave. SD. 92105

Two hundred 00/100 Dollars (\$ 200.00 )

In Lot Payment of Interment for Olo Moo Riley

Lot 1305 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 11040

BALANCE DUE 69.73

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.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>200.00</u>
	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	\$	<u>200.00</u>

8/15/93 8/14/93  
1/490



THE CITY OF  
**SAN DIEGO**

E-11040

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

August 1993  
MONTH YEAR

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

Steven Grandner

from Lot \_\_\_\_\_ Grave \_\_\_\_\_ Section \_\_\_\_\_ Row \_\_\_\_\_ Block \_\_\_\_\_ Division \_\_\_\_\_  
and to remove the same to and reinter said remains in Lot \_\_\_\_\_ Grave \_\_\_\_\_  
Section \_\_\_\_\_ Row \_\_\_\_\_ Block \_\_\_\_\_ Division \_\_\_\_\_ 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.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Karen Mulligan Mother of Steven's son, Brian 385 Pennsylvania Ave.  
x Karen Mulligan Signature Relation to deceased Address Massapequa Park, NY 11762

Timothy Mullady  
Notary Public, State of New York  
No. 4900165  
Qualified in Suffolk County  
Commission Expires 7/93

I hereby authorize the above disinterment:

\_\_\_\_\_  
(Lot owner must sign if not legal custodian) Date

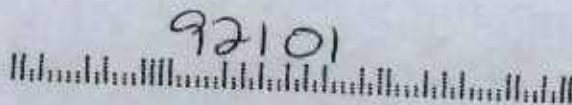


Karen Mulligan  
385 Pennsylvania Ave.  
Massapequa Park, NY  
11762



mt. Hope cemetery E 11040  
3751 market St.  
San Diego, CA

ATTN: JOANNE





TSC 1006 K44 E-11040  
 1/22/93

**REQUEST FOR HEARING BY ADMINISTRATIVE LAW JUDGE**  
 [Take or mail original and all copies to your local Social Security Office]

**PRIVACY ACT NOTICE**  
**ON REVERSE SIDE OF FORM.**

1. CLAIMANT: BRIAN MULLIGAN 2. WAGE EARNER, IF DIFFERENT: S. GRANDNER 3. SOC. SEC. CLAIM NUMBER: 059 48 9270 SPOUSE'S CLAIM NUMBER: \_\_\_\_\_

5. I REQUEST A HEARING BEFORE AN ADMINISTRATIVE LAW JUDGE. I disagree with the determination made on my claim because:

Please see attached

You have a right to be represented at the hearing. If you are not represented but would like to be, your Social Security Office will give you a list of legal referral and service organizations. (If you are represented, complete form SSA-1696.)

An Administrative Law Judge of the Office of Hearings and Appeals will be appointed to conduct the hearing or other proceedings in your case. You will receive notice of the time and place of a hearing at least 20 days before the day set for a hearing.

6. Check one of these blocks:  
 I have no additional evidence to submit.  
 I have additional evidence to submit. (Please submit it to the Social Security Office within 10 days.)

7. Check one of the blocks:  
 I wish to appear at a hearing.  
 I do not wish to appear and I request that a decision be made based on the evidence in my case (Complete Waiver Form HA-4608)

[You should complete No. 8 and your representative (if any) should complete No. 9. If you are represented and your representative is not available to complete this form, you should also print his or her name, address, etc. in No. 9.]

8. Karen Mulligan for  
 (CLAIMANT'S SIGNATURE)  
Brian Mulligan (minor)  
 ADDRESS: 385 Pennsylvania Ave.  
 CITY: Massapequa STATE: Pk, NY ZIP CODE: 11762  
 DATE: 8/24/93 AREA CODE AND TELEPHONE NUMBER: (516) 799-9135

9. \_\_\_\_\_  
 (REPRESENTATIVE'S SIGNATURE/NAME)  
 (ADDRESS)  ATTORNEY;  NON ATTORNEY  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 DATE: \_\_\_\_\_ AREA CODE AND TELEPHONE NUMBER: \_\_\_\_\_

**TO BE COMPLETED BY SOCIAL SECURITY ADMINISTRATION—ACKNOWLEDGMENT OF REQUEST FOR HEARING**

10. Request for Hearing RECEIVED for the Social Security Administration on \_\_\_\_\_ by: \_\_\_\_\_

(TITLE) \_\_\_\_\_ ADDRESS \_\_\_\_\_ Servicing FO Code \_\_\_\_\_ PC Code \_\_\_\_\_

11.  Request timely filed  Request not timely filed—Attach (1) claimant's explanation for delay, (2) any pertinent letter, material, or information in the Social/Security Office.

12. Claimant not represented —  list of legal referral and service organizations provided 13. Interpreter needed —  enter language (including sign language): \_\_\_\_\_

14. Check one:  Initial Entitlement Case  Disability Cessation Case  Other Postentitlement Case

15. Check claim type(s):  
 RSI only (RSI)  
 Disability—worker or child only (DIWC)  
 Disability—Widow(er) only (DIWW)  
 SSI Aged only (SSIA)  
 SSI Blind only (SSIB)  
 Disability only (SSID)  
 SSI Aged/Title II (SSAC)  
 SSI Blind/Title II (SSBC)  
 SSI Disability/Title II (SSDC)  
 HI Entitlement (HIE)  
 Other—Specify: ( \_\_\_\_\_ )

16. HO COPY SENT TO: \_\_\_\_\_ HO on \_\_\_\_\_  
 CF Attached:  Title II;  Title XVI; or  
 Title II CF held in FO to establish CAPS ORBIT; or  
 CF requested:  Title II;  Title XVI  
 (Copy of teletype or phone report attached).

17. CF COPY SENT TO: \_\_\_\_\_ HO on \_\_\_\_\_  
 CF attached:  Title II;  Title XVI  
 Other attached \_\_\_\_\_

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-9-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SAMUELLO C. ROGERS

In a LINER Vault/Liner Funeral, date, time Tues 9/14 2:00 pm

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. BFA

War time veteran \_\_\_\_\_

✓ Lot 115 Grave 8 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund under tree shade 895.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 14.73

Total Due 1664.73

Paid receipt number 44088 1664.73

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 \_\_\_\_\_

Betty Tucker  
Signature \_\_\_\_\_  
2547 Monstone Dr.  
Address \_\_\_\_\_  
San Diego 92123  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
560-8475  
Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E** 11041



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11041

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Samuella</b>	1B. MIDDLE <b>Claudia</b>	1C. LAST (FAMILY) <b>Rogers</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>10/08/1913</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/08/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Theodore Rogers - Husband 2547 Moonstone Dr. San Diego, CA 92123</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		
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 <i>Hebe Williams</i>	
				8B. DATE SIGNED <b>09/14/1993</b>	

PERMIT	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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 09/14/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308117</b>
AUTHORIZATION OF LOCAL REGISTRAR	8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>9-14-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Seeger</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A metal sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44088



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: 9-9, 19 03

From: Betty Dukes Address: 2547 Moonstone DRV S.D. CA 92123

sixteen hundred sixty four 73/100 Dollars (\$ 1664.73 )  
In: full Payment of interment of Summella C Rogers

Lot 115 Grave 8 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11041

BALANCE DUE Q

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.

ISSUED BY

V. Bahotsky

CREDIT	67007	179	00
20% Sales Care	77184		
80% Sales	100	716	00
of Lots	77184		
Opening/ Closing	100	375	00
Burial	77181		
Containers	100	190	00
	77182		
Handling Fee	100	45	00
Recording & Misc. Fees	77185		
Pre-Need Trust	100	45	00
Sales Tax	77183		
	63033		
	9022		
	60101	14	73
	78390		
TOTAL PAID	\$	1664	73

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-10-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Roger Gregory

in a Ash Vault Vault/Urner Funeral, date, time Mon, 9/13 1:00 PM

Church, Chapel, Graveside Brownside Palmer Cremation Mortuary. (Rattles)

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 134 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... Pre-Paid 0

Additional spaces and care fund .....

Opening/Closing & Setup ..... Pre-Paid E-11010 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 #

\_\_\_\_\_  
Acct. #

Work Order # **E** 11042

*Please Call  
444-1765*

BALBOA CREMATION SERVICES

4658 30th Street

San Diego, CA 92116

Mt. Hope

11042

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 full legal authority to make disposition of the cremated remains and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: Roger Vernon Gregory

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 named BALBOA CREMATION SERVICES, 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, or disposition of said cremated remains.

Dated this 13 day of SEPT. 1993.

Address: \_\_\_\_\_  
Street City State Zip

Signature Wendy Jo Tesquil \_\_\_\_\_  
Authorized Representative Relationship to Deceased

Signature \_\_\_\_\_  
Authorized Representative Relationship to Deceased





MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

Sept 9, 1993

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eldridge Rhodes Jr

in a None Funeral, date, time Mon 9/13 1:00 PM

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 \$ 150.00

will be applied and billed to undersigned Mandy Thomas

War time veteran NO

✓ Lot 121 Grave 4 Row \_\_\_\_\_ Section 2 Division 11

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee ..... 14.73

Sales taxes ..... 1564.73

Total Due 1564.73

Paid receipt number 44089 1564.73

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

Signature Mandy Thomas

Address 633 Locust St.

City San Diego, Cal. 92109

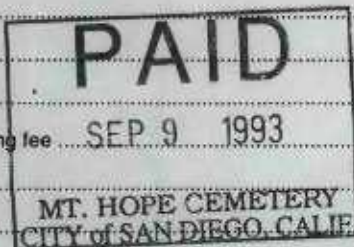
Telephone 527-5670

Work Order # E 11043

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_





# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

11043

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Eldridge</b>	1B. MIDDLE <b>LaVerne</b>	1C. LAST (FAMILY) <b>Rhodes, Jr.</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/21/1959</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/07/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Wanda J. Thomas - Mother</b> <b>633 Escuela St.</b> <b>San Diego, CA 92002</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		

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.

▶ *Debbie Williams* 09/13/1993

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams</b> <b>09/13/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308069</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

II. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> G. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	

**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 <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>9-13-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo ...</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <i>metal w/sealed</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44089

From Wanda Thomas Address: 633 Encina St. # 9202 Date: 9-9, 1993  
Antea Memorial Park Dollars (\$ 1564.<sup>75</sup>)  
 In \_\_\_\_\_ Payment of Interment of Elizabeth Thomas, Jr.

Lot 121 Grave 4 Row \_\_\_\_\_ Section 2 Division 11  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11043  
 BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Waits

CREDIT	67007		
20% Sales Care	77184	159	W
80% Sales	100	636	W
of Lots	77184		
Opening/	100	375	W
Closing	77181		
Burial	100	190	W
Containers	77182		
	100	145	W
Handling Fee	77185		
Recording &	100	45	W
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	14	73
	78390		
TOTAL PAID	\$	1564.	75

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Sept 10, '93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kim Leuan P. Thi Lam

in a Ash Vault Funeral, date, time Fri, 9/17 10:30am

Church, Chapel, Graveside Graveside Mortuary Family

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 148 Grave 1 Row — Section 2 Division/Block 11

Grave space & Care Fund ..... 0

Additional spaces and care fund .....

Opening/Closing & Setup ..... 1050

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 44093 269.26

Balance due 0

*Paid in full  
9-10-93*

*Family asked  
to bring ashes  
& permit*

I hereby certify I am the GRAND 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 Karen Lam

Address 4176 MUSTANG ST.

City SD Zip Code PA 92111

Telephone (619) 573-0573

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 11044**

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44093

Date: Sept 10, 1993

From: Karen Jean Address: 4136 Mustang Dr, #9211  
Two Thousand Six Hundred Dollars Dollars (\$ 26926 )  
 In \_\_\_\_\_ Payment of Interment of the Body

Lot 148 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11044  
 BALANCE DUE ✓

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	<u>105 00</u>
Handling Fee	100	<u>55 00</u>
Recording & Misc. Fees	77185	<u>60 00</u>
Pre-Need Trust	100	<u>45 00</u>
Sales Tax	60101	<u>4 26</u>
	78390	
<b>TOTAL PAID</b>	<b>\$</b>	<b><u>269 26</u></b>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

ISSUED BY [Signature]



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11044

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Kim</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>LUAN</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>WAK/1991</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>UNK/1970</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>SAIGON</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>VIET NAM</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>TOAN TRAN - GRAND SON 2303 ULRIC ST SAN DIEGO CA 92111</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>TOAN TRAN - GRAND SON 2303 ULRIC ST, SAN DIEGO CA 92111</b>		7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>NONE</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <b>KIM</b> <b>9-13-93</b>		

ACKNOWLEDGMENT OF APPLICANT <small>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.</small>	<b>PERMIT</b> 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>SEP 13 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald S. Ramirez, M.D., M.P.H.</i>
AUTHORIZATION OF LOCAL REGISTRAR	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 <b>P.O. BOX 85262 SAN DIEGO CA 92186-5262</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery 3751 Market St San Diego CA 92104</b>	11B. DATE BURIED <b>9/17/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Teagle</i>
	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	16C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 Sept. 10 '93

*Pre-Need  
 must for:*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cecile Eckley

in a LINER Vault/Liner Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside \_\_\_\_\_ Featherhill 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 12 Grave 11 Row \_\_\_\_\_ Section 7 Division/~~Block~~ 5

Grave space & Care Fund Pre-Need (B-9248) 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 14.73

**PAID**  
 SEP 10 1993  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Total Due 769.73

Paid receipt number 4409 769.73

Balance due 0

I hereby certify I am the Nephew by marriage 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.

Cecile G. Eckley  
by Roland A. Francis  
 Signature \_\_\_\_\_  
1641 Bartram Way  
 Address \_\_\_\_\_  
El Cajon CA 92019  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_  
444-0928  
 Telephone \_\_\_\_\_

Signature of recorded holder of deed \_\_\_\_\_

Work Order # **E 11045**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44096

From: Cecile Eckley Address: 9957 Sierra Madre Rd, Spring Valley  
Seven Hundred Sixty Seven Dollars (\$ 769.73)  
 In, \_\_\_\_\_ Payment of Pre-Need Trust for Cecile Eckley

Date: Sept 10, 1993

Lot 12 Grave 11 Row \_\_\_\_\_ Section 7 Division Block 5

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11045  
 BALANCE DUE 840

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>769.73</u>
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>769.73</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 AC-212 (Rev. 1-91)



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-13-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ROBERT BANKS D.I.P. (1975)

in a liner Vault/Urner Funeral, date, time Mon. 9/13 11am

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. \_\_\_\_\_

War time veteran \_\_\_\_\_

✓ Lot 121 Grave 12 Row \_\_\_\_\_ Section 1 Division/Block 11

Grave space & Care Fund Preced. 05801 \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.-

Burial Container \_\_\_\_\_ 190.-

Handling Fees fd - In full \_\_\_\_\_ 145.-

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.-

Sales taxes \_\_\_\_\_ 14.73

Total Due 769.73

Paid receipt number 44273 769.73

Balance due 0

30 day  
Note.

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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Monet Williams  
Signature

4919 Lata St.  
Address

San Diego Ca. 92102  
City Zip Code

53 264-7085  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 11046**

MT. HOPE CEMETERY

W.O.# E11046

# NOTE

\$ 769.73 San Diego, California 9-13- 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 seven hundred sixty-nine <sup>73</sup>/<sub>100</sub> DOLLARS with interest from 10-13-93 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 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 THERESA BANKS SIGNATURE Theresa Banks

ADDRESS 4919 Oates St.

CALIFORNIA DRIVER LICENSE NUMBER DATE D0786964 SSN #4257 44-3887



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 11046

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Robert</b>	1B. MIDDLE —	1C. LAST (FAMILY) <b>Banks</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/05/1918</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/06/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Theresa Banks - Wife</b> <b>4919 Date St.</b> <b>San Diego, CA 92102</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd.</b> <b>San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		

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 7105 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: *Debbie Williams* 8B. DATE SIGNED: **09/13/1993**

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/13/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>D. Williams</b> <b>9308032</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>DEATH OCCURRED IN CALIFORNIA</small> <b>vital Records; P.O. Box 86533</b> <b>San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> 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 <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>9-13-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <u><i>Wendy Jo Jaeger</i></u>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44273



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

Date: 10-27, 1993

From: Mount William Address: 2462 K St. N  
San Diego, Calif. 92116  
 In: \_\_\_\_\_ Payment of: Mount Hope Cemetery Dollars (\$ 769.73)

Lot 121 Grave 13 Row \_\_\_\_\_ Section 1 Division 11 Block 11

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. F-11046  
 BALANCE DUE 4

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81) 2532

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY: [Signature]

CREDIT	62007		
20% Sales Com	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>375.00</u>	
Burial Containers	100	<u>190.00</u>	
Handling Fee	77185	<u>145.00</u>	
Recording & Misc. Fees	77183	<u>45.00</u>	
Pre-Need Trust	63033		
Sales Tax	9022	<u>14.73</u>	
	60101		
	78390		
TOTAL PAID	\$	<u>769.73</u>	

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

Sept 13, '93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary McKenzie

in a \_\_\_\_\_ Funeral, date, time Wed, 9/15 10:00 AM

Church, Chapel, Graveside Chapel + Green 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 \_\_\_\_\_

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 # \_\_\_\_\_

Acct. # \_\_\_\_\_


Work Order # **E 11047**

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-13-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ANGEL REAL 

in a ASH VAULT Vault/Liner Funeral, date, time FRI 9/24 A.Y.D.

Church, Chapel, Graveside DELIVERY; ERICKSON ANDERSON Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150<sup>00</sup>

will be applied and billed to undersigned. O.R.

War time veteran NO

✓ Lot 13 Grave 7 Row \_\_\_\_\_ Section 3 Division/Block 12

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

**PAID**

SEP 14 1993

MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 269.26

Paid receipt number 44106 # 269.26

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 \_\_\_\_\_

Angel Real  
Signature  
759 P. D. Gean St  
Address  
SAN DIEGO CA 92114  
City Zip Code  
266-1889  
Telephone

Work Order # **E 11048**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E 11048

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) <b>ANGEL</b>	1B. MIDDLE <b>---</b>	1C. LAST (FAMILY) <b>REAL</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/02/1906</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/12/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>OSCAR REAL - SON 759 PIDGEON ST. SAN DIEGO, CA. 92114</b>		
7A. TYPE, NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>ERICKSON-ANDERSON MORTUARY 8390 ALLISON AVE. LA MESA, CA. 91941</b>		7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>F296</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>09/13/1993</b>
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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/14/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>JIN RICHMOND</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS - P.O. BOX 85222 SAN DIEGO, CA. 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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 <b>MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA.</b>	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE. SAN DIEGO, CA.</b>	12B. DATE CREMATED <b>9/14/93</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	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

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

44106

Date: 9/14, 1993

From: Angel Park Address: 759 PLYMOUTH S.D. CA 92114

TWO HUNDRED SIXTY-NINE AND 26/100 Dollars (\$ 269.26 )

In Full Payment of INTERMENT OF ANGEL PARK

Lot 13 Grave 7 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-11248  
BALANCE DUE 0

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	
Opening/Closing	77181	<u>105.00</u>
Burial Containers	100	<u>55.00</u>
77182	100	<u>62.00</u>
Handling Fee	77185	<u>75.00</u>
Recording & Misc. Fees	100	
77183	63053	
Pre-Need Trust	9022	
Sales Tax	50101	<u>4.26</u>
78390		
TOTAL PAID	\$	<u>269.26</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

178

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9/13/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FRANCES C. MANDEL

in a LINER Vault/Liner Funeral, date, time THURS 9/16 11am  
Church, Chapel, Graveside GRAVESIDE : HUMPHREY Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150<sup>00</sup> will be applied and billed to undersigned. OM

War time veteran NO

Lot 257 Grave 8 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... \$ 1564.73

Paid receipt number 44098 1564.73

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 \_\_\_\_\_

Donald B. Mandel  
Signature  
410 Glenmont Drive  
Address  
Solana Beach 92075  
City  
(619) 755-1816 Zip Code  
Telephone

Work Order # E 11049  
PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



e 11049.

# 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) <b>FRANCES</b>	1B. MIDDLE <b>CLARE</b>	1C. LAST (FAMILY) <b>MANDEL</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/13/1932</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/12/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Solana Beach</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Donald B. Mandel - Husband 410 Glenmont Drive Solana Beach CA 92075</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Suppitye Chais Vista Mortuary 855 Broadway Chula Vista CA 91911</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-964</b>		
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.		8A. SIGNATURE OF APPLICANT— <i>Judith King</i>		8B. DATE SIGNED <b>09/14/1993</b>	

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/15/1993</b> <i>J. King</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308174</b>
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 <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)		FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St.—San Diego CA</b>	11B. DATE BURIED <b>9-16-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Teague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <i>both</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**44098**

Date: 9/12, 19 93

From: DONALD MANDEL Address: 410 GLENMONT DR. SOLANA BEACH 92075  
FRANCES MANDER SIXTY-FOUR - 93/100 Dollars (\$ 564.73 )

In Full Payment of INTERMENT OF FRANCES MANDER

Lot 257 Grave B Row \_\_\_\_\_ Section 2 Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11049

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

2530

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>159</u>	<u>00</u>
80% Sales of Lots	100	<u>431</u>	<u>00</u>
Opening/Closing	77184	<u>375</u>	<u>00</u>
Burial Containers	100	<u>192</u>	<u>00</u>
Handling Fee	77185	<u>155</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>35</u>	<u>00</u>
Pre-Need Trust	83033		
	9022		
Sales Tax	60101	<u>2</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>1564</u>	<u>73</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9/13/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BEATRICE DAVIS

in a LINER Vault/Liner Funeral, date, time WED. 9/15 1:00 pm.

Church, Chapel, Graveside Chapel, Graveside Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150<sup>00</sup>

will be applied and billed to undersigned. SMH

War time veteran NO

Lot 2785 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund PLE-NEED C-6001 \_\_\_\_\_ 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup D-5034 \_\_\_\_\_ 0

Burial Container D-6648 \_\_\_\_\_ 0

Handling Fee D-6648 \_\_\_\_\_ 0

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee SEP 13 1993 \_\_\_\_\_ 45.00

Sales taxes D-6648 \_\_\_\_\_ 0

Total Due \_\_\_\_\_ 45.00

Paid receipt number 44099 \$ 45.00

Balance due 0

**PAID**  
SEP 13 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

*Open Imperial Gate*

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

Beatrice M. Hamill  
Signature  
13125 Coral Ave # a  
Address  
Costa Mesa Ca. 92626  
City 714-641-8406 Zip Code  
Telephone

Work Order # **E 11050**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11050

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>BEATRICE</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>DAVIS</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>AUG. 4, 1897</b>	3. DATE OF DEATH MONTH DAY YEAR <b>SEPT. 12, 1993</b>	4. SEX <b>FEMALE</b>
5A. CITY OF DEATH <b>NEWPORT BEACH</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. STATE <b>ORANGE</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE <b>BEATRICE M. HAMILL (DAUGHTER) 3125 CORAL AVENUE COSTA MESA, CA 92626</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CYPRESS VIEW MORTUARY, 3953 IMPERIAL AVE., SAN DIEGO, CALIFORNIA 92113</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>670</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 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 <i>[Signature]</i>		8B. DATE SIGNED <b>9/13/1993</b>

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>SEPT. 13, 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9197 GERALD A. WAGNER, M.D.</b> <i>[Signature]</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 6128, SANTA ANA, CA 92706</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92138-5222</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT. HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CALIFORNIA 92102</b>	11B. DATE BURIED <b>9-15-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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

44099

Date: 9/13, 19 93

From: Barbara Hanson Address: 3125 Coral Ave. Costa Mesa CA 92626

Executive 100 22/130 Dollars (\$ 45.00 )

In: Full Payment of Rec/Ev Fee For Barbra Hanson Davis

Lot 2705 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11050  
 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	57007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	<u>45.00</u>
Pre-Need	63033	
Trust	9922	
Sales Tax	60101	
	78390	
TOTAL PAID	5	<u>45.00</u>

9/103

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9/13/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of EMMA HARRINGTON

in a Vault Funeral, date, time THURS. 9/16 12:00

Church, Chapel, Graveside GRAVESIDE ONLY: 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 NO

Lot 2907 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 695.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1464.73

Paid receipt number 44480 464.73

Balance due 0

90+ DAYS  
NOTE

PAID IN  
Full  
11/13/94

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 \_\_\_\_\_

Kathy Steinhil  
Signature  
888 Cherrywood Way #25  
Address  
El Cajon CA 92021  
City Zip Code  
619-444-7762  
Telephone

Work Order # E 11051

Invoice # 227570

Acct. # 079449



MT. HOPE CEMETERY

W.O. # E-11051

**NOTE**

\$ 1464.<sup>73</sup> San Diego, California Sept. 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 Fourteen Hundred Sixtyfour<sup>73</sup> DOLLARS with interest from December 30, 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 KATHY L. WIGGANS SIGNATURE Kathy L. Wiggans

ADDRESS 888 CHERRYWOOD WY #25 EL CAYON CA 92021

CALIFORNIA DRIVER LICENSE NUMBER CDL 10712384 SSN # 560-88-0958

E 11051

# 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) <b>EMMA</b>	1B. MIDDLE <b>AMELIA</b>	1C. LAST (FAMILY) <b>HARRINGTON</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/26/1915</b>	3. DATE OF DEATH MONTH DAY YEAR <b>10/09/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>El Cajon</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Liz Garrow, Ex. Daught.-in-law 28768 Quail Spring Lane Tollhouse, CA 93667</b>		7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>FEATHERINGSILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115</b>	
7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>1083</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>9-14-93</b>	

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.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/14/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Edward Fezzell</b>
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.			
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 <b>P.O. Box 85222 San Diego, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery, San Diego, CA</b>	11B. DATE BURIED <b>9-16-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>n/a</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>n/a</b>	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 <b>n/a</b>	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 <b>n/a</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44480

Date: 12/30, 19 93

From: Kristine Garrow Address: 8015 Lake Andrita Ave S.D. 92119

Fourteen hundred sixty-four and 73/100 Dollars (\$ 1464.73)

In full Payment of Interment of Emare Harrington

Lot 2907 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11051

BALANCE DUE 1

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184	<u>139</u>	<u>00</u>
60% Sales of Lots	100	<u>556</u>	<u>00</u>
Opening/Closing	77181	<u>375</u>	<u>00</u>
Burial Containers	100	<u>190</u>	<u>00</u>
	77182	<u>145</u>	<u>00</u>
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	8022		
Sales Tax	80101	<u>14</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>1464</u>	<u>73</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

1187

ISSUED BY JEH E H



15011

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
227570	11/03/93	079449	KATHY WIGDAHL				01/13/94	JV	DCR0698	1,464.73	1,464.73	0.00
			100 072		77181	000072				375.00		PAID IN FULL
			100 072		77182	000072				190.00		
			100 072		77183	000072				45.00		
			100 072		77184	000072				556.00		
			100 072		77185	000072				145.00		
			60101		78390					14.73		
			67007		77184					139.00		

E-11051

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Sept. 13, '93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Minnie Hues Smith

in a Linco Funeral, date, time Wed, 9/15 11:00 AM

Church, Chapel, Graveside Church & Grave - Ragdale Mortuary side

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. Minnie A. Soudy

War time veteran No

Lot 111 Grave 9 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1564.73

Paid receipt number 44102 1480.06

44101 - Balance due 84.67

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 \_\_\_\_\_

Minnie A. Soudy  
Signature

10239 VERA CRUZ CT.  
Address

SAN DIEGO, CA. 92124  
City

619 571-2705 Zip Code  
Telephone

Work Order # E 11052

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11052

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Minnie</b>	1B. MIDDLE <b>Hues</b>	1C. LAST (FAMILY) <b>Smith</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/19/1909</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/09/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Minnie Ann Tandy - Daughter</b> <b>10239 Veracruz Ct.</b> <b>San Diego, CA 92124</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd</b> <b>San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		
* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103276 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Hebbe Williams</i>		
			8B. DATE SIGNED <b>09/14/1993</b>		

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/14/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308143</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>9-15-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <i>metal w/sealed</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE*	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

11052 44101

Date: 9/13, 19 03

From: Miriam Smith Address: 10279 Van Cise St. SD. 92124

Eighty-four and 67/100 Dollars (\$ 84.67 )

In Full Payment of Miriam Smith

Lot 111 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11052

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

503

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		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100	24	94
Recording & Misc. Fees	77183	45	00
Pre-Need Trust	63033		
	9022		
Sales Tax	80101	14	73
	78390		
TOTAL PAID	\$	84	67

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

11052. 44102

Date: Sept 13, 1903

From: Andrew Ragsdale Address: 550 Federal Blvd SD 92102

Fourteen hundred - eighty - and 06/100 Dollars (\$ 1480.06 )

In Part Payment of Interest of Maggie Smith

Lot 111 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11052

BALANCE DUE 844.67

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 R. L. [Signature]

CREDIT	67007		
20% Sales Care	77184	159	00
80% Sales of Lots	77184	636	00
Opening/Closing	100	375	00
Burial Containers	77182	190	00
Handling Fee	100	120	06
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	50101		
	75390		
<b>TOTAL PAID</b>		<b>\$</b>	<b>1480 06</b>

12800

**MT. HOPE CEMETERY,  
INTERMENT ORDER**

City of San Diego

Date 9/13/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LOA D. WARD

in a INTER T. S. Vault Funeral, date, time THURS. 9/16 2:00 PM

Church, Chapel, Graveside Chapel - Graveside : RAGSDALE Mortuary side

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. Hattie m Crosby

War time veteran \_\_\_\_\_

Lot 47 Grave 3 Row \_\_\_\_\_ Section 14 Division/Block 7

Grave space & Care Fund PRE-NEED C-4466 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup PRE-NEED D-8066 0

Burial Container " 10/6/93

Handling Fees " 0

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 0

Total Due 149.65 0

Paid receipt number 44104 149.65

Balance due 0

**PAID**  
SEP 14 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 \_\_\_\_\_

Hattie m Crosby  
Signature 33859 Superior St  
Address 264-1954  
City San Diego Zip Code \_\_\_\_\_  
Telephone \_\_\_\_\_

Work Order # E 11053

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11053

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Ida</b>	1B. MIDDLE <b>Deborah</b>	1C. LAST (FAMILY) <b>Ward</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/24/1908</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/10/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Herman Jones - Son 3859 Superior St. San Diego, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>D. Williams</i>		
* 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.		8B. DATE SIGNED <b>09/14/1993</b>			

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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 09/14/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308157</b>
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 <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>9-16-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Long</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A metal sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44104



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: Sept 14, 1993

From: Hatty Crosby Address: 3859 Superior St. St.  
One Hundred Forty-Seven Dollars (\$ 149.65)

In Payment of Interment by Ida Ward

Lot 47 Grave 3 Row \_\_\_\_\_ Section 14 Division Block 7

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11053

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 Judit

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/ Closing	100	
	77181	<u>104 65</u>
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	<u>45 00</u>
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>149 65</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9/13/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GWENDOLYN WYNN

in a VAULT Vault/Urns Funeral, date, time WED 9/15 1:30 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<sup>00</sup> will be applied and billed to undersigned. B. L. W.

War time veteran NO

✓ Lot 1993 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 995.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due ..... 1869.38

Paid receipt number 44100 400.00

Balance due 1469.38

30 day note

Paid in Full 12/2/93

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 \_\_\_\_\_

Brenda L. Wynn  
Signature 1525-D Concord Way  
Address Chula Vista, Ca. 91911  
City 619-482-2093 Zip Code  
Telephone

Work Order # **E** 11054

PY-593 (Rev. 8-92)

Invoice # 227207

Acct. # 079441



MT. HOPE CEMETERY

W.O. # E-11054

# NOTE

1469.38 San Diego, California Sept 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 Fourteen hundred sixty-nine <sup>38</sup>/<sub>100</sub> DOLLARS with interest from 10/15/93 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 Brenda L. Wynn SIGNATURE Brenda L. Wynn  
ADDRESS 1525-D Concord Way Chula Vista, Ca. 91911  
CALIFORNIA DRIVER LICENSE NUMBER N0883783 SSN # 554-02-4522

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F 11054

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Gwendolyn</b>	1B. MIDDLE <b>Jewel</b>	1C. LAST (FAMILY) <b>Wynn</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>06/18/1952</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/10/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Tonya Jackson—Daughter</b> <b>3860 Z Street</b> <b>San Diego, CA 92113</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel</b> <b>3602 El Cajon Blvd. San Diego, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		
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 7150 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED <b>09/14/1993</b>

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>Kyle Chase</b> <b>09/14/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308139</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records—P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>		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 <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>9-15-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>metal n/sealed</b>	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

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

44100

Date: 9/13, 1993

From: Brenda Wynn Address: 1505-D Curcove Way C.V. 91911

Four hundred and 00/100 Dollars (\$ 400.00 )

In Part Payment of Interment of Gwendolyn Wynn

Lot 1903 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11054

BALANCE DUE \$1469.38

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>400.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>400.00</u>



11054

INV NO	INV DATE	ACCT NO	CUSTOMER NAME	FUND	DEPT	ORG	ACCT	J/O	PAYM DATE	PD BY	PAYM REF NO	AMOUNT PAID	AMOUNT BILLED	UNPAID BALANCE
									OPER	BN/EQ	FACILI	AMOUNT APPLIED		
227207	11/02/93	079441	BRENDA WYNN						12/02/93	CK	0739290	1,469.38	1,469.38	0.00
				100	072		77181	000072				375.00		PAID IN FULL
				100	072		77182	000072				250.00		
				100	072		77183	000072				45.00		
				100	072		77184	000072				396.00		
				100	072		77185	000072				185.00		
				60101			78390					19.38		
				67007			77184					199.00		

E-11054

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Sept. 14, '93

33 L  
17 W  
12 H  
Casket size

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CLARISSA GONZALES

In a \_\_\_\_\_ Vault/Liner Funeral, date, time Fri, 9/17 10:00 AM

Church, Chapel, Graveside Chapel - Green - Goodbody Mortuary Chapel

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. Clarissa Gonzales

War time veteran No

Lot 3256 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 44103 270.00

Balance due 0

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 \_\_\_\_\_

Clarissa Gonzales  
Signature  
3744 NATIONAL AVE  
Address  
SAN DIEGO CA 92113  
City Zip Code  
262-1912  
Telephone

Work Order # E 11055

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

PAID  
SEP 14 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E11055

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>CLARISSA</b>	1B. MIDDLE <b>MARIE</b>	1C. LAST (FAMILY) <b>GONZALES</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/21/1993</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/10/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>NATIONAL CITY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>CLARISSA GONZALES GRANDMOTHER</b> <b>3744 NATIONAL AVENUE, APT. B</b> <b>SAN DIEGO, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GOODBODY HORTUBRY</b> <b>5027 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 790</b>	8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Peggy L. Vaicil</i>		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103274 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>09/18/1993</b>	

<b>PERMIT</b> 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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>09/15/1993</b> <b>PEGGY L. VAICIL</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308193</b>
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		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
---	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET, SAN DIEGO, CA</b>	11B. DATE BURIED <b>9-17-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	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

**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 11055

**SAN DIEGO COUNTY**

SAN DIEGO VICTIM WITNESS 073  
PROGRAM  
P O BOX X 1011  
SAN DIEGO, CA 92112-4192  
(619) 531-3915

October 6, 1993

MOUNT HOPE CEMETERY  
CITY OF SAN DIEGO  
3751 MARKET ST  
SAN DIEGO, CA 92102

CLAIM NUMBER: 289765 REQ. 5  
USER ID. BCDTOWN  
CLAIMANT: GONZALES  
CLARISSA, A  
SOCIAL SECURITY NO. N/A  
DATE OF BIRTH: N/A  
FILED BY: N/A

VICTIM: GONZALES  
CLARISSA, M <sup>E-11055</sup>  
SOCIAL SECURITY NO. 613-66-5153  
DATE OF BIRTH: July 21, 1993  
DATE OF DEATH: September 10, 1993  
PATIENT'S ACCT. NO. N/A

The above CLAIMANT/VICTIM has filed a Crime Victim Compensation Application with the Victims of Crime Program, State Board of Control, for unreimbursed funeral/burial losses.

In order for us to process this claim, please complete and return the lower portion of this form with a copy of the contract and an itemized statement. Our eligibility determination is dependent upon a number of considerations including the information that you provide. Please resolve any account reconciliation issues with the CLAIMANT/VICTIM.

In accordance with Government Code Section 13962(b), the Board certifies that an "AUTHORIZATION TO OBTAIN INFORMATION" signed by the CLAIMANT/VICTIM is on file at the Board and constitutes actual authorization for the release of information.

**AS REQUIRED BY GOVERNMENT CODE SECTION 13962(b), PLEASE RETURN THIS COMPLETED FORM TO THE BOARD WITHIN TEN (10) BUSINESS DAYS OF THE DATE OF THIS LETTER.**

Your cooperation is appreciated.

Funeral Expense \$ _____	Insurance Reimbursement \$ _____
Burial Expense \$ <u>170.00</u>	Social Security Benefit \$ _____
Headstone Expense \$ _____	Veterans' Benefit \$ _____
Plot Expense \$ <u>100.00</u>	Paid by Claimant \$ <u>270.00</u>
(X) Single ( ) Double	Other Payments \$ _____
If double plot purchased, price of single plot \$ _____	From Whom? <u>Clarissa Gonzales</u>
Date plot purchased: <u>9/14/93</u>	Balance Due \$ <u>0</u>
For Whom? <u>Clarissa Gonzales</u>	Balance Expected? ( ) Yes ( ) No
By Whom? <u>Clarissa Gonzales - grandmother</u>	From Whom? _____
Who is legally responsible for any payment due?	

Insurance Company/Address/Phone \_\_\_\_\_

Name of Policyholder: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Comments: \_\_\_\_\_

SIGNATURE: Kathleen Stidall

DATE: 11/4/93

TITLE: OCA - Administrative Aide II

PHONE: (619) 522-3400

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44103

Date: Sept 14, 1993

From: Charles Gonzalez Address: 3704 P. National Hwy. Sd

San Diego Dollars (\$ 270.00 )

In Payment of Statement of Charles Gonzalez

Lot \_\_\_\_\_ Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11055  
 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 [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
80% Sales of Lots	77184	<u>10</u>	<u>00</u>
Opening/Closing	100	<u>125</u>	<u>00</u>
Burial Containers	77162		
	100		
Handling Fee	77185		
Recording & Misc. Fees	77193	<u>45</u>	<u>00</u>
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>270</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44673

Date: 3/2, 1994

From: Clorissa Gonzales Address: 3744 Norwood Ave. S.D. 02193

Eighty two Dollars (\$ 80.00 )

In full Payment of interim installation fee for Clorissa Gonzales

Lot 3256 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 11055

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		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		80 00
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$		80 00



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-14-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edle Ward

in a T.S. Vault Vault/Urn Funeral, date, time \_\_\_\_\_

Church, Chapel, Graveside Chapel, F.D.; RAESDALE Mortuary. MARK

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 # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 11056**

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-14-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald LEE LOUCKS #1150251

in a Liner Vault/Urner Funeral, date, time TUES, 9/21 11:00

Church, Chapel, Graveside Delivery Only El Camino Mortuary. (Mike Jones)

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 88 Grave 12B 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 ..... 45.00

Sales taxes ..... \_\_\_\_\_

*Kim White* Total Due ..... 386.-

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 11057

PY-593 (Rev. 8-92)

Invoice # 227512

Acct. # 000952

E 11057.

# 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) <b>DONALD</b>	1B. MIDDLE <b>LEE</b>	1C. LAST (FAMILY) <b>LOUCKS</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/02/1952</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>05/28/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>San Diego Public Administration 5201 "A" Ruffin Road San Diego, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>El Camino Mortuary 5600 Carroll Canyon Road San Diego, CA 92121</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F 1260</b>	8A. SIGNATURE OF APPLICANT—Permit taking permit, <i>Kathleen Pontillo</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>1-21-93</b>			

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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/21/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>K. Pontillo</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery 3751 Market St. San Diego, CA 92102</b>	11B. DATE BURIED <b>9-21-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Aragon</i>
	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

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 Sept. 14 93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eugene Martin  
 in a T-5 Vault Funeral, date, time Mon, 9/20 11:00 AM

Church, Chapel, Graveside Church + Grav. Lagarde 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. L.C.

War time veteran No

✓ Lot 265 Grave 11 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup..... 375.00

Burial Container..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes..... 19.38

**PAID**  
 OCT 27 1993  
 MT. HOPE CEMETERY  
 CITY OF SAN DIEGO, CALIF.

Total Due..... 1669.38

Paid receipt number 44107 400.00

Balance due 1269.38  
OVER

I hereby certify I am the Step 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 \_\_\_\_\_

Leon Cantu  
 Signature  
3014 C ST  
 Address  
SAN DIEGO, CA 92102  
 City 235-0500 Zip Code  
 Telephone

Work Order # **E 11058**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Balance

paid  
10/27/93

1269.38	
<u>- 304.27</u>	check # 159
965.11	
<u>- 17.00</u>	check # 160
948.11	
<u>- 948.11</u>	check # A-015307-18
Ø	Balance due

MT. HOPE CEMETERY

W.O. # E-11058

# NOTE

\$ 1269.38 San Diego, California 9/15 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 Twelve hundred sixty-nine and  $\frac{38}{100}$  DOLLARS with interest from Oct. 20<sup>th</sup> 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 LEON COATS SR SIGNATURE Leon Coats Sr

ADDRESS 3014 E ST SAN DIEGO, CA-92102

CALIFORNIA DRIVER LICENSE NUMBER 7H0578055 SSN # 438-44-3425



E 11058.

# 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) <b>Eugene</b>	1B. MIDDLE <b>V.</b>	1C. LAST (FAMILY) <b>Martin</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/19/1928</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/12/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>La Mesa</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INCEMENT <b>Leathel Martin - Wife 850 S. 33rd St. San Diego, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>D. Williams</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>09/20/1993</b>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308346</b>	

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 09/20/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308346</b>
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 <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Marekt St. San Diego, CA</b>	11B. DATE BURIED <b>9-20-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Trages</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <i>metal/non-sealer</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44107

Date: 9/15 . 19 93

From: Leon Coats Sr. Address: 3104 C ST., San Diego 92102

Four hundred and 00/100 Dollars (\$ 400.00 )

In Part Payment of Interment of Eugene Martin

Lot 265 Grave 11 Row \_\_\_\_\_ Section 2 2 Division Block

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11058  
 BALANCE DUE \$ 269.33

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	<u>400.00</u>
	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	\$	<u>400.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44265

Date: 12/21, 19 93

From: LEON CURTIS / HEATHER Address: 3014 C ST SD CA 92102

TWELVE THOUSAND SIX HUNDRED AND 38/100 Dollars (\$ 12,693.38)

In Full Payment of INSTALLMENT OF FUNERAL MOUNTAIN

Lot 265 Grave 11 Row \_\_\_\_\_ Section 2 Division Block 2

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11058

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91) = 159

= 160 SA-01707-18

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	159 00
80% Sales of Lots	100	236 00
Opening/Closing	100	975 00
Burial Containers	100	250 00
	100	185 00
Handling Fee	77185	
Recording & Misc. Fees	100	55 00
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	10 38
	78380	
TOTAL PAID	\$	12693 38



11058



CITY OF SAN DIEGO, CALIFORNIA  
GENERAL INVOICE

WHITE - CUSTOMER  
YELLOW - RETURN  
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.

P.O. BOX 2299

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE 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 10-7-93  
BY: CA Ⓢ IF  
PAYMENT REF NO 430085 | AMT PAID: 386.00

INVOICE DATE 11/03/93      PAYMENT DUE 12/03/93      PERIOD COVERED OCTOBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:  
KATHY WIGDAHL      REF NO: E-11057  
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
DONALD LOUCKS SERVICES PA #1150251 LOT 88; GR. 12B; 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, PLUS 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 227512

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Sept. 15, '93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of DOUGLAS B. AMES

in a Double Depth Crypt Funeral, date, time Fri, 9/17 3:00 pm

Church, Chapel, Graveside Graveside Only 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. Viriae Ames

War time veteran YES

Lot 122 Grave 4 Row \_\_\_\_\_ Section 1 Division 11

Grave space & Care Fund ..... 895.00

Additional spaces and care fund .....

Opening/Closing & Setup..... 375.00

Burial Container..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee ..... 45.00

Recording and filling fee .....

Sales taxes ..... 29.45

Total Due ..... 2044.45

Paid receipt number 44109 511.00

10/21/93 44282 - 1533.45

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 \_\_\_\_\_

Local Tel # 298-5393

Work Order # **E 11059**

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

**PAID**  
OCT 28 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

*30 Day Note*

Balance due 0  
Balance due 0

Viriae Ames  
Signature  
2363 Larkin St. # 31  
Address  
SAN FRANCISCO, Ca. 94109  
City  
(415) 921-4351 Zip Code  
Telephone



MT. HOPE CEMETERY

W.O. # E-11059

**NOTE**

\$ 1533.45 San Diego, California Sept 15 1993

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order of 3751 Market Street, San Diego, CA 92101, the sum of Fifteen Hundred Thirty-Four 45/100 DOLLARS with interest from October 17, 1995 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 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 VIVIANE AMES SIGNATURE Viviane Ames

ADDRESS 2363 Larkin St. San Francisco, CA. 94109

CALIFORNIA DRIVER LICENSE NUMBER N0246389 SSN # 563-70-8402



E 11059

# 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) <b>DOUGLAS</b>	1B. MIDDLE <b>BREWSTER</b>	1C. LAST (FAMILY) <b>AMES</b>	2. DATE OF BIRTH MONTH DAY, YEAR <b>06/04/1907</b>	3. DATE OF DEATH MONTH DAY, YEAR <b>09/14/1993</b>	4. SEX <b>M</b>	
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>VIVIANE AMES - DAUGHTER</b> <b>2363 LARKIN STREET #31</b> <b>SAN FRANCISCO, CA 94109</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>LEWIS COLONIAL/BEMBOUGH MORTUARY</b> <b>3051 EL CAJON BLVD SAN DIEGO, CA 92104</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 480</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED <b>09/16/1993</b>
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 7109 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>SEP 16 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>VITAL RECORDS...P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>9-17-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED <i>[Signature]</i>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	13B. DATE RECEIVED <i>[Signature]</i>	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b>	14B. DATE SHIPPED <i>[Signature]</i>	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	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 <b>N/A</b>	15B. DATE OF DISPOSITION <i>[Signature]</i>	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

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

44108



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

Date: Sept 15, 1993

From: Vivianne Omas Address: 2363 Larkin St. #31 S.F. 94109

In Five Hundred Eleven Dollars (\$ 511.<sup>00</sup>)

Payment of Statement of Douglas Omas

Lot 122 Grave 4 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11059

BALANCE DUE 1533.45

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 [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>511.00</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
	77185	
	100	
	77183	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>511.00</u>

402

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
527-3400

44283

Date: 10/25, 1997

From: Douglas-Viviane Ames Address: 2122 Univ St. S.D. CA 92104

Four hundred-twenty and 00/100 Dollars (\$ 420.00 )

In Lot Payment of Pre-need trust (2nd time)

Lot 122 Grave 4 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11059

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. [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	<u>375.00</u>
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	<u>75.00</u>
Pre-Need Trust	63033	
	6022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>420.00</u>



OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44282

Date: 10/21, 19 03

From: Drugs - Young Ladies Address: 2122 Union St S.D. CA 92104

P.P. received check from acct 45/100 Dollars (\$) 1533.45

In full Payment of Invoice of Drugs 3 hours

Lot 122 Grave 4 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11050

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-01)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>170</u>	<u>00</u>
80% Sales of Lots	100	<u>205</u>	<u>00</u>
77184			
Opening/ Closing	100	<u>375</u>	<u>00</u>
77181			
Burial Containers	100	<u>380</u>	<u>00</u>
77182			
Handling Fee	100	<u>220</u>	<u>00</u>
77185			
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101	<u>29</u>	<u>45</u>
78390			
TOTAL PAID	\$	<u>1533</u>	<u>45</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Sept. 15 '93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CHARLES MANSFIELD

in a T.S. Vault Funeral, date, time Fri, 9/17 1:00pm

Church, Chapel, Graveside Del Rey : 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 \_\_\_\_\_

✓ Lot 4586 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre Need (E-4264) \_\_\_\_\_

\*Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup " " " Price Not Guaranteed \_\_\_\_\_ 110.00

\*Burial Container " " " \_\_\_\_\_ 120.48

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee " " " \_\_\_\_\_ 10.00

Sales taxes \_\_\_\_\_

**PAID IN FULL  
9-17-93**

Total Due 240.48

Paid receipt number 44112 240.48

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 \_\_\_\_\_

Janet C. Burton  
Signature  
7387 Broadway  
Address  
Lemon Grove  
(619) 460-4601  
Telephone  
Zip Code \_\_\_\_\_

Work Order # **E 11060**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

€ 11060.

# 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) <b>CHARLES</b>	1B. MIDDLE <b>ROSS</b>	1C. LAST (FAMILY) <b>MANSFIELD</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>10/31/1914</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/13/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>CO. OF SAN DIEGO PUBLIC ADMIN. 5301-A RUFFIN ROAD SAN DIEGO, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-941</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Karen Warrant</i> <b>09/16/1993</b>		

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.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/17/1993</b> <i>Karen Warrant</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308300</b>
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.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS — P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>9-17-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Targue</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44112

Date: 9-17, 1995

From: Consolidated Mortuary Address: 7587 Selway Lane Green

Two Hundred Forty Dollars (\$240.00)

In Payment of Statement of Charles Mansfield

Lot 4516 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Accl. No. \_\_\_\_\_

W.O. F-11060

BALANCE DUE ✓

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 White

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
77184		
Opening/Closing	100	<u>110.00</u>
77181		
Burial Containers	100	<u>130.48</u>
77182		
Handling Fee	100	
77185		
Recording & Misc. Fees	100	<u>10.00</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>240.48</u>

*Casket Size*  
W-13"  
L-24"  
H-9"

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-16-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jordan Slack

in a \_\_\_\_\_ Funeral, date, time Fri, 9/17 11:00AM

Church, Chapel, Graveside Chapel + grave - Calif Burial Mortuary (Linda)

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. [Signature]

War time veteran No

✓ Lot 3622 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division 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 44134 270.00

Balance due 0

*PAID IN FULL*  
*9-20-93*

*Mortuary to check mortuary to bury baby*

I hereby certify I am the [Signature] 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 9960 KITA CT. #608

City San Diego CA Zip Code 92129

Telephone 689-9951

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E 11061**



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11061

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Jordan</b>	1B. MIDDLE <b>Elizabeth</b>	1C. LAST (FAMILY) <b>Slack</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/09/1993</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/09/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Kenneth Slack—Father 9960 Kika Court #6018 San Diego, CA 92129</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Crenation &amp; Burial Chapel 5602 El Cajon Blvd., San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
NONRESIDENTS OF CALIFORNIA: 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.		8B. DATE SIGNED <b>09/15/1993</b>			

<b>PERMIT</b> 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/15/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Kyle Chase 9308198</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> <b>Vital Records—P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small>		

10. AUTHORIZED DISPOSITION(S): CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery San Diego, CA</b>	11B. DATE BURIED <b>9-17-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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

44134

Date: Sept 20, 19 93

From Colly Burial Address: 5002 El Cajon Blvd, St

In Two thousand five hundred Dollars (\$ 2500.00)  
 Payment of Amount of sales - prepaid

Lot 3622 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 11061

BALANCE DUE ✓

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.

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
80% Sales of Lots	100	<u>20</u>	<u>00</u>
	77184		
Opening/Closing	100	<u>125</u>	<u>00</u>
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>250</u>	<u>00</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-16-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lloyd Roberts

In a LINER Vault/Liner Funeral, date, time June 9/21 10AM

Church, Chapel, Graveside Shrineside HUMPHREY 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 No

✓ Lot 3726 Grave      Row      Section      Division/Block 10

Grave space & Care Fund Pre Paid (D-0029)     

Additional spaces and care fund     

Opening/Closing & Setup 375.00

Burial Container 190.-

Handling Fees 145.-

Flower vases - Marker setting fee SEP 20 1993

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number 44135 769.73

Balance due 0

I hereby certify I am the Dan Lee 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

McGowan  
Signature  
1030 N. Greenfield  
Address  
Porterville Ca. 95257  
City  
209-781-5062 Zip Code  
Telephone

Work Order # E 11062

PY-593 (Rev. 8-92)

Invoice #     

Acct. #



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

E 11062.

5457

3/2/1971

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Lloyd W. and Ruby P. Roberts for the sum of \$ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 3726 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER D-0029

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 / 100  
Cemetery Manager

Julian Johnson  
Director of Parks and Public Facilities



E 11062

# 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) <b>Lloyd</b>	1B. MIDDLE <b>William</b>	1C. LAST (FAMILY) <b>Roberts</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/03/1910</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/16/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Tulare</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>Tulare</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Maxine Houston - Daughter 1030 No. Greenfield Porterville, CA 93257</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Webb-Sanders Funeral Home 163 So. Mirage Ave., Lindsay, CA 93247</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD501</b>	6A. SIGNATURE OF APPLICANT—Person taking permit, 6B. DATE SIGNED <i>Terry Lee Smith</i> 9/17/93		

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	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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>9/17/93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>1062 So. "K" St., Tulare, CA 93274</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>1700 Pacific Hwy., San Diego, CA 92101</b>	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery 3751 Market St., San Diego, CA</b>	11B. DATE BURIED <b>9-21-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Joaquin</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>metal sealer</i>	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

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

44135

Date: 9-20- 19 93

From: MAXINE HOUSTON Address: 1030 N. Greenfield, Porterville, CA

Seven hundred sixty-nine and 73/100 Dollars (\$ 769.73 )

In Full Payment of Interment of Lloyd Roberts

Lot ~~3726~~ 3726 Grave 1 Row - Section - Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 11062

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

529

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY W.J. Tergul

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	375	-
	77181		
Burial Containers	100	190	-
	77182		
	100	145	-
Handling Fee	77185		
Recording & Misc. Fees	100	45	-
	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	60101	14	73
	78390		
TOTAL PAID	\$	769	73

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Sept. 20, 1993

*DISINTERMENT*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Steven Richard Grandner

in a \_\_\_\_\_ Funeral, date, time 9/23 Thurs.

Church, Chapel, Graveside \_\_\_\_\_ Feathermills 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 54-B Grave - Row 6 Section 6 Division/~~Block~~ 5

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee Disinterment 1,000.00

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 1,000.00

Paid receipt number 44197 1,000.00

Balance due 0

*Buried As  
John Doe # 108809  
CC # 89-1958  
2-12-90*

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 11063**



E 11063

Cosmine Rollins

2257 Timbercreek  
Circle

Brea,  
92621

(714) 529-5362

E 11063

# 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) <b>STEVEN</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>GRANDNER</b>	2. DATE OF BIRTH <b>12/12/1933</b>	3. DATE OF DEATH <b>05/07/1985</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>Fallbrook</b>		6B. COUNTY OF DEATH—OUTSIDE CALIF. <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Corinne Rollino Sister 2257 Timber Creek Ct. Brea, CA 92621</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>1083</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED		
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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>SEP 20 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Donald S. Lawrence, M.B., M.P.H.</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222, San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>Los Angeles County, 313 N. Figueroa St. Los Angeles, CA</b>		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>n/a</b>	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Laneda Inc., 14065 Old Highway 80 El Cajon, CA</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>n/a</b>	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 <b>n/a</b>	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 DISTRICT OF DISPOSITION <b>Corinne Rollino 2257 Timber Creek Ct. Brea, CA 92621</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.



11063

### 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) <b>JOHN</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>DOE CG/89-1958</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>unk</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>Sept 7, 1989</b>	4. SEX <b>M</b>
---	-------------------	--	--	---	--------------------

5A. CITY OF DEATH <b>Fallbrook</b>	5B. COUNTY OF DEATH—OUTSIDE CALIFORNIA, ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>County Coroner 5555 Overland Ave., San Diego, CA 92123</b>
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7A. TYPED NAME AND ADDRESS OF APPLICANT—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Heath Funeral Home, National City, CA</b>	7B. CALIFORNIA LICENSE NUMBER IF APPLICABLE <b>607</b>
---	--

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 <i>Howard Heath</i>	8B. DATE SIGNED <b>Feb 12, 1990</b>
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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 <b>\$4.00</b>	9B. DATE PERMIT ISSUED <b>FEB 12 1990</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Ronald L. Brown, M.D.</i>
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9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Box 85222, San Diego, CA 92138</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
--	--

TYPE OF DISPOSITION(S) AUTHORIZED CHECK ALL APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> F. DISINTERMENT	<input type="checkbox"/> I. DISPOSITION PENDING

**FOR CORONER'S USE ONLY**

COMPLETE ALL APPLICABLE ITEMS	INTERMENT	11A. NAME AND ADDRESS OF CEMETERY <b>Mt. Hope Cemetery San Diego, CA</b>	11B. DATE INTERRED <b>FEB 12, 1990</b>	11C. SIGNATURE OF PERSON IN CHARGE OF INTERMENT <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF FACILITY RECEIVING REMAINS <i>Cardboard N/A 54-Kow6-6-5 top + sides, Wooden bottom</i>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 71063

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 2-8-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe - Coroner's Case # 89-1958

in a \_\_\_\_\_ Vault/Line Funeral, date, time Monday 2/12,  
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 will be applied and billed to undersigned. War time veteran NO. CONTAINER will be 28" wide

✓ Lot 54B Grave \_\_\_\_\_ Row 6 Section 6 Division/Block 5

Grave space & Care Fund .....	<u>55.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>90.00</u>
Burial Container .....	_____
Handling Fees .....	_____
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	_____
Sales taxes .....	_____
Total Due .....	<u>145.00</u>

P.A. #1088009

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  
\_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
\_\_\_\_\_  
Telephone

Work Order # **E** 8520  
FY-583 (REV. 8-85)

Invoice # 097913  
Acct. # 000952

0. 0

2,377. -

103. =

2,274.00 \*

2,274. -

103. =

2,171.00 \*

2,171. +

103. +

=

2,274.00 \*

0. 0

0. 0

495. -

28. =

467.00 \*

Lot 54 - Kaslo: - the - 5

PA#1088009 E 11063



E 11063

Disinterment

~~2257~~  
CORINNE Rollino  
2257 Timbercreek  
Circle

Brea,  
92621

(714) 522-5362

---

Disinterment forth-  
coming  
form mailed to her.

LOTS 48 - 49 - 50 - 51 - 52 - 53 - 54

ROW 6

SECTION 6

DIVISION 5

E11063

6	DECEASED	OWNER	DATE & AMOUNT	BURIED	ORDER	REMARKS
48	FOURACRE, Clara Mae	FOURACRE, Harry R.	12/16/1957 60.00	12/17/1957	B-2660	
49	WHITE, Bruce (Infant)	Carmichael Co.	9-1917 5.00	9-13-1917		Q.C.300
50	MAYFIELD, Floyd			4/25/1967	C-4387	County Q.C.300
51	GRIFFIN, Bertha R.			4/25/1967	C-4386	County
52	NANCE, Ida M. CC #89-2598 DOE, John CC-89-1335	Public Administrator Public Admin. PA#1088017	2-16-90 \$55. 2-13-90 \$55.	2-22-1990 2-14-1990	E-8540 E-8530	TOP
53	DOE, John - TOP	Public Administrator	2-9-1990 \$55.	2-12-1990	E-8527	TOP ROW
54	DOE, John - MIDDLE DOE, John CC #89-1958	Public Administrator Public Admin. P.A. #1088009	2-08-1990 \$55. 2-8-1990 \$55.	2-12-1990 2-12-1990 *	E-8521 E-8520	Cardboard Box, top & sides, wooden bottom



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44197

Date: 10-16, 1993

From: Don Brundage Address: 351 Ocean Avenue, Miramar, CA

to Howard Dollars (\$ 1000 )

In Payment of Disbursement of Stone Grave

Lot 54B Grave - Row 6 Section 6 Division Block 5

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F-11063

BALANCE DUE \_\_\_\_\_

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	<u>1000 W</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>1000 W</u>

1521



July 23 1993

Dear Sir,

Enclosed please find our permission form for you to present our son, Steven Richard Brandon for burial in New York. Please notify my daughter, Corinne Rollino, of 2257 Timbercreek Ct. Brea, Cal 92621 Tel # 714-529-5362 of the next step in the process.

Thank you so much for your help, I can't express our need to bring our son's remains home for burial.

Sincerely Yours,  
Joan Brandon  
351 Ocean Ave  
Massapequa Park  
N.Y. 11762

(516) 541-4362



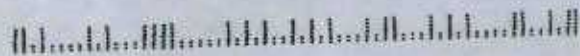
MR. & MRS F. GRANDNER  
351 OCEAN AVE  
MASSAPEQUA PK, NY 11762-1623



E11063



Mt Hope Cemetery  
3751 Market Street  
San Diego  
Cal 92101







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

E11063

E-8520  
PA #1088009  
JOHN DOE

AUTHORITY TO DISINTER, REMOVE OR REINTER

July 23 1993  
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Steven Richard Brandon

from Lot 54 Grave — Section 6 Row 6 Block — Division 5  
and to remove the same to and reinter said remains in Lot — Grave —  
Section — Row — Block — Division — 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
<u>Jean Brandon</u>	<u>Mother</u>	<u>351 Ocean Ave Mass PK NY 11762</u>
<u>Frankie Brandon</u>	<u>Father</u>	<u>351 Ocean Ave. Mass. P.K. NY 11762</u>
_____	_____	_____
_____	_____	_____

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) \_\_\_\_\_ Date \_\_\_\_\_

Timothy Mullady  
TIMOTHY MULLADY  
Notary Public, State of New York  
No. 4900165  
Qualified in Suffolk County  
Commission Expires 7/95

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Sept 20, '93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eva Todd

in a Vault Vault/Liner Funeral, date, time 9/22 Wed. 11:00 am.

Church, Chapel, Graveside Church/G.S.; Rogersdale 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 5072 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund Pre-Need (E-9407) Per 105.00

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 250.00

Handling Fees \_\_\_\_\_ 185.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 19.38

**PAID**  
OCT 26 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO CALIF

Paid receipt number 44137 245.00

Balance due 734.38

I hereby certify I am the Husband 10/26 44247 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 Anna Todd  
Address 2535-55th St  
San Diego CA 92105  
City \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone 262-7040

Work Order # **E 11064**

Invoice # \_\_\_\_\_

PY-593 (Rev. 8-92)

Acct. # \_\_\_\_\_

*original cost of Lot space*



MT. HOPE CEMETERY

W.O. # E-11064

## NOTE

\$ 734.38 San Diego, California Sept 20 1990

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 thirty-four <sup>38</sup>/<sub>100</sub> DOLLARS with interest from Oct. 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 AMOS TODD SIGNATURE Amos Todd

ADDRESS 2535-55th St San Diego Ca 92105

CALIFORNIA DRIVER LICENSE NUMBER B1274850 SSN # 448-20-6311



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11064

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Eva</b>	1B. MIDDLE <b>Jo</b>	1C. LAST (FAMILY) <b>Todd</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>08/07/1922</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/17/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Amos Todd - Husband 2535 55th St. San Diego, CA 92105</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragadale Mort.; 5050 Federal Blvd. San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8B. DATE SIGNED <b>09/22/1993</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10377 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 <i>Debbie Williams</i>		

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/22/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR <i>D. Williams</i>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL POSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP-IN TO CALIFORNIA
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT-TO OUTSIDE OF CALIFORNIA

**FOR CORONER'S USE ONLY**

I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>9-22-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Seeger</i>	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A metal / sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COMPLETE ALL APPLICABLE ITEMS

**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

44137

Date: 9/20, 1993

From: Evie Todd Address: 2535 55th St. S.D. 92105

Two hundred forty-five Dollars (\$ 245.00)

In part Payment of Interment of Evie Todd

Lot 5072 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11064

BALANCE DUE \$734.38

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 [Signature]

CREDIT	67007		
20% Sales Com	77184	<u>105</u>	<u>00</u>
80% Sales of Lots	77184	<del>140</del>	
Opening/Closing	77181	<u>140</u>	<u>80</u>
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>245</u>	<u>00</u>

OFFICIAL RECEIPT

44247



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: Oct 26, 19 93

From: Amos Todd Address: 2535 55th St S.D. CA 92105

Seven hundred thirty-four and 33/100 Dollars (\$ 734.33 )

In Full Payment of Interment of Eric Todd

Lot 5072 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11064

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	
60% Sales of Lots	100	
77184		
Opening/Closing	100	<u>235 00</u>
77181		
Burial Containers	100	<u>250 00</u>
77182		
Handling Fee	100	<u>135 00</u>
77185		
Recording & Misc. Fees	100	<u>45 20</u>
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	<u>19 38</u>
78380		
TOTAL PAID	\$	<u>734 38</u>



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-20-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Garry Lewis  
in a Liner Vault/Liner Funeral, date, time Thurs 9/23 2:00

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 Bernadine Lewis

War time veteran No

✓ Lot 237 Grave 3 Row \_\_\_\_\_ Section 2 Division/Block 12

Grave space & Care Fund ..... 895.-

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.-

Burial Container ..... 190.-

Handling Fees ..... 145.-

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.-

Sales taxes ..... 14.73

Total Due ..... 1664.73

Paid receipt number 44136 1000.00

Balance due 664.73

44195 664.73

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 \_\_\_\_\_

Bernadine Lewis  
Signature

2243 Harrison  
Address

San Diego, Ca 92113  
City Zip Code

(619) 231-0064  
Telephone

Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 11065

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11065

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Garry</b>	1B. MIDDLE <b>—</b>	1C. LAST (FAMILY) <b>Lewis</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>01/06/1963</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/16/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT <b>Bernadine Lewis-Mother 2243 Harrison Avenue San Diego, CA 92113</b>	
7A. TYPE, NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100326 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 <i>[Signature]</i>		8B. DATE SIGNED <b>09/21/1993</b>

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>Kyle Chase 09/21/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308425</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records—P.O. Box 85222 San Diego, CA 92186-5222</b>		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

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
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**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 <b>Mount Hope Cemetery San Diego, CA</b>	11B. DATE BURIED <b>9-23-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>metel v/sealaw</b>	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

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

44136

Date: 9-20, 19 93

From: D. S. Beighmon Address: 5210 Solola Ave S.D.C.A. 92110

200 Measurement Dollars (\$) 1000.00

In Payment of improvement for GARY LEWIS

Lot 237 Grave 3 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 11065

BALANCE DUE 664 73

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

+ 3%

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY V. Babitsky

CREDIT	67007		
20% Sales Care	77184	<u>179</u>	<u>00</u>
80% Sales of Lots	100	<u>716</u>	<u>00</u>
77184			
Opening/Closing	100	<u>105</u>	<u>00</u>
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	\$	<u>1000</u>	<u>00</u>



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44195

Date: 10-6, 19 93

From: Church of Christ Address: 237 No. 35th St SA

Six hundred sixty-four Dollars (\$ 664.<sup>73</sup>)  
 In Payment of Treatment of Grave, Burial

Lot 237 Grave 3 Row \_\_\_\_\_ Section 2 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11065

BALANCE DUE #

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81)

3879

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	<u>270</u> <u>00</u>
77181		
Burial Containers	100	<u>190</u> <u>00</u>
77182		
Handling Fee	100	<u>145</u> <u>00</u>
77185		
Recording & Misc. Fees	100	<u>45</u> <u>00</u>
77183		
Pre-Need Trust	63033	
9022		<u>14</u> <u>73</u>
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>664</u> <u>73</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Sept 20, '93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Coyes Leffries

in a Double Depth Crypt Funeral, date, time Fri, 9/24 11:00

Church, Chapel, Graveside Church & Grave - Riverside Mortuary 4 Mr. Ruppel

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. Carol Leff

War time veteran No

Lot 2467 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 995.00

Additional spaces and care fund .....

Opening/Closing & Setup Two (2) o/c @ 375.00 ..... 750.00

Burial Container ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee .....

Recording and filing fee 7.00 (2) rec fee @ 45.- ..... 90.00

Sales taxes ..... 29.45

Total Due ..... 2564.45

Paid receipt number 44139 2564.45

Balance due 0

**PAID**  
SEP 21 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

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 \_\_\_\_\_

Carol Leff  
Signature  
554 Jewell Drive  
Address  
San Diego, Ca. 92113  
City Zip Code  
(619) 263-3732  
Telephone

Work Order # **E 11066**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11066.

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Coyes</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>Jeffries</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>12/14/1934</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/18/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Hattie L. Jeffries - Wife 3994 "2" St. San Diego, CA 92113</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 70326 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; <i>Debbie Williams</i>		
			8B. DATE SIGNED <b>09/22/1993</b>		

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 09/22/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308499</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>9-24-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Trapp</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A metal sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44139



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: Sept. 21, 1993

From: Carol Jeffries Address: 554 Quince St, #11  
Twenty five Hundred Sixty Four - 450 Dollars (\$ 2564.45)  
In Payment of Statement of Carol Jeffries

Lot 2467 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-11066  
BALANCE DUE 45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

CREDIT	67007		
20% Sales Care	77184	<u>197</u>	<u>00</u>
80% Sales of Lots	77184	<u>496</u>	<u>00</u>
Opening/Closing	77181	<u>750</u>	<u>00</u>
Burial Containers	77182	<u>380</u>	<u>00</u>
Handling Fee	77185	<u>320</u>	<u>00</u>
Recording & Misc. Fees	77183	<u>90</u>	<u>00</u>
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	<u>29</u>	<u>45</u>
TOTAL PAID		\$ <u>2564</u>	<u>45</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

2540

ISSUED BY Wait

**MT. HOPE CEMETERY -  
INTERMENT ORDER**

City of San Diego

Date 9-20-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pearl Mae Lovell

in a DBL CRYPT Vault/Liner Funeral, date, time Thurs 9/23 10am

Church, Chapel, Graveside Chapel, Direct Burial Mortuary. Meikley 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 125 Grave 3 Rm Section 1 Division/Block 11

Grave space & Care Fund	<u>795.-</u>
Additional spaces and care fund	<u>375.-</u>
Opening/Closing & Setup	<u>380.-</u>
Burial Container	<u>320.-</u>
Handling Fees	<u>45.00</u>
Flower vases - Marker setting fee	<u>29.45</u>
Recording and filing fee	<u>1944.45</u>
Sales taxes	<u>300.-</u>

**PAID**  
SEP 20 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF

Total Due 1944.45

Paid receipt number 44138 300.-

Balance due 1644.45  
VISA 1644.45

I hereby certify I am the X 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.

X Thomas, Jay Gould  
Signature  
X 12355 LINROE DR  
Address  
X Lakeside Ct 92040  
City Zip Code  
X 443-0600  
Telephone

Signature of recorded holder of deed \_\_\_\_\_

Work Order # E 11067

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11067

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>PEARL</b>	1B. MIDDLE <b>MAR</b>	1C. LAST (FAMILY) <b>LOVELL</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>04/19/1915</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/19/1993</b>	4. SEX <b>FEMALE</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>THOMAS LOVELL, SON 12355 LINCOLN DRIVE LAKEVIEW, CA 92040</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>		7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>P-119</b>	8A. SIGNATURE OF APPLICANT—Person being permit, <i>Ed Leath</i>		8B. DATE SIGNED <b>09/22/1993</b>

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.

<b>PERMIT</b> 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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>09/22/1993</b> <b>STACY NILES</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308492</b>
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 <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	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	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY)</b>	11B. DATE BURIED <b>9-23-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy J. Traylor</i>	
	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

44138



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: 9-20, 19 93

From: Thomas Lovell Address: 12355 Linlode Dr. LAKESIDE

Three hundred and x/100 Dollars (\$ 300.- )

In Part Payment of Interment Service for Pearl Mae Lovell

Lot 125 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 11

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E 11067  
BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

CREDIT	67007	<del>157</del>
20% Sales Care	77184	
80% Sales of Lots	77184	<u>300</u> <del>630</del>
Opening/Closing	77181	<del>300</del>
Burial Containers	77182	<del>300</del>
Handling Fee	77185	<u>340</u>
Recording & Misc. Fees	77183	<del>450</del>
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	<del>51.45</del>
TOTAL PAID	\$	<u>300 -</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

382

ISSUED BY W. J. Taguer

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Glady's Timerson

in a Double-Depth Crypt Funeral, date, time Thurs 9/23 2:00 PM

Church, Chapel, Graveside Wesley + Grace Ragsdale 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. Grace Benby

War time veteran No

✓ Lot 108 Grave 8 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup One (1) o/c ..... 375.00

Burial Container ..... 350.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee .....

Recording and filing fee One (1) rec fee ..... 45.00

Sales taxes ..... 29.45

**PAID**  
SEP 22 1993

Total Due ..... 1944.45

Paid receipt number 44/53 1944.45

Balance due 0

I hereby authorize Grace Benby 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 \_\_\_\_\_

Grace Benby  
Signature

174 S. Royal Oak Dr  
Address

San Diego Ca 92114  
City Zip Code

(619) 479-9237  
Telephone

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E** 11068



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11068

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Gladys</b>	1B. MIDDLE <b>Lee</b>	1C. LAST (FAMILY) <b>Jimerson</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>04/21/1932</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/19/1993</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>El Cajon</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>William H. Jimerson - Husband 202 N. 29th St. San Diego, CA 92102</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>		7B. CALIF. LICENSE NUMBER—IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>W. Williams</i>			8B. DATE SIGNED <b>09/22/1993</b>

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.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/22/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308473</b>
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.			
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 <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>9-23-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy De Longo</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44153

Date: Sept. 22, 1993

From: Grace Bentley Address: 174 S Royal Oak Ave. #11

Winterland Hundred Dollars (\$ 1744.45 )

In \_\_\_\_\_ Payment of Trust of Grace Bentley

Lot 108 Grave 7 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11068

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

2441

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT	67007		
20% Sales Care	77184	<u>159</u>	<u>00</u>
80% Sales of Lots	100	<u>636</u>	<u>00</u>
77184			
Opening/Closing	100	<u>375</u>	<u>00</u>
77181			
Burial Containers	100	<u>300</u>	<u>00</u>
77182			
Handling Fee	100	<u>320</u>	<u>00</u>
77186			
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033	<u>45</u>	<u>00</u>
9022			
Sales Tax	60101	<u>29</u>	<u>45</u>
78390			
TOTAL PAID	\$	<u>1944</u>	<u>45</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-21-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Bessie Leona Benyard

in a LINER Vault/Liner Funeral, date, time Wed 9/22 11am

Church, Chapel, Graveside Church of S. : CA 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. Janett Benyard

War time veteran No

✓ Lot 1306 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 0

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.-

Burial Container ..... 190.-

Handling Fees ..... 145.-

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.-

Sales taxes ..... 14.73

Total Due ..... 769.73

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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Janett Benyard  
Signature  
2343 Edenbridge Ln  
Address  
San Diego, CA  
City  
234-3272 at Hm Telephone  
479-5450 Zip Code

Invoice # 227503

Acct. # 079446

Work Order # **E** 11069

*60 day note*

*paid in full  
8-21-93*

MT. HOPE CEMETERY

W.O. # E 11069

# NOTE

\$ 769.73 San Diego, California 9-22- 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 Seven hundred sixty-nine and <sup>73</sup>/<sub>100</sub> DOLLARS with interest from 11-22-93 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 Jeanette Benyard SIGNATURE Jeanette Benyard

ADDRESS 2343 Edenbridge Lane

CALIFORNIA DRIVER LICENSE NUMBER N8419326 SSN # 554-08-3867



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11069

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Bessie</b>	1B. MIDDLE <b>Leona</b>	1C. LAST (FAMILY) <b>Benyard</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/19/1929</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/16/1993</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF DECEDENT <b>Everett Benyard, Sr.—husband</b> <b>3050 Webster Avenue</b> <b>San Diego, CA 92113</b>			
7A. TYPE, NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel</b> <b>5602 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kyle Chase</i>			8B. DATE SIGNED <b>09/21/1993</b>
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 7170 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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>Kyle Chase</b> <b>09/21/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308416</b>
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DISPOSITION IS TO OCCUR IN CALIFORNIA</small> <b>Vital Records P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small>		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>9-22-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Trague</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>metal sealed</b>	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

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

CITY OF SAN DIEGO, CALIFORNIA

40063



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

MOUNT HOPE CEMETERY  
527-3400

Date: 12/3/96, 1996

From: Jeanette Russ Barnard Address: 2343 Edenbridge Lane S.D. (in 9) 117

One hundred twenty-five 2/00 Dollars (\$ 125.00)

In Full Payment of Installation fee of marker for Pessie Barnard

Lot 1306 Grave      Row      Section      Division Block 10

Invoice No.     

Acct. No.     

W.O. E-11009

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

ISSUED BY Kay, Calk

*Property Transfer*

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego.

Date 9-21-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of from Gene E. Whitley To Jeanette Bergard

in a \_\_\_\_\_ 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 1306 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

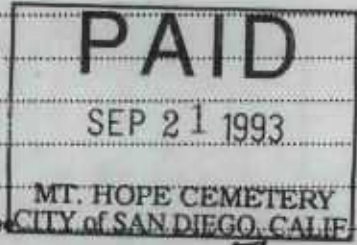
Recording and filing fee \_\_\_\_\_ *Transfer* 45-

Sales taxes \_\_\_\_\_

Total Due 45-

Paid receipt number 44156 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 \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # E 11070





CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

E 11070

10/28/1970

5227

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO John A. and Mildred E. Thornbury for the sum of \$ 165.00 (DOLLARS)

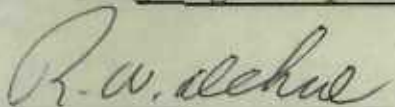
LEGAL DESCRIPTION Lot 1306 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER C-9276

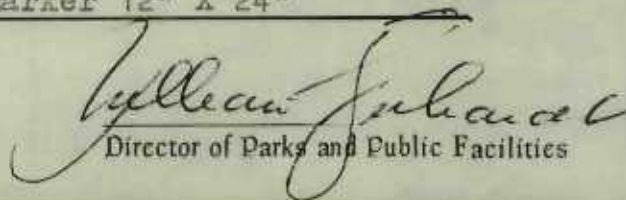
According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care 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"



Cemetery Manager



Director of Parks and Public Facilities

# GENE E. WHATLEY AGENCY

P.O. Box 178  
BONITA, CALIFORNIA 91908

E 11070

**Cemetery Broker**

**Telephone: 482-9742**

## TRANSFER INFO FORM

Please transfer the following property described as:

Division 10, Lot 1306

in Deed/Certificate number 5227 from Mount Hope Memorial Park  
dated 10/28/70 to:

### NEW OWNER

NAME: Jeanette Benyard  
ADDRESS: c/o P.O. Box 178  
CITY: Bonita STATE: CA ZIP: 91908

### FROM ASSIGNOR

NAME: \_\_\_\_\_  
by Gene E. Whatley, Attorney in Fact  
ADDRESS: P.O. Box 178  
CITY: Bonita STATE: CA ZIP: 91908  
ACCOUNT NUMBER 1189MH



**POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS: That \_\_\_\_\_

John A. and Mildred E. Thornbury

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints GENE E. WHATLEY a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his 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 follows: \_\_\_\_\_

Division 10, Lots 1305 and 1306

at Mount Hope Cemetery

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary, or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

John A. Thornbury  
Signature

Mildred E. Thornbury  
Signature

State of California County of San Diego

On May 21, 1993 before me, the undersigned, a. Notary Public in and for said State personally appeared \_\_\_\_\_

John A. Thornbury and Mildred E. Thornbury  
Personally known to me (or proved to me on the basis of satisfactory evidence), to be the person/s whose name/s is/are subscribed to the within instrument, and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal.

Cherie J Farst  
Notary Public in and For Said State





OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44156

Date: 9-22, 1993

From: Tyrone Brown Address: 1746 Euclid Ave, S.D. CA 92105

Forty-five and 00/100 Dollars (\$ 45.00 )

In Full Payment of Transfer Fee

Lot 1306 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 11070

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

1499

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		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100	45	-
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
<b>TOTAL PAID</b>	<b>\$</b>	<b>45</b>	<b>-</b>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Sept. 21, '93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Jorge BETANCOURT PA # 1150227

in a Hnek Vault/Urns Funeral, date, time MONDAY 9/27 1:00

Church, Chapel, Graveside Del Oro Guadalupe 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 101 Grave 3B 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 \_\_\_\_\_

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 # 227521

Acct. # 000952

Work Order # **E** 11071

PY-593 (Rev. 8-92)

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11071

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEDOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>JORGE</b>	1B. MIDDLE <b>ARAMBURO</b>	1C. LAST (FAMILY) <b>BETTANCOURT</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/05/1950</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/13/93</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF REGISTRAR <b>PUBLIC ADMINISTRATOR 5201-A RUFFIN RD. SAN DIEGO, CA. 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GOADALUPANA MEN. CHAPEL &amp; MORT. 2601 IMPERIAL AVE., S.D.C., CA. 92102</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1425</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
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.		8B. DATE SIGNED <b>09/23/98</b>			

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$ 7.00</b>	9B. DATE PERMIT ISSUED <b>09/23/98</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308535</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <small>IF DEATH OCCURRED IN CALIFORNIA</small> <b>VITAL RECORDS, P.O. BOX 85222 SAN DIEGO, CA. 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— <small>IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</small>		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA. 92102</b>	11B. DATE BURIED <b>9-27-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Teague</i>
	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

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.





Family May  
Come in late.

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Sept. 21, 1993

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of David Murray  
in a Double Death Crypt Vault/Cher Funeral, date, time Thurs 9/23 1:00pm

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

will be applied and billed to undersigned Augusta Murray

War time veteran No

Lot 1233 Grave — Row — Section — Division Block 10

Grave space & Care Fund ..... 995.00

Additional spaces and care fund .....

Opening/Closing & Setup One (1) of RAID ..... 375.00

Burial Container ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee One (1) of RAID ..... 29.45

Sales taxes ..... 2144.45

Total Due ..... 536.00

Paid receipt number 44157 536.00

Balance due 1608.45

30 Day Note

I hereby certify I am the Mother + Late fee 150 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

Augusta Murray  
Signature  
4505 Hilltop Dr  
Address  
San Diego Ca 92107  
City  
262-2614  
Telephone

Work Order # **E** 11072

Invoice # 227168

Acct. # 079430

balance

\$1758.45

paid 10/22/93 800.00 (REC. 44238)

\$958.45

- 200.00

Auxillary invoice

\$758.45

- 758.45

Auxillary invoice

0

Balance  
due



MT. HOPE CEMETERY

W.O. # E-11072

**NOTE**

\$ 1608.45 San Diego, California Sept 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 Sixteen Hundred Eight 45/100 DOLLARS with interest from October 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 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 ARGUSTA Murray SIGNATURE Argusta Murray  
ADDRESS 4505 Hilltop Dr. San Diego Calif 92102  
CALIFORNIA DRIVER LICENSE NUMBER G0573802 SSN # 546-40-3833

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11072

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>David</b>	1B. MIDDLE <b>LeRoy</b>	1C. LAST (FAMILY) <b>Murray</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>12/16/1953</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/17/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>El Cajon</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE <b>Agustina Murray—Mother</b> <b>4505 Hilltop Drive</b> <b>San Diego, CA 92102</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel</b> <b>5602 El Cajon Blvd. San Diego, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>		8B. DATE SIGNED <b>09/22/1993</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 101776 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 <i>[Signature]</i>		

PERMIT	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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/22/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Ryle Chase</b> 9308496
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DISPOSITION OCCURS IN CALIFORNIA <b>Vital Records—P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>9-23-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>metal w/sealed</b>	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

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

WHITE - CUSTOMER  
YELLOW - RETURN  
WITH PAYMENT

11072

MAKE REMITTANCE PAYABLE TO CITY TREASURER,

P.O. BOX 2280

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

ARGUSTA MURRAY  
4505 HILLTOP DR.  
SAN DIEGO, CA 92102

ACCT NO  
079430

-----TREASURERS USE ONLY-----

PAYMENT DATE 11/3/93 | *inv. 227168*  
BY: CA  CK IF  HD |  
#3262  
PAYMENT REF NO E-11072 | AMT PAID: \$200.00

INVOICE DATE 11/02/93      PAYMENT DUE 12/02/93      PERIOD COVERED OCTOBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:  
KATHY WIGDAHL      REF NO: E-11072  
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
DAVID MURRAY SERVICES	
LOT 1233 DIV. 10	995.00
OPENING/CLOSING	375.00
DOUBLE DEPTH CRYPT	380.00
HANDLING FEE	320.00
TAX ON DBL. DEPTH CRYPT	29.45
RECORDING FEE/LATE FEE	195.00
LESS PAYMENT 44157/44238	1,336.00-

TOTAL DUE 958.45

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, RETURN WITH PAYMENT 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 227168



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44157

Date: Sept. 21, 19 93

From: Virginia Murray Address: 4505 Laurel Dr. SA

Five Hundred Thirty-Six Dollars (\$ 536 )

In Payment of Interment of David Murray

Lot 1233 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11072

BALANCE DUE \$1608.43

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

3243

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY Wick

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>536</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	63033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>536</u>

OFFICIAL RECEIPT

44238



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: 10/22, 1903

From: Auguste Murray Address: 4526 Wilton Dr S.D. 92102

Eight hundred and no Dollars (\$ 800.00 )

In Part Payment of Interment of David Murray

Lot 1233 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11072

BALANCE DUE \*959.45

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-81) 137707812

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
"PAID" IN THIS SPACE.

ISSUED BY [Signature]

CREDIT	87007		
20% Sales Care	77184	<u>199</u>	<u>00</u>
80% Sales of Lots	100	<u>260</u>	<u>00</u>
Opening/Closing	100	<u>341</u>	<u>00</u>
Burial Containers	77181		
	100		
Handling Fee	77182		
Recording & Misc. Fees	77185		
Pre-Need Trust	60033		
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>800</u>	<u>00</u>

11072

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
227168	11/02/93	079430	ARGUSTA MURRAY				11/05/93	CK	E-11072	200.00	958.45	758.45 PARTIAL PAYMENT
			100 072		77181	000072				7.09		
			100 072		77182	000072				79.29		
			100 072		77183	000072				40.69		
			100 072		77185	000072				66.77		
			60101		78390					6.16		

E-11072

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
227168	11/02/93	079430	ARGUSTA MURRAY				11/23/93	CK	E-11072	758.45	958.45	0.00 PAID IN FULL
			100 072		77181	000072				26.91		
			100 072		77182	000072				300.71		
			100 072		77183	000072				154.31		
			100 072		77185	000072				253.23		
			60101		78390					23.29		

E-11072



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of EUGENE JAMES PA #1151118

in a LINER Funeral, date, time Mon 9/27 10:00

Church, Chapel, Graveside Chapel + Graveside CONRAD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ (John)

will be applied and billed to undersigned. \_\_\_\_\_

War time veteran No

Lot — Grave 29 Row 12 Section 3 Division/~~Block~~ 2

Grave space & Care Fund Pre-Need (C-5408) Ø

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 331.00

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_

Total Due \_\_\_\_\_ 376.00

Paid receipt number paid invoice 376.00

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

Work Order # **E** 11073

Invoice # 228399

Acct. # 079810

*PA - ROMA STRONACH  
694-3502*

*paid in full 1-10-94  
SPL COUNTY*

NAME Eugene James

ACCT. NO.

ADDRESS 3420 Nile Street, San Diego, 92104

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6-5-90	Pre-Need Trust: Opening/Closing; Liner; Handling Fee; Recording Fee, tax on liner	\$607.25			\$607.25
6-5-90	Receipt #39321			15.00	592.25
7-5-90	Coupon 1, Receipt 39445			24.00	568.25
9-5-90	Coupon 2, Receipt 39669			24.00	544.25
10-2-90	Coupon #3, Receipt 39770			24.00	520.25
12-4-90	Coupon #4, Receipt 39953			48.00	472.00
3-4-90	Coupon #6, Receipt 40377			24.00	448.00
8-5-91	Coupon #7 " 40931			24.00	424.00
12-3-91	Coupon 8, Receipt #41703			24.00	400.00
3-4-92	Coupon 9, Receipt #41957			24.00	376.00



E 11073.

# 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) <b>EUGENE</b>	1B. MIDDLE <b>ANDREW</b>	1C. LAST (FAMILY) <b>JAMES</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>02/10/1917</b>	3. <del>DEATH</del> DEATH MONTH, DAY, YEAR <b>09/18/1993</b>	4. SEX <b>M</b>	
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>CO. OF SAN DIEGO PUBLIC ADMIN. 5301-A RUFFIN ROAD SAN DIEGO, CA 92123</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-941</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <b>Karen Warrant</b>			8B. DATE SIGNED <b>09/23/1993</b>

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/23/1993</b> <b>Karen Warrant</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308562</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS — P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S): CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102</b>	11B. DATE BURIED <b>9-27-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Wendy Jo Janko</b>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	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

WHITE - CUSTOMER  
YELLOW - RETURN  
WITH PAYMENT

E 11073

MAKE REMITTANCE PAYABLE TO CITY TREASURER,

P.O. BOX 2299

SAN DIEGO, CALIFORNIA 92112

PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

PUBLIC ADMINISTRATOR-COUNTY OF S.D.  
5301-A RUFFIN ROAD  
SAN DIEGO, CA 92123  
SAN DIEGO CA 92123

ACCT NO  
079810

TREASURERS USE ONLY

PAYMENT DATE 1-10-94

BY: CA CR IF

PAYMENT REF NO 04-448241

AMT PAID: \$376.-

INVOICE DATE  
11/24/93

PAYMENT DUE  
12/24/93

PERIOD COVERED  
OCTOBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:  
KATHY WIGDAHL REF NO: E-11073  
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619-527 3400

DESCRIPTION OF CHARGES AMOUNT

EUGENE JAMES SERVICES  
P.A. #1151118  
OPENING/CLOSING  
RECORDING FEE

**PAID**  
JAN 11 1994  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF

331.00  
45.00

TOTAL DUE 376.00

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, RETURN WITH PAYMENT 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 228399

**MT. HOPE CEMETERY  
INTERMENT ORDER**

**PRENEED LOT AND  
PRENEED TRUST** *for*

City of San Diego

Date 9-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ODIE CHANEY

in a LINER Funeral, date, time FRI 11/12 10:00 AM.

Church, Chapel, Graveside Church + GS ; HAYER 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 10 Grave 3 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund .....	<u>995.00</u>
Additional spaces and care fund .....	_____
Opening/Closing & Setup .....	<u>375.00</u>
Burial Container .....	<u>190.00</u>
Handling Fees .....	<u>145.00</u>
Flower vases - Marker setting fee .....	_____
Recording and filing fee .....	<u>45.00</u>
Sales taxes .....	<u>14.73</u>

**PAID**  
NOV 16 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF

Total Due \$ 1764.73

Paid receipt number 44358 1764.73

Balance due 0

*Public Counselor  
IRENE PRENTICE  
654-3522*

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** 11074  
PY-593 (Rev. 8-92)



E 11074

CONSERVATORSHIP OF (NAME): ODIE CHANEY, also known as DOLLY CHANEY,  
aka DOLLY ODIE CHANEY, Conservatee

CASE NUMBER

LETTERS OF CONSERVATORSHIP

Page 2

AFFIRMATION

I solemnly affirm that I will perform the duties of  conservator  limited conservator according to law.

Executed on (date): 3/9/92, at (place): SAN DIEGO, CALIFORNIA

By Barbara A. Baker  
(Signature of appointee)

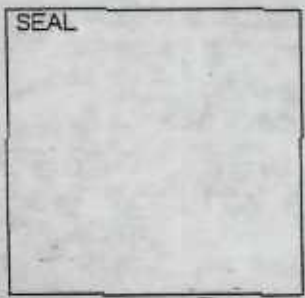
CERTIFICATION

I certify that this document and any attachments is a correct copy of the original on file in my office, and that the letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

MAY 13 1993

Dated: .....

Clerk, by A. Ramos, Deputy  
A. RAMOS 93





OR PARTY WITHOUT ATTORNEY (Name and address):

TELEPHONE: (619) 694-3500

FOR COURT USE ONLY

RECORDED RETURN TO:

**FILED**  
PROBATE EXAMINING  
SAN DIEGO, CA

MAR 16 1992

**KENNETH E. MARTONE**  
CLERK-SUPERIOR COURT  
SAN DIEGO COUNTY, CA

LLOYD M. HARMON, JR., COUNTY COUNSEL  
BY: CHERYL K. CARTER, DEPUTY - STATE BAR #125540  
5777 A RUFFIN ROAD, SAN DIEGO CA 92123

ATTORNEY FOR (Name): BARBARA A. BAKER, PUBLIC GUARDIAN

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

STREET ADDRESS: 1501-55 Sixth Avenue

MAILING ADDRESS: P. O. Box 128

CITY AND ZIP CODE: San Diego, CA 92112-4104

BRANCH NAME: Family Court Building

CONSERVATORSHIP OF (NAME): ODIE CHANEY, also known as DOLLY CHANEY,  
aka DOLLY ODIE CHANEY,  
Conservatee

**LETTERS OF CONSERVATORSHIP**

Person  Estate  Limited Conservatorship

CASE NUMBER: 156419

FOR RECORDER'S USE ONLY

STATE OF CALIFORNIA, COUNTY OF SAN DIEGO

1.  (Name): BARBARA A. BAKER, PUBLIC GUARDIAN is the appointed  
 conservator  limited conservator of the  person  estate of  
(name): Odie Chaney

2.  (for conservatorship that was on December 31, 1980, a guardianship of an adult  
or of the person of a married minor) (name):  
was appointed the guardian of the  person  estate by order  
dated: \_\_\_\_\_ and is now the conservator of the  
 person  estate of (name):

3.  Other powers have been granted or conditions imposed as follows:

a.  exclusive authority to give consent for and to require the conservatee to  
receive medical treatment that the conservator in good faith based on  
medical advice determines to be necessary even if the conservatee objects,  
subject to the limitations stated in section 2356 of the Probate Code.

This treatment shall be performed by an accredited practitioner of the  
religion whose tenets and practices call for reliance on prayer alone for healing of which  
the conservatee was an adherent prior to the establishment of the conservatorship.

(applicable only if the court order limits the duration) This medical authority terminates on (date):

b.  powers to be exercised independently under section 2590 of the Probate Code as specified in attachment  
3b (specify powers, restrictions, conditions, and limitations).

c.  conditions relating to the care and custody of the property under section 2402 of the Probate Code  
as specified in attachment 3c.

d.  conditions relating to the care, treatment, education, and welfare of the conservatee under section 2358  
of the Probate Code as specified in attachment 3d.

e.  (for limited conservatorship only) powers of the limited conservator of the person under section 2351.5  
of the Probate Code as specified in attachment 3e.

f.  (for limited conservatorship only) powers of the limited conservator of the estate under section 1830(b)  
of the Probate Code as specified in attachment 3f.

g.  other (specify):



MAR 16 1992

Dated: \_\_\_\_\_  
Clerk: by **JEANANNE DIDIER**, Deputy

Number of pages attached: -0-

(Continued on reverse)

This form may be recorded as notice of the establishment of a conservatorship of the estate as provided in section 1875 of the Probate Code.

Form Approved by the  
Judicial Council of California  
Effective January 1, 1981  
GC-350(81)

**LETTERS OF CONSERVATORSHIP**

CEB



E 11074

MT. HOPE CEMETERY  
INTERMENT ORDER

PRENEED LOT <sup>And</sup> PRENEED TRUST <sub>(SEE)</sub> City of San Diego

Date 9-22-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ODIE CHANEY

in a 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 \$150.00 will be applied and billed to undersigned.

War time veteran \_\_\_\_\_

Lot 10 Grave 3 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 995.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing ..... 45.00

Sales tax ..... 14.73

Total Due \$ 1264.73

*Public Conservator  
TRENNE PRENTICE  
694-3522*

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.

*Trenne M. Prentice*  
Signature of recordor holder of deed

*See below*

Work Order # E 11074  
FY-693 (Rev. 6-82)

Public Administrator

Public Guardian

Address 5201-A Ruffin Road

City San Diego, California 92129 Zip Code

Telephone 694-3522

Invoice # \_\_\_\_\_

Acct # \_\_\_\_\_

BARBARA A. BAKER CONSERVATOR  
OF PERSON AND ESTATE OF ODIE CHANEY  
BY *Trenne M. Prentice* DEPUTY

CK # 099660

E 11074.

# 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) <b>Odle</b>	1B. MIDDLE <b>—</b>	1C. LAST (FAMILY) <b>Chaney</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>03/05/1914</b>	3. DATE OF DEATH MONTH DAY YEAR <b>11/07/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INEDMANT <b>Public Guardian 5201-A Ruffin Rd. San Diego, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayer Mortuary 2859 Adams Ave. San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>1924</b>	8A. SIGNATURE OF APPLICANT <i>[Signature]</i>		
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.		8B. DATE SIGNED <b>11/10/1993</b>			

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>11/10/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>James Hale</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>11/2/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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

44358

Date: Nov. 16, 1993

From: S.D. County Public Administrator Address: 5201-A Ruffin Rd, San Diego 92123

Seventeen hundred sixty-four and 73/100 Dollars (\$ 1764.73)

In Full \$ Payment of Interment of Odie Chooey

Lot 10 Grave 3 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-1107-1

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

099660

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY K. L. Wydell

CREDIT	67007		
20% Sales Care	77184	<u>199</u>	<u>00</u>
60% Sales of Lots	100	<u>796</u>	<u>00</u>
Opening/Closing	77181	<u>375</u>	<u>00</u>
Burial Containers	100	<u>190</u>	<u>00</u>
	77182	<u>145</u>	<u>00</u>
Handling Fee	100	<u>45</u>	<u>00</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022		
	50101	<u>14</u>	<u>73</u>
	78390		
TOTAL PAID	\$	<u>1764</u>	<u>73</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Sept 23 93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARK JONES

in a LINER Vault, Funeral, date, time MON, 9/27

Church, Chapel, Graveside Del Rey; Calif Bunk 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 103 Grave 5 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee One (1) gold vase ..... 23.78

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1588.51

Paid receipt number 44178 ..... 100.00

Balance due 1488.51

30 Day  
NOTE

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 \_\_\_\_\_

Willie Jones  
Signature  
1202 10th St  
Address  
Levelland Tex 79336  
City Zip Code

Telephone \_\_\_\_\_

Work Order # E 11075

Invoice # 227193

Acct. # 079439

MT. HOPE CEMETERY

W.O. # E-11075

**NOTE**

\$ 1588.51 San Diego, California Sept. 23 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 FIFTEEN HUNDRED EIGHTY-EIGHT  $\frac{51}{100}$  DOLLARS with interest from October 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 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 Willie Jones SIGNATURE Willie Jones  
ADDRESS 1202 10<sup>TH</sup> ST LOVELL AND TEXAS 79336  
CALIFORNIA DRIVER LICENSE NUMBER 15780881 SSN # 458-48-1579



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11075.

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Mark</b>	1B. MIDDLE <b>Anthony</b>	1C. LAST (FAMILY) <b>Jones</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>02/28/1966</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/19/1993</b>	4. SEX <b>M</b>	
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Estrella Jones-Mother 1324 Iris Avenue #L Imperial Beach, CA 91932</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Person filing permit <i>[Signature]</i>			8B. DATE SIGNED <b>09/23/1993</b>

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.

<b>PERMIT</b>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/23/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Kyle Chase 9308546</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>Vital Records-P.O. Box 85222 San Diego, CA 92186-5222</b>		

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery San Diego, CA</b>	11B. DATE BURIED <b>9-27-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	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

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

44178

Date: Oct 1, 1993

From Maria Subbar Address: 5050 W. ...

In Five Hundred Dollars (\$ 100.00)  
 Payment of Statement of Work

Lot 103 Grave 5 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11075

BALANCE DUE \$1488.51

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

3725

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	<u>100.00</u>
77184		
Opening/Closing	100	
77181		
Burial Containers	100	
77182		
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>100.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9/23/93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HOWARD S. BLEVINS PA. 115 0820

in a LINER Funeral, date, time FRIDAY 9/24/93  
Church, Chapel, Graveside DIRECT BURIAL (MURKLEY - MTH) 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 \_\_\_\_\_

OK 9-24 Lot 88 Grave 12T 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

REBENT PA

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 11076

Invoice # 227517

Acct. # 000952



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11076

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>HOWARD</b>	1B. MIDDLE <b>SCOTT</b>	1C. LAST (FAMILY) <b>BLEVINS, JR</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/21/1936</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/09/1993</b>	4. SEX <b>MALE</b>
5A. CITY OF DEATH <b>SAN DIEGO</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>MIRKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>P-119</b>		
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.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ed Leach</i>	
				8B. DATE SIGNED <b>09/23/1993</b>	

<b>PERMIT -</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>09/23/1993</b> <i>Ed Leach</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308561</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222, SAN DIEGO, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL 11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA (SAN DIEGO COUNTY)</b>	11B. DATE BURIED <b>9-24-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy De Jesus</i>	
	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: Sept. 24, 1993

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Bruce

in a LINER Funeral, date, time TUES, 9/28 2:00pm  
Vault/Liner  
 Church, Chapel, Graveside GRAVESIDE : Home Plus (El Centro) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 1-353-544  
 will be applied and billed to undersigned. \_\_\_\_\_

War time veteran No

Lot 29 Grave 12 Row \_\_\_\_\_ Section MAS Division/Block 0

Grave space & Care Fund Pre-Need (C-2515) 0

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_ 45.00

Sales taxes \_\_\_\_\_ 14.73

Total Due 769.73

Paid receipt number 44165 769.73

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 \_\_\_\_\_

HELEN EDOS J. CANNON  
 Signature \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E** 11077  
 PY-593 (Rev. 8-92)

*Mortuary to bring check*

*pd in full 9-28-93*



E 11077

# 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) <b>Robert</b>	1B. MIDDLE <b>A.</b>	1C. LAST (FAMILY) <b>Bruce</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/24/1905</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/23/1993</b>	4. SEX <b>M</b>	
5A. CITY OF DEATH <b>El Centro</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>Imperial</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>William K. Simmons-Executor</b> <b>P.O. Box 360</b> <b>El Centro, Ca 92244</b>				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Hems Brothers Mortuary 1975 S.4th El Centro, Ca</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD1025</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED <b>09/27/1993</b>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.						

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>9-27-93</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>935 S. Broadway El Centro, Ca</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>1700 Pacific HWY San Diego, Ca</b>		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery San Diego, Ca</b>	11B. DATE BURIED <b>9-28-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	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

44165



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: Sept 28 19 93

From: Sam B. Mortuary Address: 1975 So. 4th St. El Centro

Seven Hundred Sixty-Nine Dollars (\$ 769.<sup>73</sup>)

In Payment of Interment of Robert Bruce

Lot 29 Grave 12 Row \_\_\_\_\_ Section 11025 Division 0 Block 0

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11077

BALANCE DUE 4

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

3858

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

ISSUED BY White

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	<u>375.00</u>
Burial Containers	100	<u>190.00</u>
Handling Fee	77182	<u>145.00</u>
Recording & Misc. Fees	100	<u>45.00</u>
Pre-Need Trust	63033	
Sales Tax	9022	<u>14.73</u>
TOTAL PAID	60101	<u>769.73</u>
	78390	



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

Sept 24, 93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Loy Snyderman FA # 1148437

in a Reiner Funeral, date, time 9/28/93

Church, Chapel, Graveside Del. Only Mortuary Mayer

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 101 Grave 3T 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 \_\_\_\_\_

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 # 227528

Acct. # 000952

Work Order # E 11078



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11078

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Ray</b>	1B. MIDDLE <b>Irwin</b>	1C. LAST (FAMILY) <b>Snydersman</b>	2. DATE OF BIRTH MONTH DAY, YEAR <b>04/28/1968</b>	3. DATE OF DEATH MONTH DAY, YEAR <b>07/08/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Mayor Mortuary 2859 Adams Ave. San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>1424</b>	8A. SIGNATURE OF APPLICANT— <i>James Hale</i>		
* 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 7110 of the Health and Safety Code.		8B. DATE SIGNED <b>09/27/1993</b>			

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/27/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>James Hale</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery, 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>9-28</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Whandy Jo League</i>
	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

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

E 11078

WHITE - CUSTOMER  
YELLOW - RETURN  
WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,  
P.O. BOX 2289  
SAN DIEGO, CALIFORNIA 92112  
PLEASE RETURN YELLOW COPY OF INVOICE 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 12-7-93  
BY: CA CR IF  
PAYMENT REF NO #430085 | AMT PAID: \$386.00

INVOICE DATE 11/03/93      PAYMENT DUE 12/03/93      PERIOD COVERED OCTOBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:  
KATHY WIGDAHL      REF NO: E-11078  
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ROY SNYDERMAN SERVICES	
PA #1148737	
LOT 101; GR 3I; 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. 227528



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date

Sept 24 93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marcus Jackson

In a          Funeral, date, time Monday Noon 9/27

Church, Chapel, Graveside Graveside City 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, Ms.

War time veteran Ho

✓ Lot 656 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 44160 270

Balance due 0

I hereby certify I am the Mia 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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature Mia Jackson

Address 1918 Skyline Dr 92114

City San Diego Ca Zip Code

Telephone         

Invoice #         

Acct. #         

Work Order # **E** 11079



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 110 79.

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Marcus</b>	1B. MIDDLE <b>DeShawn</b>	1C. LAST (FAMILY) <b>Fagan-Jackson</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/22/1993</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/22/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Mia Jackson-Mother</b> <b>7918 Skyline Drive</b> <b>San Diego, CA 92114</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>California Cremation &amp; Burial Chapel</b> <b>5602 El Cajon Blvd. San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1357</b>	8A. SIGNATURE OF APPLICANT—Personal only permit, <i>Kyle Chase</i>		
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 7106 of the Health and Safety Code.		8B. DATE SIGNED <b>09/27/1993</b>			

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/27/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Kyle Chase</b> <b>9308665</b>
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 <b>Vital Records-P.O. Box 85222</b> <b>San Diego, CA 92186-5222</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

1. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>9-27-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Jorgensen</i>
	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

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

44160

Date: 9-24, 1993

From: Mia Jackson Address: 7918 Soline drive Apt S. D CA 92114

two hundred seventy Dollars (\$ 270 00 )

In full Payment of two hundred Interment of Marcus Jackson

Lot 656 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 11079

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 V Balot'sky

CREDIT	67007		
20% Sales Care	77184	<u>90</u>	<u>00</u>
80% Sales of Lots	100	<u>80</u>	<u>00</u>
77184			
Opening/Closing	100	<u>125</u>	<u>00</u>
77181			
Burial Containers	100		
77182			
Handling Fee	100		
77185			
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>270</u>	<u>00</u>

E-11079

FAGAN-Jackson,

Marcus D.

---

9-22-93

Ashley Adelman

236-2523





**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Sept 24 '93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Adlai Ross Hoops Ⓞ

in a Ash Vault Vault/Liner Funeral, date, time 9/28 Tue

Church, Chapel, Graveside Dr. burial 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 982 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/~~Block~~ 8

Grave space & Care Fund Pre-Paid \_\_\_\_\_

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 44162 269.26

Balance due 0

*Wife on file*

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 11080** ✓

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



€ 11080

Roy H. Bass  
1817 Meadow View Dr.  
Mission, Texas 78572  
September 18, 1993

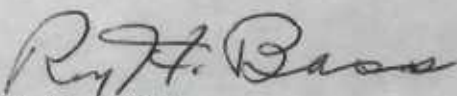
Joanne  
Mt. Hope Cemetary  
3751 Market Street  
San Diego, California 92102

Dear Joanne:

This is the payment per our conversation yesterday,  
September 17, 1993, for the burial of Adlai O. Bass Hoyle in  
lot #982, section 1, division 8.

Any questions, please call me, Roy H. Bass, at (210) 581-  
4813 or write to 1817 Meadow View Drive, Mission, Texas 78572.  
Thank you.

Sincerely,

  
Roy H. Bass

cc: enclosures



E 11080.

# 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) <b>ADLAI</b>	1B. MIDDLE <b>OPHELIA</b>	1C. LAST (FAMILY) <b>HOYLE</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>09/25/1899</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/24/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>TACOMA</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>WASHINGTON</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>ROY BASS SON</b> <b>1817 MEADOW VIEW DRIVE</b> <b>MISSION TX 78572</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GOODBODY MORTUARY</b> <b>5027 EL CAJON BLVD., SAN DIEGO, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 790</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Peggy L Vancil</i>		
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.		8B. DATE SIGNED <b>09/24/1993</b>			

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR  ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL POSITION.	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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>09/24/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308623</b> <b>PEGGY L VANCIL</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222</b> <b>SAN DIEGO, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input checked="" type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY</b> <b>3751 MARKET ST., SAN DIEGO, CA</b>	11B. DATE BURIED <b>9-28-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Jones</i>
	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

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

44162



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

Date: Sept 24, 19 93

From: Key Bank Address: 15177 Kuylenburg Blvd, Mission

Two thousand forty two and 20/100 Dollars (\$ 2,420.00)

In Payment of Trinity of All Saints Church

Lot 942 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division F Block F

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. F 1108

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

1085

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	10.5	00
	77181		
Burial Containers	100	5.5	00
	77182		
Handling Fee	100	6.0	00
	77185		
Recording & Misc. Fees	100	4.5	00
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		26
	78390		

TOTAL PAID \$ 2,420.00

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date SEPT. 27, 1993

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TED W. HARLEY

in a T.S. VAULT Funeral, date, time WEDNESDAY 9/29/93

Church, Chapel, Graveside CHAPEL / OGDEN SIDE PARK FEDERAL <sup>Mortuary.</sup> ~~LESS~~

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 NO

✓ Lot 4538 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division/Block 10

Grave space & Care Fund ..... 1095.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due 1969.38

Paid receipt number 44173 1969.38

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.

Shirley Harley  
Signature of recorded holder of deed

Shirley Harley  
Signature  
1000-18 Brown Vista  
Address  
San Diego CA 92071  
Zip Code  
562-2900  
Telephone

Work Order # E 11081

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E 11081.

# 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) <b>TED</b>	1B. MIDDLE <b>WILLIAM</b>	1C. LAST (FAMILY) <b>HARLEY</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>12/08/1925</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/24/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Shirley Harley - Wife</b> <b>10000-18 Buena Vista Avenue</b> <b>Santee, CA 92071</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Paris-Frederick Mortuary</b> <b>374 N. Magnolia Ave.; El Cajon, CA 92020</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>795</b>		6A. SIGNATURE OF APPLICANT—Person taking permit, <b>Wendy Hilton</b>
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.			8B. DATE SIGNED <b>09/27/1993</b>		

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>SEP 28 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald S. Barney, M.B., M.A.S.P.</b>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>3851 Rosacrans St.</b> <b>San Diego, CA 92110</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>-</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.,</b> <b>San Diego, CA 92102</b>	11B. DATE BURIED <b>9-29-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Wendy Jo League</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>-</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>-</b>	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 <b>-</b>	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 <b>-</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44173

Date: SEPTEMBER 29, 1993

From: SHIRLEY HARLEY Address: 10000 -18 BUENA VISTA SANTEE, (CA 92071)

ONE THOUSAND NINE HUNDRED SIXTY NINE DOLLARS <sup>38</sup>/<sub>100</sub> Dollars (\$ 1,969.<sup>38</sup>/<sub>100</sub> )

In FULL Payment of INTERMENT OF TED W. HARLEY

Lot 4538 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division 10  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11081  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

8177

AC-212 (Rev. 1-91)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY \_\_\_\_\_

CREDIT	87007	219	00
20% Sales Care	77184		
80% Sales of Lots	100	876	00
	77184		
Opening/Closing	100	325	00
	77181		
Burial Containers	100	250	00
	77182		
Handling Fee	100	185	00
	77185		
Recording & Misc. Fees	100	45	00
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	19	38
	78390		
<b>TOTAL PAID</b>		<b>\$ 1969</b>	<b>38</b>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9/27

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FANNIE MAY LOHF

In a LINER Funeral date, time Wed, 1:00 pm 9/29

Church, Chapel, Graveside Dir. Del + Burial Surphrey 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 43 Grave 5 Row \_\_\_\_\_ Section 16 Division/Block 7

Grave space & Care Fund Pre-Paid (C-9443) \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup 11 4 \_\_\_\_\_

Burial Container 11 4 \_\_\_\_\_

Handling Fees 11 4 \_\_\_\_\_

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes \_\_\_\_\_

Total Due 45.00

Balance due 0

**PAID**  
09-27-1993  
PE CEMETERY  
Fairview, Calif.

I hereby certify I am the T.L. Block 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.

T  
Signature of recorded holder of deed

Theodore L. Block  
Signature

570 N 1ST  
Address

El Cajon Calif. 92021  
City

619-444-2654  
Telephone

Zip Code

Work Order # **E 11082**

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

€ 11082

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>FANNIE</b>	1B. MIDDLE <b>MAY</b>	1C. LAST (FAMILY) <b>LOHF</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/19/1898</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/25/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>El Cajon</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Theodore Block - Son 570 North First Street El Cajon CA 92021</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-964</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith King</i>		8B. DATE SIGNED <b>09/28/1993</b>
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.					

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>09/28/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Jeking</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>		
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	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	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA
<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 3751 Market St.—San Diego CA</b>	11B. DATE BURIED <b>9-29-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	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

44163

Date: 9/27, 1993

From: THEODORE BOYL Address: 570 N. 1st St. #200

Prop. Fee Dollars (\$ 45.00 )

In Payment of Attorney's Fee

Lot 43 Grave 5 Row - Section H6 Division Block 7

Invoice No. [REDACTED]  
Acct. No. \_\_\_\_\_  
W.O. F-11012  
BALANCE DUE 45

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	<u>45 W</u>
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>45 W</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Sept 27, 1993

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MARIA LUCIA SUARREZ

in a LINER Funeral, date, time Wed, 9/29 10:00 AM

Church, Chapel, Graveside Chapel - Peace - Regulate 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 28 Grave 7 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 895.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1664.73

Paid receipt number 44164 4160

Balance due 1248.73

30 Day Note

*Paid in full  
6/1/99  
per collections  
3/9/95*

I hereby certify I am the Nieto 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.

José Rodriguez P.  
Signature of recorded holder of deed

José Rodriguez P.  
Signature  
2214-B Euclid Ave.  
Address  
National City CA 91950  
City Zip Code  
267 42 59  
Telephone

Work Order # **E** 11083

Invoice # 227191

Acct. # 079437



MT. HOPE CEMETERY

W.O. # E-11083

**NOTE**

\$ 1248.<sup>73</sup> San Diego, California Sept 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 Forty Eight and 73/100 DOLLARS with interest from October 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 José Rodriguez Rodriguez SIGNATURE José Rodriguez R.

ADDRESS 2214-B Euclid Av. National City CA. 91950

CALIFORNIA DRIVER LICENSE NUMBER A1046217 SSN # 622 32 9598

E 11083

# 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) <b>Maria</b>	1B. MIDDLE <b>Lucia</b>	1C. LAST (FAMILY) <b>Suarez</b>	2. DATE OF BIRTH <b>10/28/1907</b> YEAR	3. DATE OF DEATH <b>09/25/1993</b> YEAR	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>National City</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE <b>Cecilia Rodriguez - Daughter</b> <b>2214 Euclid Avenue Apt. B</b> <b>National City, CA 91950</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort: 5050 Federal Blvd</b> <b>San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sharon Phord</i>			8B. DATE SIGNED <b>09/29/1993</b>

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>S. Morgan</b> <b>09/29/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308888</b>
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.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186</b>		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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery: 3751 Market St.</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>9-29-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy D. League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44164

Date: Sept 27, 1993

From: Ms Rodriguez Address: 2214 B Euclid Ave N.C. 91150

Amount Handled Section 7000 Dollars (\$ 416.00 )

In Payment of Interment of Maria Suarez

Lot 28 Grave 7 Row \_\_\_\_\_ Section 3 Division Block 13

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11013

BALANCE DUE \$1248.73

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>416.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>416.00</u>



11083

E-11083

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
227191	11/02/93	079437	JOSE RODRIGUEZ				12/08/93	CK	815132209	300.00	1,248.73	948.73
			100 072		77181	000072				90.09		PARTIAL PAYMENT
			100 072		77182	000072				45.65		
			100 072		77183	000072				10.81		
			100 072		77184	000072				72.07		
			100 072		77185	000072				34.84		
			60101		78390					3.54		
			67007		77184					43.00		

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-28-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ODELL SULLIVAN  
 in a Ash Vault Funeral, date, time Thu, 10/1 1:00PM  
 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 \$ 150  
 will be applied and billed to undersigned.

War time veteran \_\_\_\_\_

Lot 1189 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division/Block 8

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 44168 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 \_\_\_\_\_ hold under deed.

Signature of recorded holder of deed \_\_\_\_\_

Signature [Signature]  
 Address 6343-3 RANCHO MISSON  
SAN DIEGO CA 92108  
 City 619-284-4544 Zip Code \_\_\_\_\_  
 Telephone \_\_\_\_\_

Work Order # **E** 11084

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 11084  
9015

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ODELL</b>	1B. MIDDLE <b>C.</b>	1C. LAST (FAMILY) <b>SULLIVAN</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>07/11/1913</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/28/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>EL CAJON</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SHARYN ULBAS DAUGHTER 6343-3 RANCHO MISSION ROAD SAN DIEGO, CA 92108</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>GOODBODY MORTUARY 5027 EL CAJON BLVD., SAN DIEGO, CA 92115</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD 790</b>		
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.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Peggy L Vancil</i>	
				8B. DATE SIGNED <b>09/30/1993</b>	

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>09/30/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>PEGGY L VANCIL</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input checked="" type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA</b>	11B. DATE BURIED <b>10-01-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>GREENWOOD CREMATORY 1-805 &amp; IMPERIAL AVE., SAN DIEGO, CA</b>	12B. DATE CREMATED <b>9/30/93</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>W. League</i>
	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

**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

E 11084

44168

Date: Sept 28, 1993

From: Shamir Ullas Address: 6343-3 Riverside Drive

San Francisco, CA 94115 Dollars (\$ 2926 )

In Payment of Statement of Debt to Cemetery

Lot 119 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 8

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11084

BALANCE DUE 2926

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	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/ Closing	100	105 00
	77181	
Burial Containers	100	55 00
	77182	
Handling Fee	100	60 00
	77185	
Recording & Misc. Fees	100	45 00
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	4 26
	78390	
TOTAL PAID	\$	269 26

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Sept. 28, 93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna Pettigrew

in a Diner Funeral, date, time Nov 9/30 2pm

Church, Chapel, Graveside Church + Grave - Rosedale Mortuary None

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. John M. Coutee

War time veteran No

Lot 100 Grave 4 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1564.73

Paid receipt number 44167 391.00

Balance due 1173.73

I hereby certify I am the Cousin 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 John M. Coutee

Address 5351 Logan Ave

City San Diego Ca 92114

Zip Code

Telephone (619) 262-9762

Invoice # 227192

Acct. # 079438

Work Order # **E** 11085

PAID IN FULL  
12/10/93

30 Day Note

MT. HOPE CEMETERY

W.O. # E-11085

NOTE

\$ 1173.73 San Diego, California Sept 28 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 Eleven Hundred Seventy Three DOLLARS  
with interest from October 30, 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 JOAN M. COOKE SIGNATURE Joan M. Cooke

ADDRESS 5251 LOGAN AVE San Diego Ca 92114

CALIFORNIA DRIVER LICENSE NUMBER R0827105 SSN # 569-64-7858



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 11085

74 yrs

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Ann</b>	1B. MIDDLE <b>Inez</b>	1C. LAST (FAMILY) <b>Pattigrew</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11/07/1918</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/25/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Eva Bradley - Sister</b> <b>4245 Delta Apt. 12</b> <b>San Diego, CA 92113</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mortuary</b> <b>5050 Federal Blvd. San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Shenou Morgan</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED <b>09/29/1993</b>		

<b>* PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>7.00</b>	9B. DATE PERMIT ISSUED <b>S. Morgan</b> <b>09/29/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308806</b>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records: P.O. Box 93286</b> <b>San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery</b> <b>3751 Market Street San Diego, CA</b>	11B. DATE BURIED <b>9-30-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44167

Date: Sept. 28, 1973

From: John Carter Address: 5251 Logan Ave, SA 92114

Three Hundred Twenty Five Dollars (\$ 391.<sup>00</sup>)

In Payment of Interment of Mr. Kellogg

Lot 100 Grave 4 Row \_\_\_\_\_ Section 3 Division 12  
 Block \_\_\_\_\_

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11085

BALANCE DUE 1173.73

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 [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>391</u>	<u>W</u>
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>391</u>	<u>W</u>

58011

E-11085

INV NO	INV DATE	ACCT NO	CUSTOMER NAME FUND DEPT	ORG	ACCT	J/D	PAYM DATE OPER	PD BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
227192	11/02/93	079438	JOANN COUTEE				12/07/93	CA		1,173.73	1,173.73	0.00
			100 072		77181	000072				375.00		
			100 072		77182	000072				190.00		
			100 072		77183	000072				45.00		
			100 072		77184	000072				245.00		
			100 072		77185	000072				145.00		
			60101		78390					14.73		
			67007		77184					159.00		

PAID IN FULL



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 9-28-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ADO. W. L. STEELE, JR.

In a LINER Vault/Liner Funeral, date, time Fri 10/11:00 AM

Church, Chapel, Graveside CHapel G.S.; CA BURIAL Mortuary, Jeanette

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. Leonardo Wesley

War time veteran \_\_\_\_\_

✓ Lot 174 Grave 9 Row \_\_\_\_\_ Section 1 Division/Block 12

Grave space & Care Fund ..... 795.-

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.-

Burial Container ..... 190.-

Handling Fees ..... 145.-

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.-

Sales taxes ..... 14.73

**PAID**  
OCT 4 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due ..... 1564.73

Paid receipt number 44190 1564.73

Balance due 0

TO MORTUARY  
BY BRUNO  
STEVENSON  
FRIDAY

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.

Leonardo Wesley  
Signature  
4111 39th St Apt 5  
Address  
San Diego, Ca 92105  
City Zip Code  
619-281-2149  
Telephone

Signature of recorded holder of deed \_\_\_\_\_

✓ **E** 11086

Work Order # E 11086  
PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_

E 11086

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

#5420

1. NAME OF DECEDENT—FIRST (GIVEN) J.W.		1B. MIDDLE —		1C. LAST (FAMILY) Steel, Jr.		2. DATE OF BIRTH MONTH DAY YEAR 02/24/1948		3. DATE OF DEATH MONTH DAY YEAR 09/26/1993		4. SEX M
5A. CITY OF DEATH National City				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ivanette Wesley-Niece 4111 39th Street #5 San Diego, CA 92105				
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5602 El Cajon Blvd. San Diego, CA 92115						7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit		8B. DATE SIGNED 09/30/1993

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 21092 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED Kyle Chase 09/30/1993		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9308865	
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.		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			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS			FOR CORONER'S USE ONLY		
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE			<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		
			<input type="checkbox"/> 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 10-01-93	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

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

44190

Date: 10-4, 1973

From: City Burial Address: 5602 El Cajon Blvd. S.

Before Standard City, Inc. Dollars (\$ 1564.73)

In Payment of Interment of G.W. Steele, Jr.

Lot 174 Grave 9 Row \_\_\_\_\_ Section 1 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11086

BALANCE DUE ✓

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91)

6340

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE

ISSUED BY [Signature]

CREDIT	67007	
20% Sales Care	77184	159.00
80% Sales of Lots	100	636.00
77184	100	
Opening/Closing	77181	375.00
Burial Containers	100	190.00
77182	100	
Handling Fee	77185	125.00
Recording & Misc. Fees	100	45.00
77183	63033	
Pre-Need Trust	9022	
Sales Tax	60101	14.73
78390		
TOTAL PAID	\$	1564.73



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date SEP 29, 1993

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARY CATALANO

in a DBL. CRYPT Funeral, date, time MON 10/4 11:00AM

Church, Chapel, Graveside Graveside ELECTION 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. Richard Fey

War time veteran \_\_\_\_\_

✓ Lot 2164 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section \_\_\_\_\_ Division Block 10

Grave space & Care Fund ..... 995.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container DOUBLE CRYPT ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 29.45

Total Due ..... 2144.45

Paid receipt number 969 PAID IN FULL 3rd revised Credit Card 2144.40

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 Richard Fey

Address 2473 Calle de Pescadores

City Alpines, Ca Zip Code 91901

Telephone 619-445-6495

Work Order # E 11087

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11087  
8/4/93

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Mary</b>	1B. MIDDLE ---	1C. LAST (FAMILY) <b>Catalano</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>03/10/1912</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/29/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>James Catalano - Husband 2473 Calle De Pescadores Alpine, CA 91901</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>El Cajon Mortuary 684 S Mollison Ave El Cajon, Ca 92020</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-1022</b>		
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 <i>Laura Guzman</i>		
			8B. DATE SIGNED <b>10/01/1993</b>		

<b>PERMIT</b> AUTHORIZATION OF LOCAL REGISTRAR	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>10/01/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308950</b> <i>Laura Guzman</i>
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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, Ca 92186-5222</b>			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	<b>FOR CORONER'S USE ONLY</b>
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt Hope Cemetery/3751 Market St San Diego, CA 92102</b>	11B. DATE BURIED <b>10-04-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 Sept 29, '93

*DISINTER*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Hugh Vaughn

in a \_\_\_\_\_ Funeral, date, time Wed 10/6 A.M.

Church, Chapel, 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 901 Grave - Row - Section 1 Division 8

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee Disinterment \_\_\_\_\_

Recording and filing fee \_\_\_\_\_

Sales taxes Costs \_\_\_\_\_

Total Due 350.00

Paid receipt number 44177 350.00

Balance due 0

PAID  
OCT 1 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF. 50.00

*ashes in center  
of grave - left side*

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.

Flb  
Signature of recorded holder of deed

Floy V. Jones  
Signature  
2206 Hope St.  
Address  
Spring Valley Cal. 91974  
City  
146186356 Zip Code  
Telephone

Work Order # E 11088

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E 11088



# 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

x 10 MONTH 93 YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Hugh Vaughn

from Lot 901 Grave — Section 1 Row — Block — Division 8  
and to remove the same to and reinter said remains in Lot — Grave —  
Section — Row — Block — Division — Cemetery Ashes given to family

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.

x \_\_\_\_\_ x \_\_\_\_\_ x \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Alta A. Vaughan Wife  
Signature Relation to deceased

9500 - Harriet Rd #167  
Address Lakeside Ca. 92040

I hereby authorize the above disinterment:

x Alta A. Vaughan x Oct 1 st 1993  
(Lot owner must sign if not legal custodian) Date

E 11088

# 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) <b>Hugh</b>	1B. MIDDLE <b>Alexander</b>	1C. LAST (FAMILY) <b>VAUGHAN</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>11-8-1894</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>4-1-65</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>	6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego, Cal</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Floy V Jones - Daughter 2206 Helix St., Spring Valley, Cal. 91977</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Floy V. Jones 2206 Spring Valley, Cal 91977</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>NONE</b>		8A. SIGNATURE OF APPLICANT—Person taking permit. <b>Floy V. Jones</b>	
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.			
8B. DATE SIGNED <b>9/27/93</b>					

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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>SEP 27 1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>Donald L. Kennedy</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 S.D. 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input checked="" type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED <b>10-06-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Wendy Jo Inagaki</b>
	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 <b>Floy V. Jones, Spring Valley 2206 Helix St., Cal. 91977</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44177



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

From: Alta Vaughn #167 Address: 9200 La Jolla Village Rd, La Jolla, CA 92037  
Three Hundred Fifty Dollars (\$ 350.00)  
 In Payment of Department of High Vaughn

Lot 901 Grave - Row - Section 1 Division Block 8

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11088  
 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  
**CITY AUDITOR**  
**OCT 13 1993**  
**03996**  
 ISSUED BY J. White

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/ Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	<u>350.00</u>
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>350.00</u>



MT. HOPE CEMETERY  
**INTERMENT ORDER**

City of San Diego

Date Sept. 29, '93

*Transfer  
 of Property*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TO: CHARLENE & VERNON LANTZ

in a \_\_\_\_\_ 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 97 Grave 8 Row \_\_\_\_\_ Section TOOF Division/Block 43

Grave space & Care Fund \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_

Burial Container \_\_\_\_\_

Handling Fees \_\_\_\_\_

Flower vases - Marker setting fee *Transfer fee* \_\_\_\_\_

Recording and filing fee 45.00

Sales taxes \_\_\_\_\_

Total Due 45.00

Paid receipt number 44170 45.00

Balance due 0

*Transfer fee paid  
 from: Vince*

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** 11089

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



E 11089



THE CITY OF  
**SAN DIEGO**

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Property Department  
527-3400  
Business hours 8 a.m. to 4 p.m.  
Monday thru Friday • Gates open daily

February 6, 1992

To Whom It May Concern:

I, JEANNE NELSON, relinquish all my rights to said cemetery property located in Mt. Hope Cemetery, Lot 97; Grave 8; Section 100F; Blk 43, to my brother VINCE FAIOLA to do with as he deems appropriate.

Purchase price of said lot was \$100.00 on 2-1-1970.

If property is returned to cemetery, the value would be \$100.00 minus \$50.00 care. Cemetery would purchase lot back for a total cost of \$50.00.

Signed: Jeanne Nelson  
2-11-92

STATE OF CALIFORNIA }  
San Diego } ss  
COUNTY OF TITH }  
On this 11th day of Feb., in the year  
1992, before me, the undersigned, a Notary Public in  
and for said County and State, personally appeared  
JEANNE NELSON

personally known to me for proved to me on the basis of satisfactory  
evidence) to be the person \_\_\_\_\_ whose name  
is \_\_\_\_\_ subscribed to the within instrument and  
acknowledged that \_\_\_\_\_ she \_\_\_\_\_ executed the  
same.

Signature Maxine M. Beye  
Maxine M. Beye

Name (Typed or Printed)  
Notary Public in and for said County and State



CHICAGO TITLE  
INDIVIDUAL  
Staple



Vincent Faiola  
4252 Aloha Place  
San Diego, CA 92103



11089

Mt. Hope Cemetery  
3751 Market St.  
San Diego  
Calif. 92102

Attn:  
Joanna



E 11089

Info regarding Space  
Lot 97; Draw 8; IOWA; Blk 43



THE CITY OF  
**SAN DIEGO**

*MOUNT HOPE CEMETERY*  
*3751 Market Street*  
*San Diego, California 92102*

E11084

**WENDY JO TEAGUE**  
*Cemetery Manager*

*Telephone:*  
*(619) 527-3400*

Printed on recycled paper



James A. March, Jr.

Gerald H. Brown

660-6959

• Licensed Cemetery Brokerage • Cemetery Consultants

EJ1088

**MARCH**  
**ASSOCIATES**

10894 Charing Cross Rd. • Spring Valley, CA 92078 • 660-6975

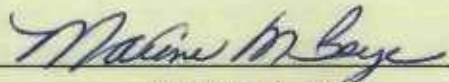
STATE OF CALIFORNIA }  
COUNTY OF San Diego } ss.

On this 11th day of Feb., 1992, in the year  
before me, the undersigned, a Notary Public in  
and for said County and State, personally appeared

JEANNE NELSON

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 that she \_\_\_\_\_ executed the  
same.

Signature



Maxine M. Beye

Name (Typed or Printed)  
Notary Public in and for said County and State

E11089



FOR NOTARY SEAL OR STAMP

F2492 R 6/84

CHICAGO  
INDIVIDUAL  
Staple

Staple



THE CITY OF

# SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102  
Property Department  
527-3400

Business hours 8 a.m. to 4 p.m.  
Monday thru Friday • Gates open daily

E11089

February 6, 1992

To Whom It May Concern:

I, JEANNE NELSON, relinquish all my rights to said cemetery property located in Mt. Hope Cemetery, Lot 97; Grave 8; Section 100F; Blk 43, to my brother VINCE FAIOLA to do with as he deems appropriate.

Purchase price of said lot was \$100.00 on 2-1-1970.

If property is returned to cemetery, the value would be \$100.00 minus \$50.00 care. Cemetery would purchase lot back for a total cost of \$50.00.

Signed:

Jeanne Nelson  
2-11-92

MUST BE NOTORIZED



# POWER OF ATTORNEY

E 11089.

## SPECIAL

**KNOW ALL MEN BY THESE PRESENTS:** That I, Vince Faiola,

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 8, Lot 97, Section 100 F, Block 43, 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 14 day of Feb, 1992.

*X Vincent Faiola* \_\_\_\_\_

STATE OF CALIFORNIA }  
COUNTY OF San Diego }<sup>55</sup>

On this 14<sup>th</sup> day of February, in the year of 1992, before me, the undersigned, a Notary Public in and for said State, personally appeared Vincent Faiola personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name 15 subscribed to the within instrument, and acknowledged to me that he executed it.

WITNESS my hand and official seal.

*Carl E. Foster II*  
\_\_\_\_\_  
Notary Public in and for said State.



PERSONAL

TO:

E11088

Lantz, Vernon & Charlene.

3450 Lowell Way, S.D. Ca. 92106  
222-2615.

Grave # Lot 97, Sec. 100F  
' Block 43

From

VINCE FAIOLA .

4252 ALOHA PL.

SAN DIEGO CA. 92103

PERSONAL

WOODLEY



OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44170

Date: 1/27, 1989

From: Mount Hope Cemetery Address: 1700 - Broadway

Payment of Dollars (\$) 45.00

In Payment of Payment of

Lot 901 Grave 8 Row  Section 100 Division Block 100

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. 11089

BALANCE DUE 45.00

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

ISSUED BY [Signature]

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	<u>45.00</u>
Pre-Need Trust	83033	
	9022	
Sales Tax	80101	
	78300	
TOTAL PAID	\$	<u>45.00</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 9-29-93

*Robert A. Miller*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of ROBERTA W. TEFT (X)  
in a ASH VAULT Funeral, date, time Fri, 10/22 1:00pm

Church, Chapel, Graveside Graveside : 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 1 Grave 4 Row \_\_\_\_\_ Section MAS Division/Block T

Grave space & Care Fund ..... prepaid B 9624 ~~0~~

Additional spaces and care fund .....

Opening/Closing & Setup ..... 105.-

Burial Container ..... 55.-

Handling Fees ..... 60.-

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filling fee ..... 45.-

Sales taxes ..... 4.26

**PAID**  
SEP 29 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due 269.26  
Paid receipt number g/27/93 ~~44444~~ mic 269.26

Balance due 0

I hereby certify I am the X 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 \_\_\_\_\_

Robert A. Miller  
Signature  
X 1510-148th Place SE  
Address  
X Mill Creek WA  
City 98012 Zip Code  
X (206) 338-1874  
Telephone

Work Order # E 11090

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11090

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>ROBERTA</b>	1B. MIDDLE <b>W.</b>	1C. LAST (FAMILY) <b>*TEFFT</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>11/25/1915</b>	3. DATE OF DEATH MONTH DAY YEAR <b>10/10/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Robert W. Williams - Brother 1510 148th Place S.E. Mill Creek WA 98012</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Humphrey Chula Vista Mortuary .855 Broadway Chula Vista CA 91911</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-964</b>		
ACKNOWLEDGMENT OF APPLICANT <small>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.</small>			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith E King</i>		8B. DATE SIGNED <b>10/14/1993</b>

<b>PERMIT</b>	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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>10/14/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>J King</i>
AUTHORIZATION OF LOCAL REGISTRAR	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records P.O. Box 85222 San Diego CA 92186-5222</b>	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		<b>FOR CORONER'S USE ONLY</b>	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)	
<input checked="" type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery 14-MAR-7 3751 Market St.—San Diego CA</b>	11B. DATE BURIED <b>10/20/93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>John Wait</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>Leneda, Inc. 14065 Old Highway 80, El Cajon CA</b>	12B. DATE CREMATED <b>10/16/93</b>	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Bobby Stevens</i>
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

**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.**





CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

E 11090

4/10/1963

# DEED

## OWNERSHIP AND INTERMENT PRIVILEGES

TO Charles G. Tefft and \_\_\_\_\_ for the sum of \$ 250.00 (DOLLARS)

Roberta W. Tefft  
LEGAL DESCRIPTION Lot 1 Graves 3 and 4 Section MASONIC Division T

AS DESCRIBED ON PURCHASE ORDER NUMBER B-9624

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 or Monument

*Raymond W. Dehne*  
Cemetery Manager

*Sanford de la Cruz*  
Park and Recreation Director

Name of Mortuary

*Humphrey*

*27311*

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

*E 11090*

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:

*Roberta Jefft*

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

*19*

day of

*Oct*

19

*93*

Address:

Street

City

State

Zip

Signature:

*Dorva Wilkins*

*Mort Rep*

Authorized Representative

Relationship to Deceased

Signature:

*Jack A. Stoddell*

Authorized Representative

Relationship to Deceased



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date Sept. 29 93

*Pre-Need  
Trust for:*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Margaret Ritchie

in a Double Death Crypt 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 87 Grave 1 Row - Section 3 Division/~~Block~~ 6

Grave space & Care Fund Pre-Need (C-4511) \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup Two (2) o/c @ \$375.00 750.00

Burial Container \_\_\_\_\_ 380.00

Handling Fees \_\_\_\_\_ 320.00

Flower vases - Marker setting fee \_\_\_\_\_

Recording and filing fee Two (2) rec. fees @ 45.00 90.00

Sales taxes PAID 29.45

Total Due 1569.45

Paid receipt number 44172 1569.45

Balance due 0

**PAID**  
SEP 29 1993

I hereby certify I am the \_\_\_\_\_ of the above named decedent and I am in a Pre-Need Trust 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 \_\_\_\_\_

Flouren J Chang  
Signature  
1302 Clarke Dr  
Address  
Escondido, CA 92021  
City Zip Code  
442-3990  
Telephone

Work Order # E 11091

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



OFFICIAL RECEIPT

44172



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

Date: Sept 29, 19 93

From: Margaret Detchie Address: 3128 Gregory St, Sh 92106

Eight Hundred Sixty Five Dollars (\$ 1569.45)

In Payment of Pre-Need Trust for Margaret Detchie

Lot 89 Grave 1 Row \_\_\_\_\_ Section 3 Division Block 6

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11091  
 BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

2016

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 'PAID' IN THIS SPACE

ISSUED BY J. White

CREDIT	77007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100	<u>750</u>	<u>00</u>
	77181		
Burial Containers	100	<u>370</u>	<u>00</u>
	77182		
	100	<u>320</u>	<u>00</u>
Handling Fee	77185		
Recording & Misc. Fees	100	<u>90</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>29</u>	<u>45</u>
	78390		
<b>TOTAL PAID</b>		<b>\$</b>	<b><u>1569.45</u></b>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date SEPTEMBER 30, 1988

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DOREEN WILLIAMS

in a DOUBLE CRYPT Funeral, date, time MONDAY 10/4 2:00

Church, <sup>Vault/Liner</sup> 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. Harold Williams

War time veteran NO

✓ Lot 108 Grave 5 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 380.00

Handling Fees ..... 320.00

Flower vases - Marker setting fee ..... Late charge 07:30 vs 3:30 vs 150.00

Recording and filing fee ..... .45.00

Sales taxes ..... 29.45

Total Due ..... 2094.45

Paid receipt number 44175 50<sup>th</sup>

Balance due 1594.45

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

Harold Williams  
Signature  
7883 Rancho Funita DR  
Address  
SANTEE CA 92071  
City  
619 258-5448 Zip Code  
Telephone  
629-9340

Work Order # E 11092

PY-593 (Rev. 8-92)

Invoice # 227188  
Acct. # 079436

30 Day Note

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

E110

44175

Date: Sept. 30, 1993

From: Harold Williams Address: 2883 Rankin Avenue, San Diego, CA

Five Hundred Dollars (\$ 500<sup>00</sup>)

In Payment of Tombstone for Harold Williams

Lot 108 Grave 15 Row 1 Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11093

BALANCE DUE \$1444.45

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>500.00</u>
	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	\$	<u>500.00</u>



MT. HOPE CEMETERY

W.O. # E-11092

**NOTE**

\$ 1444.45 San Diego, California Sept 30, 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 Fourteen Hundred Forty four and 45/100 DOLLARS with interest from October 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 Harold Williams SIGNATURE HAROLD Williams  
ADDRESS 7883 Rancho Fanita DR #C SANTEE CA 92071  
CALIFORNIA DRIVER LICENSE NUMBER C1619308 SSN # 081-46-2901

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 11092  
32nd Found

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Doreen</b>		1B. MIDDLE <b>Theresa</b>	1C. LAST (FAMILY) <b>Williams</b>	2. DATE OF BIRTH MONTH, DAY, YEAR <b>05/15/1956</b>	3. DATE OF DEATH MONTH, DAY, YEAR <b>09/28/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Santee</b>			6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Harold Williams - Husband 7883 Rancho Vanita Dr. #C Santee, CA 92071</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit; 8B. DATE SIGNED <b>Doreen Williams 10/01/1993</b>		

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.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 10/01/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308946</b>
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.			
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 <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>	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		FOR CORONER'S USE ONLY	
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)	
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT		
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA		
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St. San Diego, CA</b>	11B. DATE BURIED <b>10-4-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Wendy J. Traylor</b>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A metal sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	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.

Joann!

E 11092

Mark from Raysdale  
asked do not bill  
family for late  
service on 10-4-93  
for Doreen Williams  
108-5-3-12. Instead  
send this bill to  
Raysdale, they will  
pay this

Vladimir

11-4-93

called family  
to cancel invoice of

689-9340

8150<sup>00</sup> Spoke w/ Mr Williams



11092

CITY of SAN DIEGO  
MEMORANDUM

FILE NO.:

DATE : November 8, 1993

TO : Ernest Hamilton, Auditor's Office

FROM : Kathy L. Wigdahl (OCA-AA II), Mt. Hope Cemetery/Property Department

SUBJECT: Account #079436, Invoice #227188; Harold Williams

---

Please delete Account #079436/Invoice #227188 from your records. In error, this account was invoiced to Mr. Harold Williams. It is to be billed by our office to Anderson-Ragsdale Mortuary.

I regret any inconvenience. If you have any further questions regarding this matter, please call me at 527-3400.

Thank you for your assistance in this matter.

*Kathy L. Wigdahl*  
Kathy L. Wigdahl (OCA-AA II)

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

44229

E 11092

Date: Oct 18, 1993

From: Harold Williams Address: 428 W. 10th St #24 S.D. 92104

One Thousand Four Hundred Forty Five Dollars (\$ 1444.45 )

In Full Payment of INTERMENT OF HAROLD WILLIAMS

Lot 108 Grave 5 Row \_\_\_\_\_ Section 3 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11092

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 [Signature]

CREDIT	67007		
20% Sales Care	77184	<u>159</u>	<u>00</u>
90% Sales of Lots	100	<u>136</u>	<u>00</u>
	77184		
Opening/ Closing	100	<u>375</u>	<u>00</u>
	77181		
Burial Containers	100	<u>380</u>	<u>00</u>
	77182		
Handling Fee	100	<u>320</u>	<u>00</u>
	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101	<u>29</u>	<u>45</u>
	78390		
TOTAL PAID	\$	<u>1444</u>	<u>45</u>

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date Oct. 1, 1993

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Loreto Mirasal

in a LINER Funeral, date, time Mon 10/4 11:00

Church, Chapel, Graveside Chapel + grave - Lakesdale Mortuary, Side

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. Zero Fee

War time veteran None

Lot 131 Grave 3 Row \_\_\_\_\_ Section 3 Division/Block 12

Grave space & Care Fund ..... 495.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee .....

Recording and filing fee ..... 45.00

Sales taxes ..... 14.73

Total Due ..... 1564.73

Paid receipt number \_\_\_\_\_

Balance due \_\_\_\_\_

I hereby certify I am the FRIENDS & Family 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 \_\_\_\_\_

Zero Fee  
Signature \_\_\_\_\_  
Address 1746 Euclid  
City SAN DIEGO CA 92105 Zip Code  
Telephone 619-262-6651

Work Order # **E** 11093

PY-593 (Rev. 8-92)

Invoice # 227179  
Acct. # 079435

30 Day Note



MT. HOPE CEMETERY

W.O. # E-11093

NOTE

\$ 15164.<sup>73</sup> San Diego, California Oct. 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 Fifteen Hundred Sixty four <sup>73</sup>/<sub>100</sub> DOLLARS with interest from November 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 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 Tyrone Brown SIGNATURE Tyrone Brown  
ADDRESS 1746 Euclid San Diego - CA 92105  
CALIFORNIA DRIVER LICENSE NUMBER C1842917 SSN # 259-04-5736

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E 11093  
61495

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>Loreto</b>	1B. MIDDLE <b>Canlas</b>	1C. LAST (FAMILY) <b>Mirasol</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>12/18/1931</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/26/1993</b>	4. SEX <b>M</b>
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Ray Mirasol - Son 4822 Beech St. San Diego, CA 92102</b>	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA</b>			7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Williams</i>
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.			8B. DATE SIGNED <b>10/04/1993</b>		

<b>PERMIT</b> 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams 10/04/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308954</b>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222 San Diego, CA 92186</b>		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 <input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE <input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	<b>FOR CORONER'S USE ONLY</b> <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St San Diego, CA</b>	11B. DATE BURIED <b>10-4-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo League</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A metal w/sealed</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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 10-01-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ALICE SAUER

in a Vault Funeral, date, time Wed. 10/6 2:30pm

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 \$ Michael Terry 150.00

will be applied and billed to undersigned. Jaidla L. Comphes

War time veteran No

✓ Lot <u>1300</u> Grave	Row	Section <u>1</u>	Division/Bless <u>8</u>
Grave space & Care Fund		<u>03775</u>	<u>0</u>
Additional spaces and care fund	<u>OCT 5 1993</u>		
Opening/Closing & Setup			<u>375.-</u>
Burial Container			
Handling Fees <u>for Wilbert Vault</u>			<u>400.-</u>
Flower vases - Marker setting fee			<u>125.-</u>
Recording and filing fee			<u>45.-</u>
Sales taxes			

**PAID**  
OCT 5 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF

Total Due 945.00

Paid receipt number 44191 945.00

Balance due 0

I hereby certify I am the Power of attorney for Frances Finison 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 \_\_\_\_\_

Jaidla L. Comphes  
Signature  
8955 Lake Angela Dr.  
Address  
La Mesa CA 91942  
City  
445-6966 Zip Code  
Telephone

Work Order # **E** 11094

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_







E 11094

# 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) <b>Alice</b>	1B. MIDDLE <b>Frances</b>	1C. LAST (FAMILY) <b>Sauer</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>05/20/1892</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/29/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Spring Valley</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Laird Campbell: Conservator 8955 Lake Angela Drive La Mesa, CA 91942</b>		
7A. TYPE NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Greenwood Mortuary? 1-805 &amp; Imperial Avenue San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-843</b>		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sharon Lawless</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10325 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED <b>10/05/1993</b>			

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 <b>7.00</b>	9B. DATE PERMIT ISSUED <b>Sharon L. Lawless 10/05/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9309061</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA <b>P.O. Box 85222 San Diego, CA 92186-5222</b>	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	FOR CORONER'S USE ONLY
<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT) <input type="checkbox"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> E. TEMPORARY ENVAULTMENT <input type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mount Hope Cemetery? 3751 Market Street San Diego, CA</b>	11B. DATE BURIED <b>10-6-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>V. Babaluk</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>clabn</b>	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

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

44191



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: 10-5, 1993

From: Franklin Campbell Address: 9955 Lake Angela Dr, San Diego  
San Sordani Property Co Dollars (\$ 945.<sup>00</sup>)

In Payment of Interest of Alice Sauer

Lot 1300 Grave - Row - Section 1 Division Block E

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-11094  
BALANCE DUE H

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	<u>375 00</u>
	77181	
Burial Containers	100	
	77182	
	100	<u>400 00</u>
Handling Fee	77185	
Recording & Misc. Fees	100	<u>170 00</u>
	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>945 00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

0092

ISSUED BY Walt



MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-4-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Teresa Gregly

in a Liner Vault/Liner Funeral, date, time Tues, 10/5 11:00AM  
Church, Chapel, Graveside Graveside; Covered 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 10 Grave 10 Row \_\_\_\_\_ Section 2 Division/~~5~~ 12

Grave space & Care Fund Pre-Need (D9504) 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 #

\_\_\_\_\_  
Acct. #

Work Order # **E** 11095

# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11095

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>TERESA</b>	1B. MIDDLE <b>PHILEMONA</b>	1C. LAST (FAMILY) <b>FREGLY</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>07/10/1907</b>	3. DATE OF DEATH MONTH DAY YEAR <b>10/02/1993</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>NATIONAL CITY</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>SAN DIEGO</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>SELF/PRE-NEED</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>FD-941</b>	8A. SIGNATURE OF APPLICANT—Person issuing permit <b>Karen Warrant</b>			8B. DATE SIGNED <b>10/04/1993</b>

<p><b>PERMIT</b></p> <p>AUTHORIZATION OF LOCAL REGISTRAR</p>	<p>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.</p> <p>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</p>	<p>9A. AMOUNT OF FEE PAID <b>\$7.00</b></p>	<p>9B. DATE PERMIT ISSUED <b>10/05/1993</b> <b>Karen Warrant</b></p>	<p>9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9309015</b></p>
<p>ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.</p>	<p>9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— <b>SAN DIEGO CO. DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222</b></p>	<p>9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA</p>		

<p>AUTHORIZED DISPOSITION(S): CHECK APPLICABLE ITEMS</p> <p><input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)</p> <p><input type="checkbox"/> B. CREMATION</p> <p><input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY</p> <p><input type="checkbox"/> D. SCIENTIFIC USE</p> <p><input type="checkbox"/> E. TEMPORARY ENVAULTMENT</p> <p><input type="checkbox"/> F. DISINTERMENT</p> <p><input type="checkbox"/> G. SHIP IN TO CALIFORNIA</p> <p><input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA</p>	<p><b>FOR CORONER'S USE ONLY</b></p> <p><input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)</p>
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COMPLETE ALL APPLICABLE ITEMS	BURIAL	<p>11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102</b></p>	<p>11B. DATE BURIED <b>10-5-93</b></p>	<p>11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Wendy Jo Tragus</b></p>	
	CREMATION	<p>12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A metal n/sexes</b></p>	<p>12B. DATE CREMATED</p>	<p>12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION</p>	
	SCIENTIFIC USE	<p>13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b></p>	<p>13B. DATE RECEIVED</p>	<p>13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY</p>	
	TRANSIT	<p>14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>N/A</b></p>	<p>14B. DATE SHIPPED</p>	<p>14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER</p>	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	<p>15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>N/A</b></p>	<p>15B. DATE OF DISPOSITION</p>	<p>15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION</p>	<p>15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE</p>

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 Oct 4, 1993

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NATHANIEL GOODE

in a LINER Funeral, date, time Dec 10/8 11:00AM

Church, Chapel, Graveside Chapel - grave Featheringill 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. Helen M. Anderson

War time veteran Donor Guard

Lot 35 Grave 9 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 795.00

Additional spaces and care fund .....

Opening/Closing & Setup ..... 375.00

Burial Container ..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee ..... 14.73

Sales taxes ..... 1564.73

**PAID**  
OCT 4 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due ..... 1564.73

Paid receipt number 44184 1564.73

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.

Helen M. Anderson  
Signature of recorded holder of deed

Helen M. Anderson  
Signature  
1316 Peersock Rd.  
Address  
San Diego, CA 92114  
City  
619-462-6943 Zip Code  
Telephone

Work Order # **E 11096**

Invoice # \_\_\_\_\_  
Acct. # \_\_\_\_\_



# APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 11096

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) <b>NATHANIEL</b>	1B. MIDDLE <b>-</b>	1C. LAST (FAMILY) <b>GOODE</b>	2. DATE OF BIRTH <b>04/03/1945</b>	3. DATE OF DEATH <b>10/03/1995</b>	4. SEX <b>M</b>	
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE <b>Helen Anderson, mother</b> <b>136 Deerrock Pl.</b> <b>San Diego, CA 92104</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Featheringill Mortuary 6322 El Cajon Blvd</b> <b>San Diego, CA 92115</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>1083</b>	6A. SIGNATURE OF APPLICANT—Person taking permit. <i>Edward Fenzell</i>			6B. DATE SIGNED <b>10-5-95</b>

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>10/05/93</b> <i>Edward Fenzell</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9308045</b>
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. <small>NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>			
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 <b>PO Box 85222 San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				<b>FOR CORONER'S USE ONLY</b>	
<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	<input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT				
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA				
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA				

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery</b> <b>San Diego, CA</b> <i>metal sealed</i>	11B. DATE BURIED <b>10-08-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Lopez</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>n/a</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>n/a</b>	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED <b>n/a</b>	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION <b>n/a</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44184

Date: 10-1, 1957

From: Wela Anderson Address: 1300 Broadway St. No 92114

After the funeral for - for 73/100 Dollars (\$ 1564 73)

In \_\_\_\_\_ Payment of Statement by 7 for funeral home

Lot 35 Grave 9 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11092

BALANCE DUE 0

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

AC-212 (Rev. 1-51)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY U. Deil

CREDIT	67007		
20% Sales Care	77184	<u>159</u>	<u>00</u>
80% Sales of Lots	100	<u>636</u>	<u>00</u>
77184			
Opening/Closing	100	<u>375</u>	<u>00</u>
77181			
Burial Containers	100	<u>190</u>	<u>00</u>
77182			
Handling Fee	100	<u>145</u>	<u>00</u>
77185			
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	80101	<u>14</u>	<u>73</u>
78390			
TOTAL PAID	\$	<u>1564</u>	<u>73</u>

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 10-4-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wilma Liles

In a Lives Vault/Line Funeral, date, time Thurs 10/7 2:30pm

Church, Chapel, Graveside Graveside Franklin + Downs Mortuary Modesto CA (209) 523-9135 - Leroy DACT

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 38 Grave 8 Row \_\_\_\_\_ Section MAS Division/~~Block~~ R

Grave space & Care Fund Pre-Need (9144) \_\_\_\_\_

Additional spaces and care fund \_\_\_\_\_

Opening/Closing & Setup \_\_\_\_\_ 375.00

Burial Container \_\_\_\_\_ 190.00

Handling Fees \_\_\_\_\_ 145.00

Flower vases - Marker setting fee \_\_\_\_\_ 45.00

Recording and filing fee \_\_\_\_\_ 14.73

Sales taxes \_\_\_\_\_ 769.73

Total Due \_\_\_\_\_ 769.73

Paid receipt number 44211 769.73

Balance due 0

I hereby certify I am the Representative Robert Hagen 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 E Hagen  
Signature  
2825 Fendes St  
Address  
Fullerton ca  
City  
1800 262 8885  
Telephone

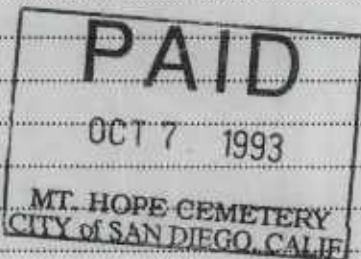
Zip Code

Work Order # **E** 11097

PY-593 (Rev. 8-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_



*Must to check*



E 11097

# 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) <b>Wilma</b>	1B. MIDDLE <b>Jean</b>	1C. LAST (FAMILY) <b>Liles</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/02/1927</b>	3. DATE OF DEATH MONTH DAY YEAR <b>10/04/1993</b>	4. SEX <b>F</b>
5A. CITY OF DEATH <b>Modesto</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., OTHER STATE <b>Stanislaus</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Opaline Liles - sister 1604 Kazmir Ct. Modesto, CA 95351</b>		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Franklin &amp; Downs Funeral Home 704 12th. St. Modesto, CA 95354</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>1259</b>	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <b>Judi Cidamny 10-5-93</b>		

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.	9A. AMOUNT OF FEE PAID <b>6.00</b>	9B. DATE PERMIT ISSUED <b>10/05/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>L S Palkoff MD</b>
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.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Stanislaus Co. Health Dept. 820 Scenic Dr. Modesto, CA 95350</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA <b>San Diego Co. Health Dept. 3851 Rosecrans St. San Diego, CA 92110</b>

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

<input type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery, San Diego, CA</b>	11B. DATE BURIED <b>10-7-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <b>Wendy Justice</b>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>n/a</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>n/a</b>	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 <b>n/a</b>	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 <b>n/a</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

**44211**

Date: 10-7, 1993

From: Opaline Lutz Address: 326 Cornelia Way, Mar Vista, CA

Seven Hundred Sixty-Nine Dollars (\$ 769<sup>00</sup>)

In Payment of Trial: part of Wilma Lutz

Lot 38 Grave 7 Row \_\_\_\_\_ Section 711025 Division Block R

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11097

BALANCE DUE 6

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

AC-212 (Rev. 1-91) 1079

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	
Opening/Closing	77181	<u>375<sup>00</sup></u>
Burial Containers	100	<u>190<sup>00</sup></u>
Handling Fee	77182	<u>145<sup>00</sup></u>
Recording & Misc. Fees	100	<u>45<sup>00</sup></u>
Pre-Need Trust	77183	
Sales Tax	63033	<u>15<sup>73</sup></u>
	9022	
	80101	
	78390	
<b>TOTAL PAID</b>	<b>\$</b>	<b><u>769<sup>00</sup></u></b>

Casket  
26 1/4 L  
11 3/4 W  
H  
10

MT. HOPE CEMETERY  
INTERMENT ORDER

City of San Diego

Date 10-4-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of RAVEN Withers

In a \_\_\_\_\_ Vault/Liner Funeral, date, time Wed, 10/6 3:10 pm

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 \$ \_\_\_\_\_

will be applied and billed to undersigned. \_\_\_\_\_

War time veteran No

Lot 2781 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 .....

PAID  
OCT 22 1993  
MT. HOPE CEMETERY  
CITY OF SAN DIEGO, CALIF.

Total Due ..... 270.00

Paid receipt number 44377 270.00

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 \_\_\_\_\_

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

Work Order # **E** 11098



E 11098

# 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) <b>Raven</b>	1B. MIDDLE <b>Latisha Renee<sup>r</sup></b>	1C. LAST (FAMILY) <b>Withers</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/29/1993</b>	3. DATE OF DEATH MONTH DAY YEAR <b>09/29/1993</b>	4. SEX <b>F</b>	
5A. CITY OF DEATH <b>San Diego</b>	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Toya Withers - Mother</b> <b>245 Catania St. #A</b> <b>San Diego, CA 92113</b>			
7A. TYRED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Bagsdale Mort.; 5050 Federal Blvd</b> <b>San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>Debbie Williams</i>			8B. DATE SIGNED <b>10/06/1993</b>

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.	9A. AMOUNT OF FEE PAID <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams</b> <b>10/06/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9309100</b>
PERMIT 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.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186</b>		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)	<input type="checkbox"/> E. TEMPORARY ENVAULTMENT	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<input type="checkbox"/> B. CREMATION	<input type="checkbox"/> F. DISINTERMENT	
<input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY	<input type="checkbox"/> G. SHIP IN TO CALIFORNIA	
<input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>10-6-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Traylor</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <b>2781-1-9</b>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

44377

Date: Nov. 22, 19 93

From: RIGSONS MORTUARY Address: 5050 FEDERAL BLVD S.D. 92102

TWO THOUSAND SEVENTY AND 00/100 Dollars (\$ 270.00 )

In Full Payment of INTERMENT OF PAVEN WITNERS

Lot: 2781 Grave \_\_\_\_\_ Row \_\_\_\_\_ Section 1 Division Block 9

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11098  
 BALANCE DUE Ø

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

ISSUED BY: [Signature]

CREDIT	57007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
80% Sales of Lots	77184	<u>80</u>	<u>00</u>
Opening/Closing	100	<u>125</u>	<u>00</u>
Burial Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	77183	<u>45</u>	<u>00</u>
Pre-Need Trust	53033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>270</u>	<u>00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check   
 AC-212 (Rev. 1-91) #12934

**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 10-5-93

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VINCENT TAYLOR

in a LINER Funeral, date, time Thu, 10/8 1:00pm

Church, Chapel, Graveside Chapel Green - Ranzdate Mortuary side

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. Gregory A. Pauset

War time veteran No

✓ Lot 132 Grave 9 Row \_\_\_\_\_ Section 2 Division/Block 11

Grave space & Care Fund ..... 495.00

Additional spaces and care fund .....

Opening/Closing & Setup..... 375.00

Burial Container..... 190.00

Handling Fees ..... 145.00

Flower vases - Marker setting fee ..... 45.00

Recording and filing fee ..... 14.73

Sales taxes ..... 14.73

Total Due ..... 1564.73

Paid receipt number 44192 391.00

VISA Balance due 1173.73

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

Gregory A. Pauset  
Signature  
4157 Rolando Blvd.  
Address  
San Diego, CA 92115  
City Zip Code  
265-2319  
Telephone

Work Order # **E** 11099

Invoice # 227176  
Acct. # 079434

*30 Day Note*

*PAID IN FULL 11-29-93*



MT. HOPE CEMETERY

W.O. # E-11099

### NOTE

\$ 1173.<sup>73</sup> San Diego, California 10-5 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 Eleven Hundred Seventy-Three<sup>73</sup> DOLLARS with interest from November 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 Peggy Paggett SIGNATURE Peggy A. Paggett  
ADDRESS 4157 Rolando Blvd. San Diego, CA. 92115  
CALIFORNIA DRIVER LICENSE NUMBER E0224387 SSN # 562-781699

E 11099

## 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) <b>Vincent</b>	1B. MIDDLE <b>Lonnell</b>	1C. LAST (FAMILY) <b>Taylor</b>	2. DATE OF BIRTH MONTH DAY YEAR <b>09/14/1966</b>	3. DATE OF DEATH MONTH DAY YEAR <b>10/04/1993</b>	4. SEX <b>M</b>	
5A. CITY OF DEATH <b>San Diego</b>		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE <b>San Diego</b>	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT <b>Peggy Taggett - Mother</b> <b>4157 Rolando Blvd.</b> <b>San Diego, CA 92115</b>			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH <b>Anderson-Ragsdale Mort.;</b> <b>5050 Federal Blvd.</b> <b>San Diego, CA</b>		7B. CALIF. LICENSE NUMBER —IF APPLICABLE <b>F-1329</b>	8A. SIGNATURE OF APPLICANT—Please take permit. <i>D. Williams</i>			8B. DATE SIGNED <b>10/07/1993</b>

## 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 <b>\$7.00</b>	9B. DATE PERMIT ISSUED <b>D. Williams</b> <b>10/07/1993</b>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <b>9309164</b>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA <b>Vital Records; P.O. Box 85222</b> <b>San Diego, CA 92186</b>	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS.

- A. BURIAL (INCLUDES ENTOMBMENT)       E. TEMPORARY ENVAULTMENT  
 B. CREMATION       F. DISINTERMENT  
 C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY       G. SHIP IN TO CALIFORNIA  
 D. SCIENTIFIC USE       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 <b>Mt. Hope Cemetery; 3751 Market St.</b> <b>San Diego, CA</b>	11B. DATE BURIED <b>10-08-93</b>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wendy Jo Taggett</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <b>N/A</b> <i>metal sealed</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS <b>N/A</b>	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 <b>N/A</b>	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 <b>N/A</b>	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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.

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 6/91)



OFFICIAL RECEIPT

44192



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: 10-5, 1993

From: Peggy Pizzotti Address: 4151 Kalamanda Blvd, St  
Wine & Hardware - Wine - 714 Dollars (\$) 391.00

In: Department of Veterans Affairs Payment of Department of Veterans Affairs

Lot 132 Grave 19 Row \_\_\_\_\_ Section 2 Division Block 11

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-11099  
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	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>391.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
	100	
Pre-Need Trust	77183	
	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>391.00</u>

5057



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
227176	11/02/93	079434	PEGGY PAGGETT				11/29/93	VISA		1,173.73	1,173.73	0.00
			100 072		77181	000072				375.00		PAID IN FULL
			100 072		77182	000072				190.00		
			100 072		77183	000072				45.00		
			100 072		77184	000072				245.00		
			100 072		77185	000072				145.00		
			60101		78390					14.73		
			67007		77184					159.00		

E-11099

E 11099

E 11099

CITY OF SAN DIEGO, CALIFORNIA  
CITY TREASURER

ACCOUNTS RECEIVABLE  
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 079434

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 11/29/93  
PAID BY (CIRCLE ONE): CA CK NF HD Visa  
PAYMENT REFERENCE NUMBER E-11099

AMOUNT PAID \$ 1173.73

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Peggy Paggett  
PAYOR NAME Same  
(IF OTHER THAN CUSTOMER ACCOUNT NAME)  
CUSTOMER (PAYOR) ADDRESS 4157 Rolando Blvd.  
San Diego CA 92115

REMARKS Nathy L. Wigdahl

CASHIER \_\_\_\_\_

INV. NO. 227176

E 11099

MT. HOPE CEMETERY-CITY OF S.D.  
3751 MARKET STREET  
SAN DIEGO, CA. 92101  
4301322159267406  
619-527-3400

ACCOUNT NUMBER	EXP.	AMOUNT
4678041200394	0696	\$1173.73
TRAN CODE	AUTH.	REF.#
20	020260	001001

DESC E-11099

X Peggy A. Paggett  
 PEGGY PAGGETT  
 NOVEMBER 29, 1993, 11:00 AM 0

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)



**MT. HOPE CEMETERY  
INTERMENT ORDER**

City of San Diego

Date 10-7-93

*Pre Need  
Lot + Trust  
for:*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of BETTY MOTZ

in a T.S. Vault Vault/Urner 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 No

Lot 216 Grave 1 Row \_\_\_\_\_ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... 495.00

Additional spaces and care fund ..... \_\_\_\_\_

Opening/Closing & Setup ..... 375.00

Burial Container ..... 250.00

Handling Fees ..... 185.00

Flower vases - Marker setting fee ..... \_\_\_\_\_

Recording and filing fee ..... 45.00

Sales taxes ..... 19.38

Total Due ..... 1669.38

Paid receipt number 44209 70.00

Balance due 1599.38

7-5-95

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 \_\_\_\_\_

Guy K. Seggie  
Signature

744 Glenwood DR  
Address

San Diego CA 92114  
City

46250 35  
Telephone

Zip Code

Work Order # **E 11100**

PY-593 (Rev. B-92)

Invoice # \_\_\_\_\_

Acct. # \_\_\_\_\_

OVER

Balance due

11/2/93

1499.38

NAME MOTZ, BETTY

ACCT. NO. E-11100



ADDRESS 744 Glencoe Dr., San Diego, CA 92114

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
7 93	Pre-need lot and trust opened. E-11100 Lot 276; Grave 1; Sec. 2; Div. 12	795.00			
	Open/close fee; t.s.vault; handling fee; tax on vault; recording fee.	874.38			1669.38
10-7 93	Receipt # 44209 No coupons			70.00	1599.38
11-2 93	Receipt #44287			100.00	1499.38
11-4-93	rec # 44301			80.00	1419.38
12-6-93	rec # 44414			80.00	1339.38
1-4 94	REC # 44498			67.00	1271.38
2-3 94	REC # 44580			70.00	1201.38
3-4-94	rec # 44680			67.00	1134.38
4-4-94	rec # 44793			67.00	1067.38
5-94	rec # 44908			72.00	995.38
6-94	rec # 45082			80.00	915.38
7-5 94	rec # 45192			67.00	842.38
8-3 94	rec # 45297			67.00	775.38
9-6-94	rec # 45399			80.00	695.38



NAME

ACCT. NO.



ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
					627.38
10-4 94	REC # 45518			67.00	628.38
11-4 94	REC # 45624			67.00	561.38
12-4 94	REC. # 45712			67.00	494.38
1-4-95	R # 45788			67.00	427.38
2-6 95	REC # 45899			67.00	360.38
3/6/95	REC # 45983			67.00	293.38
4/4/95	REC # 46082			50.00	223.38
5/4/95	REC # 46181			67.00	156.38
6/5 95	REC # 46297			70.00	86.38
7/5 95	REC # 46392			86.38	0

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46082



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-7, 19 95

From: Betty Motz Address: 744 Alameda Dr. S.D. CA 92114

Seventy & 2/100 Dollars (\$ 70.00)

In Payment of Pre-Need Lot & Trust - T.S. Vault

O/C, Handling fee, Pre. fee, Tax on Vault

Lot 276 Grave 1 Row - Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11100

BALANCE DUE \$229.38

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	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>70.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>70.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45712

Date: Dec. 4, 19 94

From: Beth Motz Address: 7444 Glamoc Dr. San Diego, CA 92114

~~527-3400~~ Simply seven dollars and 00/100 Dollars (\$ 67.00 )

In PART Payment of PRE-NEED LOT & TRUST

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11100

BALANCE DUE \$ 494.38

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE.

CREDIT	87007	
20% Sales Com	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	<u>67.00</u>
	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>67.00</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

ISSUED BY Lottie Golden



OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

45983

MOUNT HOPE CEMETERY

527-3400

Date: 3/6, 1995

From: Betty Matz Address: 944 Alameda Dr. #20, 92114

Sixty Seven & Two Dollars (\$ 67.00)

In Pre-need lot & trust - T-3 Vault, handling

fee, tax on vault, & fee

Lot 276 Grave 1 Row - Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11100

BALANCE DUE 17 293.38

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	
80% Sales of Lots	100	
77184		
Opening/ Closing	100	
77181		
Burial Containers	100	
77182		
Handling Fee	100	
77186		
Recording & Misc. Fees	100	
77183		
Pre-Need Trust	63033	<u>67.00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>67.00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45518

Date: 10-4, 1994

From: Guy Seggie Address: 744 GLENCOE DR., SD 92114

SIXTY-SEVEN & 100/100 Dollars (\$ 67.00 )

In \_\_\_\_\_ Payment of PRE-NEED LOT & TRUST FOR BETTY MOTZ

Lot 276 Grave 11 Row \_\_\_\_\_ Section 2 Division 12  
 Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11100

BALANCE DUE \$628.38

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. Ranch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/	77184		
Closing	100		
Burial	77181		
Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	100		
	77183		
Pre-Need Trust	63033		
	9022		<u>67.00</u>
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>67</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

45399



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

MOUNT HOPE CEMETERY  
527-3400

Date: 9-6, 1994

From: Greg & Betty Katz Address: 744 Clewaco Dr. Ste 320  
Escondido 71110

In \_\_\_\_\_ Dollars (\$ 70.00 )  
Payment of Pre-Need Trust + Trust for Betty Katz

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 10

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-11110  
BALANCE DUE \$1695.38

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	53033	<u>80.00</u>
9022		
Sales Tax	60101	
78390		
TOTAL PAID	\$	<u>80.00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

ISSUED BY [Signature]



OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46181

Date: May 4, 19 95

From: Betty Motz Address: 744 Marlow Dr S.D. CA 92114

Sixty Seven 1/4 00/100 Dollars (\$ 67.00 )

In \_\_\_\_\_ Payment of Pre-need Lot & Trust

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11100

BALANCE DUE \$ 156.38

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 Jm Clark

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handing Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>67.00</u>
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>67.00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

45893



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

MOUNT HOPE CEMETERY  
527-3400

Date: Feb 6, 1995

From: Bety Motz Address: 744 GLENCO DR S D CA 92114

sixty seven Dollars (\$ 67.00 )

In part Payment of Due - need lot / trust

for Motz Bety

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 11100

BALANCE DUE 360.38

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 V. Belobins

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>67</u>	<u>00</u>
Sales Tax	8022		
	80101		
	78390		
TOTAL PAID	\$	<u>67</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45624

Date: NOV 4, 19 94

From: GUY SEGGIE Address: 744 GLENCOE DR, SD 92114

SIXTY-SEVEN AND 100/1000 Dollars (\$ 67.00 )

In PART Payment of PRE-NEED LOT & TRUST BETTY MOTZ

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11100

BALANCE DUE 11,561.38

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	
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
TOTAL PAID	77185	<u>67.00</u>
	77183	
	63033	
	9022	
	60101	
	78390	
		<u>67.00</u>



OFFICIAL RECEIPT

44908



WHITE.....TO CUSTOMER  
CANARY.....CEMETERY  
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: 5-2- 19 94

From: BETTY MOIZ Address: 744 GLENCOE DR.

SEVENTY TWO AND 2/100 Dollars (\$ 72.00 )

In PART Payment of PREPAID LOT / TRUST

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division 12 Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 11100

BALANCE DUE 995.38

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. Trague

CREDIT	67007		
20% Sales Care	77184	<u>35</u>	<u>-</u>
80% Sales of Lots	100	<u>37</u>	<u>-</u>
77184			
Opening/Closing	100		
77181			
Burial Containers	100		
77182			
100			
Handling Fee	77185		
Recording & Misc. Fees	100		
77183			
Pre-Need Trust	63033		
9022			
Sales Tax	60101		
78390			
TOTAL PAID	\$	<u>72</u>	<u>-</u>

OFFICIAL RECEIPT

44793



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

From: Betty Motz / Gary Lynn Address: 744 Glenview Dr. SD 92114 Date: 4-4, 1994

Jacky - Susan Dollars (\$ 67 )

In \_\_\_\_\_ Payment of Pre Need Fee + Trust fee  
Betty Motz

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 13

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-111W  
BALANCE DUE \$1067.31

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	<u>67</u>	<u>00</u>
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	\$	<u>67</u>	<u>00</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44580

Date: 2-4, 19 94

From: GUY SEGGIE Address: 744 GAENCHE DR. S.D. 92114

SEVENTY and 00/100 Dollars (\$ 70.00 )

In PART Payment of PRE-NEED LOT & TRUST FOR BETTY MOTZ

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11100

BALANCE DUE 1201.39

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

*[Signature]*

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>70</u>	<u>00</u>
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	80101		
78390			
TOTAL PAID	\$	<u>70</u>	<u>00</u>



OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44414

From Guy, Lorne Address: 744 Glenview Dr. N Date: 12-6, 1993  
Empty Dollars (\$) 10.-  
 In Payment of Pre-Need Trust & Trust for Betty Metz

Lot 276 Grave 1/1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11100  
 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	67007		
20% Sales Care	77184		
80% Sales of Lots	100	80	00
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	80	00

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44301

Date: 11-4, 1993

From: Greg Leggo for Betty Address: 740 Gilman Dr SE

Eighty Dollars (\$ 80 - )

In Payment of Pre Need Trust

Lot 216 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11102

BALANCE DUE 2/4/83

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 Walt

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>80.00</u>
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	\$	<u>80.00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

44287

Date: Nov 7, 19 93

From: Guy Segre Address: 744 Glencoe Dr S. 2 CA 92114

One hundred <sup>00/100</sup> Dollars (\$ 100.00 )

In part Payment of pre-need lot-trust for Betty Moore

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-1100

BALANCE DUE \$1499.38

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	
25% Sales Care	77184	
80% Sales of Lots	100	<u>100.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	83033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>121.00</u>



OFFICIAL RECEIPT

44209



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

Date: 10-7, 1993

From: Gay Logg Address: 704 Camino del Rio N. # 92112

In Security Dollars (\$ 70.)  
 Payment of Pre-Need Fee - Trust for Betty Marie

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 13

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11100  
 BALANCE DUE 4,159.35

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>70.00</u>
	77184	
Opening/Closing	100	
	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	
	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>70.00</u>

Pre-Need Lot  At Need  On Acct   
 Pre-need Trust  Cash  Check

ISSUED BY [Signature]

OFFICIAL RECEIPT

44492



WHITE ..... TO CUSTOMER  
CANARY ..... CEMETERY  
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
PROPERTY DEPARTMENT  
MOUNT HOPE CEMETERY  
527-3400

Date: 1/4, 1904

From: Guy Sigg Address: 744 Glencoe Dr. S.D. CA 92114  
Sixty-seven and 00/100 Dollars (\$ 67.00 )

In Port Payment of Pre-need lot - trust

Lot 276 Grave 1 Row \_\_\_\_\_ Section 7 Division Block 13

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11100

BALANCE DUE \$1271.33

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 [Signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>67 00</u>
	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	\$	<u>67 00</u>

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

45297

Date: Aug 3, 19 94

From: Guy Seppie Address: 722 Sunnyside Ave Comite Village

Sixty-seven and 00/100 Dollars (\$ 67.00 )

In Part Payment of Pre-need trust for Betty Mott

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11100  
775.38  
 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	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
	77184	
Opening/Closing	100	
	77183	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	<u>67.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>67.00</u>



OFFICIAL RECEIPT

45192



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
 MOUNT HOPE CEMETERY  
 527-3400

Date: 7-5, 19 74

From: Betty Matz Address: 744 GLENVIEW DR. SD. 72114  
Sixty-seven Dollars (\$ 67.00 )

In PART Payment of PRE-NEED Lot + TRUST

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-11100

BALANCE DUE 872.38

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 P. Ferguson

CREDIT	87007	
20% Sales Comm	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial Containers	100	
	77181	
Handling Fee	100	
Recording & Misc. Fees	77182	
Pre-Need Trust	100	
Sales Tax	77185	
	100	
	77163	
	63033	<u>67.00</u>
	9022	
	60101	
	75390	
TOTAL PAID	\$	<u>67.00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46392



WHITE..... TO CUSTOMER  
CANARY..... CEMETERY  
PINK..... AUDITOR

MOUNT HOPE CEMETERY  
527-3400

Date: 7-5, 1995

From: Betty Mats Address: 744 Monroe Dr S.D. 92114

In Eight hundred & 38/100 Dollars (\$ 86.38)  
Payment of Pre-need lot & trust

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
Acct. No. \_\_\_\_\_  
W.O. E-11100  
BALANCE DUE \_\_\_\_\_

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
'PAID' IN THIS SPACE

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
Pre-Need Trust	77183	
Sales Tax	63033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>86.38</u>

Pre-Need Lot  At Need  On Acct   
Pre-need Trust  Cash  Check

ISSUED BY Carolyne

OFFICIAL RECEIPT



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

45082

Date: 6-3, 1994

From: Guy, Seggie Address: 744 Glenora Dr S.D. Ca 92114  
eighty dollars Dollars (\$ 80.00 )

In full Payment of pre-need trust  
for Motz, Betty

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E 11100

BALANCE DUE 95.00

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 V. Babosky

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
	77184		
Opening/Closing	100		
	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033	<u>80</u>	<u>00</u>
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>80</u>	<u>00</u>

13230



OFFICIAL RECEIPT

44680



WHITE ..... TO CUSTOMER  
 CANARY ..... CEMETERY  
 PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA  
 PROPERTY DEPARTMENT  
**MOUNT HOPE CEMETERY**  
 527-3400

From Betty / Note Date: 3-4 19 94  
Sixty Seven Address: 744 Clarence Dr, SA

In Payment of Pre Need Lot - Trust Dollars (\$ 670)

Lot 276 Grave 1 Row \_\_\_\_\_ Section 2 Division Block 12

Invoice No. \_\_\_\_\_  
 Acct. No. \_\_\_\_\_  
 W.O. E-11100  
 BALANCE DUE \$1134.31

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	<u>67</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	53033		
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>67</u>	<u>00</u>

OFFICIAL RECEIPT



WHITE..... TO CUSTOMER  
 CANARY..... CEMETERY  
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46297

Date: 6-5- 19 95

From: Betty Matz Address: 744 Glencoe DR S D CA 92114  
seventy dollars Dollars (\$ 70 00)

In part Payment of pre-need lot & trust  
for Matz, Betty

Lot 276 Grave 1 Row  Section 2 Division Block 12

Invoice No. \_\_\_\_\_

Acct. No. \_\_\_\_\_

W.O. E-1100

BALANCE DUE 86 38

NOT VALID FOR PURPOSE STATED UNLESS STAMPED  
 "PAID" IN THIS SPACE.

CREDIT	57007		
20% Sales Com	77184		
80% Sales of Lots	100		
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
	100		
	77183		
Pre-Need Trust	63033	<u>70</u>	<u>00</u>
	9022		
Sales Tax	60101		
	76390		
TOTAL PAID	\$	<u>70</u>	<u>00</u>

Pre-Need Lot  At Need  On Acct

Pre-need Trust  Cash  Check

ISSUED BY V. Bealshy



CITY OF SAN DIEGO, CALIFORNIA  
MOUNT HOPE CEMETERY

12020

E 11100

**D H C D**

**OWNERSHIP AND INTERMENT PRIVILEGES**

TO BETTY MOTZ for the sum of \$ 795.00 (DOLLARS)

LEGAL DESCRIPTION Lot 276 Grave 1 Section 2 Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-11100

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**

*J. Lisa Waite*  
Cemetery Manager

*J. T. Swain*  
Real Estate Assets Director