

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/15/95

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

of Patricia Mauro PA# 1177060
in a liner Funeral, date, time Fri 3/17/95 @ 1PM
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

Lot 135 Grave 6 Row Section 7 Division/Block 12

Grave space & Care Fund 124.00

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 # 951540

Acct. # 000952

Work Order # E

PY-593 (Rev. 8-92)

12100

P.A. BURIAL

P.A. Katherine Howard



CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

E 12100

Make Remittance Payable to
CITY TREASURER

P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

7-17-45

BY: CA (CC) IF

PAYMENT REF NO 04-854568

AMT PAID:

386.00

INVOICE DATE
03/21/95PAYMENT DUE
04/20/95PERIOD COVERED
FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-2120-12100

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

PATRICIA MAURO PA 1177060 SVCS

LOT 135 GRAVE#5 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. 251540

E12100

73

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) PATRICIA	1B. MIDDLE -	1C. LAST (FAMILY) HAURO	2. DATE OF BIRTH MONTH, DAY, YEAR 11/19/1921	3. DATE OF DEATH MONTH, DAY, YEAR 03/12/1995	4. SEX F
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 PUBLIC ADMINISTRATOR, KATHRON HOWARD 5201A RUFFIN ROAD SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HENLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ed Leash</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 03/16/1995	

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 03/16/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9503665
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222		
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			

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 MT HOLY CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 3/17/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Walt</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>Preserved and 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

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-16-95

PA 1177206

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOHN (94-1988) DOE

In a _____ Vault/Urns Funeral, date, time _____

Church, Chapel, Graveside _____: Rosedale Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

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

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 386.00

Paid receipt number _____

Balance due _____

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 12101

PY-593 (Rev. 8-92)

Invoice # _____

Acct. # _____

Rebecca Barr

VOID
APR 12 1995
E-12117

INTERMENT
CENTER.
RIGHT

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/17/95

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

of Mrs. Thubbs 4-5-95 (V.B.)

In a ash vault Funeral, date, time AYD - as soon as possible

Church, Chapel, Graveside delivery only: Caring Cremation 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. M. Thubbs

War time veteran no

Lot 56 Grave 10 Row 3 Division/Block 5

Grave space & Care Fund Pre-need A-8818

Additional spaces and care fund 0

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 100.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 3.85

Total Due 268.85

Paid receipt number VISA 268.85

Balance due 0

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

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

Signature of recorded holder of deed

Work Order # E

PY-593 (Rev. 8-92)

12102

M. Thubbs for Kenneth Thubbs

1011 Box 36

Chertex TX 75497

(203) 383-2674 Zip Code

Telephone

Invoice #

Acct. #

Family wants
the ashes buried
over the chest of
the full body
burial.

Jane

CARING CREMATION
67230
5 12102
81

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) MYRA	1B. MIDDLE -	1C. LAST (FAMILY) GRUBBS	2. DATE OF BIRTH MONTH DAY YEAR 09/02/1913	3. DATE OF DEATH MONTH DAY YEAR 03/14/1995	4. SEX F
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 KENNETH GRUBBS—NEPHEW ROUTE #1 BOX 36 YANTIS, TX 75497		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CARING CREMATION SERVICES OF S.D. P.O. BOX 711036 S.D. CA 92171-9972		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1516	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rosa Nava</i>		
ACKNOWLEDGMENT OF APPLICANT <small>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.</small>		8B. DATE SIGNED 03/21/1995			

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>		8A. AMOUNT OF FEE PAID \$7.00	8B. DATE PERMIT ISSUED 03/21/1995	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9503831
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS					
<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 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 MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 4/5/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE S.D. CA 92113	12B. DATE CREMATED 3/21/95	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
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

PA 1177192

Date 3-17-95

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

of DOE, 94-2265 JOHN

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ : Conrad-L.G. Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

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

Grave space & Care Fund _____ 126.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 165.00

Burial Container _____ 50.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due _____ 386

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 12103

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/17/95

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

of John Doe PA# 1177176 MEDICAL ID# 922469

in a liner Funeral, date, time MON 3/24/95 @ 2PM

Church, Chapel, Graveside delivery only : Erickson Mortuary (Schin)

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 142 Grave 5 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 # 251539

Acct. # 000952

Work Order # E

PY-593 (Rev. 8-92)

12104



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P.O. Box 2289

San Diego, California 92112
Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE

BY: CA ☒ IF

PAYMENT REF NO

AMT PAID:

INVOICE DATE
03/21/95

PAYMENT DUE
04/20/95

PERIOD COVERED
FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-12104
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JOHN DOE PA 117176 SERVICES
LOT 142 GRAVE 5 SEC 1 DIV 12
OPENING/CLOSING
LINER
RECORDING FEE

126.00
165.00
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, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE.

INV NO. 251539

E12104

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) John		1B. MIDDLE -	1C. LAST (FAMILY) Doe		2. DATE OF BIRTH MONTH, DAY, YEAR unknown	3. DATE OF DEATH MONTH, DAY, YEAR 12/12/1992	4. SEX m
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 San Diego County Public Administrator 520 La Jolla Village Rd San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Erickson-Anderson Mortuary 8390 Allison Ave., LA Mesa, CA 91941				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD296		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED 03/17/1995	

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 2100 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 03/17/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9503739
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 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 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 Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 3/2/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pressboard	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 3/17/95

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

of Willard M. Dewey (LFR)

In a liner Funeral, date, time 3/24/95 10:30 AM

Church, Chapel, Graveside Chapel & graveside Linn- 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. X F. E. Saxon

War time veteran yes

Lot 159 Grave - Row - Section 3 Division/Bleak 8

Grave space & Care Fund PAID Pre-Necr D-2421 D.I.P. (E-1232)

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container MAR 21 1995 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF 0

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 768.30

Paid receipt number PAID MASTERCARD 768.30

Balance due 0

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

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

Signature of recorded holder at deed

X Floyd E Saxon
Signature 2811 Ledge-top #6
Address Spring Valley 91977
City 464-6887 Zip Code
Telephone

Work Order # E
PY-593 (Rev. 8-92)

12105

Invoice # _____

Acct. # _____

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) WILLARD	1B. MIDDLE MORRIS	1C. LAST (FAMILY) DEWEY	2. DATE OF BIRTH MONTH, DAY, YEAR 01/17/1918	3. DATE OF DEATH MONTH, DAY, YEAR 03/17/1995	4. SEX M
5A. CITY OF DEATH CHULA VISTA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ROBERT VROEGINDEWEY - BROTHER 2855 CARLSBAD BLVD #245 CARLSBAD, CA 92008		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Don De</i>	
8B. DATE SIGNED 03/20/1995					

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 03/20/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>R. R. R.</i>
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222		
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 --			

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

- ☒ 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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>W. D. W.</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A WOOD & CLOTH	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-20-95

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

of Ganet M. Addy

In a liner Vault/Liner Funeral, date, time 3/21/95 TUES. @ 11AM

Church, Chapel, Graveside graveside : Paris-Fredrick 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 PM

War time veteran no

✓ Lot 351 Grave - Row - Section 3 Division/Block 8

Grave space & Care Fund Pre-nud @ D-2733 0

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 0 130.00

Recording and filing fee 45.00

Sales taxes 13.30

Total Due \$768.30

Paid receipt number RC # 46088 \$192.00

Balance due 576.30

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

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

Signature of recorded holder of deed

X PM Mitchell
Signature 538 Danny St
Address El Cajon CA 92021
City 4484204 Zip Code
Telephone

Work Order # E

12106

Invoice #

Acct. #

MT. HOPE CEMETERY

W.O. # E-12106

NOTE

\$ 576.30 San Diego, California March 20 1995

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 Seventy Six & 34/100 DOLLARS with interest from April 21, 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 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

P Mitchell

SIGNATURE

P Mitchell

ADDRESS

538 Donny St El Cajon CA 92021

CALIFORNIA DRIVER LICENSE NUMBER

N2121734

SSN #

550 086606

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46038

Date: March 20, 19 95
 From: Pam Mitchell Address: 10450 N. Magnolia Ave. #2 San Diego
One Hundred Twenty Two Dollars (\$ 192.00)

 In _____ Payment of Interment of Janet Addy

 Lot 351 Grave - Row - Section 3 Division 8 Block 8

Invoice No. _____

Acct. No. _____

W.O. E-12106BALANCE DUE \$ 576.30Pre-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

In Clark

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	
Opening/Closing	77184	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>192.00</u>

3500
3-31-95

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46040

Date: March 21, 1995
 From: Don Mitchell Address: 538 Darnley St. El Cajon 92021
Five Hundred Seventy Six 3400 Dollars (\$ 576.30)

 In _____ Payment of Interment of Janet Addy

 Lot 351 Grave - Row - Section 3 Division 8 Block -

Invoice No. _____

Acct. No. _____

W.O. E-12106BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	183 00
Closing	77181	
Burial	100	190 00
Containers	77182	
	100	145 00
Handling Fee	77185	
Recording &	100	45 00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	13 30
	78390	
TOTAL PAID	\$	576 30

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

ISSUED BY

m Clark

E12106

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) JANET	1B. MIDDLE MARIE	1C. LAST (FAMILY) ADDY	2. DATE OF BIRTH MONTH DAY YEAR 06/07/1910	3. DATE OF DEATH MONTH DAY YEAR 03/17/1995	4. SEX F
5A. CITY OF DEATH LA MESA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PAM MITCHELL GRANDDAUGHTER 538 DANNY STREET EL CAJON, CA 92021		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PARIS-FREDERICK MORTUARY 374 N. MAGNOLIA AVE., EL CAJON, CA 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 795	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Pam 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 03/21/1995			

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 03/21/1995 PEGGY VANCIL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9503832
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 P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA	11B. DATE BURIED 3/21/95	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 3-20-95

RIGHT
CENTER

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of SHIDICHI YONEKURA ☒ FRI 24

in a ASH VAULT Funeral, date, time SAT 3-25-95 @ 10AM

Church, Chapel, Graveside GRAVESIDE LAUREL Col. 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 Betty Kusaka

War time veteran NO

☒ Lot 38 Grave 1 Row - Section 11 Division/Block 7

Grave space & Care Fund PRE-NEED @ A-5423 ☒

Additional spaces and care fund ☒

Opening/Closing & Setup PRE-NEED D-6321 ☒

Burial Container PRE-NEED D-6321 ☒

Handling Fees ☒

Flower vases - Marker setting fee ☒

Recording and filing fee PRE-NEED D-6321 ☒

Sales taxes ☒

Total Due ☒

Paid receipt number

Balance due ☒

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

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

Signature of recorded holder of deed

X Betty Kusaka
Signature
219 A St
Address
Chula Vista
City
91910 420-1284 Zip Code
Telephone

Work Order # E

PY-593 (Rev. 8-92)

12107

Invoice #

Acct. #

LEWIS COLONIAL 67229 E12107 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) SHIQICHI	1B. MIDDLE --	1C. LAST (FAMILY) YONEKURA	2. DATE OF BIRTH MONTH DAY YEAR 01/01/1925	3. DATE OF DEATH MONTH DAY YEAR 03/19/1995	4. SEX M
5A. CITY OF DEATH CHULA VISTA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT BETTY KUSAKA - SISTER 219 'D' STREET CHULA VISTA, CA 91910		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE PD 480	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 03/21/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 3/21/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	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 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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY/MAUSOLEUM 3953 IMPERIAL AVE SAN DIEGO, CA 92113	12B. DATE CREMATED 3/21/95	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 SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED RE- MAINS DISPOSER —IF APPLICABLE	

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-20-95

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

of Gerry Myrick
in a Double Crypt Funeral, date, time THURS 1PM 3/23/95

Church, Chapel, Graveside graveside : Feathermigel 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.M.B.

War time veteran no

Lot 32 Grave 10 Row — Section 2 Division/Bleek 12

Grave space & Care Fund Pre-need E-1034

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee 23.70

Recording and filing fee 42.00 45.00

Sales taxes 26.60

Total Due 1175.30 1446.60

Paid receipt number 1167.30

Balance due

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

Work Order #

E 12108

PY-593 (Rev. 8-92)

Signature

Address

City

Telephone

Invoice #

Acct. #

ID # 812135

Barry Barron

4348 - McIntosh St

S. D. CA. 92105 Zip Code

202-9617

251700 351866

084711 084760

MT. HOPE CEMETERY

45 DAY

NOTE

W.O. # E-12108

\$ 1173.30

San Diego, California

March 20 19 95

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 & 34/100 DOLLARS with interest from May 5, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME

MARY BARRON

SIGNATURE

Mary Barron

ADDRESS

4245 McClinton St. San Diego, Ca. 92105

CALIFORNIA DRIVER LICENSE NUMBER

R0906339

SSN #

425-30-3558

E12108

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) JEREMIAH	1B. MIDDLE C.	1C. LAST (FAMILY) MYRICK	2. DATE OF BIRTH MONTH DAY YEAR 08/31/1929	3. DATE OF DEATH MONTH DAY YEAR 03/19/1995	4. SEX M
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 Mary Barron, friend 4348 McClintock St. San Diego, CA 92105	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORTUARY 6322 El Cajon Blvd San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>B. Barron</i>	
8B. DATE SIGNED 03/21/1995					

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 7190 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 \$7.00	9B. DATE PERMIT ISSUED 03/21/1995 Edward Feazell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9503841
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P. O. Box 85222, San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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 Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 3/23/95	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 RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-20-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA # 1177184

in a Linco Vault/Urn Funeral, date, time WED 3/29/95 @ 1AM
Church, Chapel, Graveside Del. City 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 12 Grave 1 Row - Section 1 Division/Block 12

Grave space & Care Fund	<u>126.00</u>
Additional spaces and care fund	<u>0</u>
Opening/Closing & Setup	<u>165.00</u>
Burial Container	<u>50.00</u>
Handling Fees	<u>0</u>
Flower vases - Marker setting fee	<u>0</u>
Recording and filing fee	<u>45.00</u>
Sales taxes	<u>0</u>
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

12109

PY-593 (Rev. 8-92)

Invoice # 251882

Acct. # 000952

E 12109

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) JOHN	1B. MIDDLE —	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH, DAY, YEAR UNKNOWN	3. DATE OF DEATH MONTH, DAY, YEAR 01/24/1995	4. SEX M
5A. CITY OF DEATH OCEANSIDE	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PARK CREST FUNERAL HOME 2441 UNIVERSITY AVE., SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1507		
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.			8A. SIGNATURE OF APPLICANT—Person taking permit. <i>[Signature]</i>		
			8B. DATE SIGNED 3/29/1995		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 03/29/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO 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		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 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 MT HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 3/29/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Wood - Iron Sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT 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 RE- MAINS 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.

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

VS 9 (REV. 6/91)

WOODS
NOT
SEALER



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E 12109
0.32

Make Remittance Payable to
CITY TREASURER

P.O. Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

ACCT NO
000952

CA 92123

Received
5-9-95

TREASURERS USE ONLY

PAYMENT DATE

5-8-95

BY: CA CK IF

PAYMENT REF NO

04-806636

AMT PAID:

\$386.00

INVOICE DATE

03/30/95

PAYMENT DUE

04/29/95

PERIOD COVERED

FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12109

DEPT: PROPERTY DEPT: MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JOHN DUE PA LL77L84 SERVICES

LOT 12 GRAVE 1 SEC 1 DIV 12

OPENING/CLOSING

LINER

RECORDING FEE.

126.00

165.00

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, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE.

INV NO. 251882

White - Customer Copy * Yellow - Remittance Copy

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-20-95

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

in a Ash Vault Funeral, date, time SAT 3-25, 10:00A.M

Church, Chapel, Graveside Graveside; Lewis Colon 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 _____ 210.00

Recording and filling 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 12110

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3/20/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Davenport Jr.

In a COSM VAULT Funeral, date, time MON 3/27/95 @ 1 PM

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 \$ 125.00

will be applied and billed to undersigned. [Signature]

War time veteran NO

✓ Lot 114 Grave 4 Row - Section 2 Division/Block 12

Grave space & Care Fund Pr-Nud @ D-8536

Additional spaces and care fund

Opening/Closing & Setup 105.00

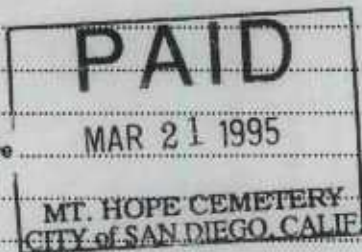
Burial Container 55.00

Handling Fees 100.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 3.85



Total Due 268.85

Paid receipt number REC # 46042 268.85

Balance due 0

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

[Signature]
Address 7453 GUTHRIE WAY
SAN DIEGO 92114
City San Diego Zip Code 92114
Telephone 262-5626

Work Order # E

Invoice #

Acct. #

12111

CYPRESS VIEW
67248 E 1211

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) David	1B. MIDDLE Marcus	1C. LAST (FAMILY) Davenport, Sr.	2. DATE OF BIRTH MONTH DAY YEAR 04/27/1954	3. DATE OF DEATH MONTH DAY YEAR 03/17/1995	4. SEX Male
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 INFORMATION Bessie M. Davenport- Mother 7453 Guthrie Way San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Cypress View/Bonham Brothers 3953 Imperial Avenue, San Diego, CA 92113		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-670	8A. SIGNATURE OF APPLICANT—Person taking permit [Signature]		
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 03/21/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 03/21/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9503896
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA San Diego County - Vital Records P.O. Box 85222, San Diego, CA 92186	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA -		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

<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)
---	--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA	11B. DATE BURIED 3/27/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cypress View Crematory 3953 Imperial Avenue, S.D., CA 92113	12B. DATE CREMATED 3/24/95	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	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

MOUNT HOPE CEMETERY

527-3400

46042

Date: March 21, 1995From: Bruce Greenport Address: 7453 Mulberry Way S.D. 92114Two Hundred Sixty Eight & 85/100 Dollars (\$ 268.85)In _____ Payment of Interment of Bruce Greenport Sr. @Lot 114 Grave 4 Row - Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12111BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

554
2324
268.85

ISSUED BY

M. Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/	100	<u>105</u>	<u>00</u>
Closing	77181		
Burial	100	<u>5</u>	<u>00</u>
Containers	77182		
	100	<u>60</u>	<u>00</u>
Handling Fee	77185		
Recording & Misc. Fees	100	<u>45</u>	<u>00</u>
77183			
Pre-Need Trust	83033		
	9022		
Sales Tax	60101	<u>3</u>	<u>85</u>
	78390		
TOTAL PAID	\$	<u>268</u>	<u>85</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/20/95

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

of Rev. Carl W. Johnson

in a liner Vault/Liner Funeral, date, time SAT 3/25/95 11AM

Church, Chapel, Graveside GRAVESIDE : Featheringill Mortuary (Ed)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150⁰⁰

will be applied and billed to undersigned. X

War time veteran no

Lot 118 Grave 8 Row — Section 1 Division/Block 12

Grave space & Care Fund PR-TRUD E-1889 0

Additional spaces and care fund SAT OVERTIME FEE 600.00

Opening/Closing & Setup PR-TRUD E-1889 0

Burial Container liner PR-TRUD E-1889 0

Handling Fees 145.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 0

Total Due 790.00

Paid receipt number R-46055 790.00

Balance due —

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

24982 Carol Lane

Address

Thayuna Hills CA 92653

City

714-837-2047

Telephone

Zip Code

Invoice #

Acct. #

Work Order # E 12112

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46055

Date: 3/27, 1995From: Featherhill Mortuary Address: 6322 El Cajon Bl, El C 92115Seven hundred ninety 9 no/100 Dollars (\$ 790.00)In _____ Payment of Interment of Rev. Carl W. JohnsonLot 118 Grave 8 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12112BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

6343

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	145 00
Recording &	100	
Misc. Fees	77183	645 00
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78380	
TOTAL PAID	\$	790 00

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) CARL	1B. MIDDLE WILLHELM	1C. LAST (FAMILY) JOHNSON	2. DATE OF BIRTH MONTH DAY YEAR 12/31/1902	3. DATE OF DEATH MONTH DAY YEAR 03/19/1995	4. SEX M
5A. CITY OF DEATH Spring Valley		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Steve Truesdale</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 03/21/1995			

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 \$7.00	9B. DATE PERMIT ISSUED 03/21/1995 Steve Truesdale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9503874
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P. O. Box 85222, San Diego CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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)
--	--

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 3/25/95	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.

INTERRED
LEFT,
CENTER

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/20/95

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

of Jadewy A. Saez WED 5/17/1995

in a ash vault Funeral, date, time Tue 5/16 A.Y.D.

Church, Chapel, Graveside delivery only Greenwood prepared the 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 36 Grave 2 Row — Section GAR Division/Block 2

Grave space & Care Fund @ Pre-Paid ~~###~~ E-8931 0

Additional spaces and care fund 0

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 100.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 3.85

Total Due 268.85

Paid receipt number 46256 268.85

Balance due 0

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

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

Signature of recorded holder of deed

X Barbara Saez
Signature
105 Merrimac Street
Address
X New Bedford MA 02740
City
X 508-9845703
Telephone
Zip Code

Work Order #

PY-593 (Rev. 8-92)

✓
12113

Invoice #

Acct. #

E 12.113



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department
527-3400

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

April 19, 1995

Barbara Baczek
105 Merrimac Street
New Bedford, MA 02740

Dear Ms. Baczek:

We are in receipt of your father's remains, your check for payment of his interment and the Interment Order that you signed.

However, we are also required by the State of California to have a Burial Permit prior to any burial in a cemetery in California. Burial permits are obtained via Mortuaries. I am enclosing a list of local mortuaries and their phone numbers for you. I am sure that any of them would assist the mortuary you dealt with in obtaining this permit for you. The mortuary that is closest to our cemetery is Greenwood. I have highlighted their phone number for you. You may of course pick any of those listed to work with the mortuary you worked with. The permit is obtained from the County of San Diego. The mortuary here will explain to the mortuary who services you utilized what documentation is required from them in order to obtain the permit from the County of San Diego. The mortuary that assists you in this matter should be instructed to bring the Burial Permit to our office. Upon receipt of the permit, we will then schedule the burial of Mr. Baczek. Until we receive the permit, we will keep the remains and we will also hold the check you remitted. Your check will be deposited after the burial has been completed.



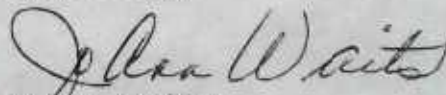
DIVERSITY
BRINGS US ALL TOGETHER

Page 2.

I sincerely apologize for any inconvenience this may cause you. The person from our office that you spoke with is new and is in training and she inadvertently forgot to mention that the California Burial Permit is also required. Again, I apologize for this oversight in her conversation with you.

Upon receipt of the Burial Permit, we will phone you to let you know when the burial is schedule to take place. In the mean time, if we can be of any further assistance to you, please contact us.

Sincerely,

A handwritten signature in cursive script, appearing to read "JoAnn Waits".

JoAnn Waits,
Cemetery Manager

April 7, 1995

Dear Michele,

Enclosed please find the interment order for our father's ashes along with a check in the amount of \$268.85 to cover the cost of the interment. I would appreciate it immensely if you would telephone, (collect), to let us know when the interment is to take place. Although we will not be there we would like to know the date and time.

Thank you for your assistance. It has been a great comfort.

Sincerely,

Barbara Baczek

Barbara Baczek

EATON'S
CORRASABLE
BOND
USA
BERKSHIRE
25% COTTON FIBRE

E 12113

CREMATION CERTIFICATE

CREMATION SERVICES OF NEW ENGLAND, INC.

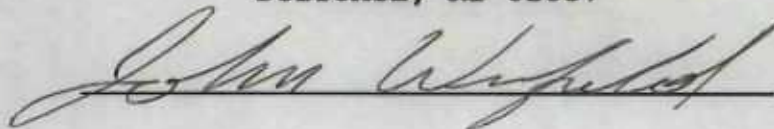
DATE Aug 11, 1992

HEREBY CERTIFIES THAT THE BODY OF TADEUSZ A. BACZEK
WAS CREMATED ON Aug 11, 1992 AND ARE RECORDED IN OUR
FILES AS 3654.

THE BURIAL PERMIT AND CERTIFICATE OF THE MEDICAL EXAMINER
WITH ALL INFORMATION PERTINENT TO THE ABOVE WERE FILED
WITH THE TOWN OF SCITUATE AND SHOWS Aug 8, 1992 AS
THE DATE OF DEATH AT 78 YEARS OLD.

CREMATION SERVICES OF NEW ENGLAND, INC.

PO BOX 216
SCITUATE, RI 02857



CERTIFICATE SHOULD ACCOMPANY CREMAINS TO FINAL RESTING

TADEUSZ A. BACZEK

MORTUARIES AND CEMETERIES - SAN DIEGO COUNTY

Am Isreal Mortuary	583-8850	6316 El Cajon Blvd., SD	92115
Anderson-Ragsdale Mortuary	263-3141	5050 Federal Blvd., SD	92102
Beardsley-Mitchell Mortuary	223-7181	1818 Sunset Cliffs Blvd., SD	92107
Berge-Roberts Mortuary	474-6565	607 National City Blvd., NC	92050
California Burial	234-3272	5880 El Cajon Blvd., SD	92115
Carroll's Mortuary	440-8033	684 S. Mollison Ave., EC	92020
Clairemont Mortuary	279-2211	4266 Mt. Abernathy, SD	92117
Conrad Mortuary	460-4601	7387 Broadway, LG	92045
Cypress View Mortuary	264-3168	3953 Imperial Ave., SD	92113
El Cajon Mortuary	442-6677	624 El Cajon Blvd., EC	92020
El Cajon Cemetery	449-2929	2080 Dehesa Road., EC	92020
" " "	or 442-0052	1371 Partridge Ave., EC(MAIL)	92020
El Camino Mortuary	459-2928	5600 Carroll Canyon Rd., SD	92121
El Camino Cemetery	453-2121	5600 Carroll Canyon Rd., SD	92121
Erickson-Anderson Mortuary	466-3297	8390 Allison Ave., LM	92041
Featheringill Mortuary	583-9511	6322 El Cajon Blvd., SD	92115
Glen Abbey Mortuary	498-4600	P.O. Box 607, CV	92102
Glen Abbey Cemetery	498-4600	Bonita Road, CV	92102
Goodbody's Mortuary	582-1700	5027 El Cajon Blvd., SD	92115
Greenwood Mort. & Cemetery	264-3131	P.O. Box 88, SD	92112
Guadalupana Memorial Chapel and Mortuary	544-9333	2601 Imperial Ave., SD	92102
Heath Funeral Home	477-4139	611 Highland Ave., SD	92050
Holy Cross Cemetery-Catholic	264-3127	4470 Hilltop Drive, SD	92102
Home of Peace Cem. - Jewish	264-0832	3668 Imperial Ave., SD	92113
" " " - Office	286-1867	2512 Third Ave., SD	92103
Hubbard Mortuary	422-6151	321 "E" Street, CV	92010
Humphrey-Chula Vista	425-9111	855 Broadway, CV	92010
Lakeside Mortuary	443-3918	9840 Maine, Lakeside	92040
La Vista Cemetery	262-1225	3191 Orange, National City	92050
Lewis Colonial-Benbough	283-7211	3051 El Cajon Blvd., SD	92104
Mayer Mortuary	281-7055	2859 Adams Ave., San Diego	92116
Merkley-Mitchell Mortuary	295-2177	3655 Fifth Ave., San Diego	92103
Pacific Beach Mortuary	488-5553	4710 Cass Steeet, San Diego	92109
Parkcrest Funeral Home	260-1280	2441 University Avenue, SD	92104
Paris-Frederick Mortuary	442-4411	374 NO. Magnolia, El Cajon	92022
Pinkham-Mitchell Mortuary	423-4787	808 13th St., Imperial Beach	92032
Poway Bernardo Mortuary	566-8211	13243 Poway Road, Poway	92064
Ft. Rosecrans Nat'l Cemetery	533-2084	Point Loma, San Diego	

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) TADEUSZ	1B. MIDDLE A.	1C. LAST (FAMILY) BACZEK	2. DATE OF BIRTH MONTH DAY, YEAR 09/27/1914	3. DATE OF DEATH MONTH DAY, YEAR 08/03/1992	4. SEX M
5A. CITY OF DEATH SCITUATE	5B. COUNTY OF DEATH—OUTSIDE CALIF ENTER STATE RHODE ISLAND		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MICHELE L. CLARK: FRIEND 3558 HELIX STREET SPRING VALLEY, CA 91977		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVE., SAN DIEGO, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i> 8B. DATE SIGNED 05/10/1995		
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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 05/10/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Victoria Meza 9506377
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <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 checked="" 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 CREMATION SCIENTIFIC USE TRANSIT SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5/17/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Walt</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	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.

COPY 2

STATE OF CALIFORNIA, DEPARTMENT

INFORMANT:
Barbara Baczek
(Daughter)
105 Merrimac St.
New Bedford, Mass.
02740
(508) 984-5703

REGISTRAR

VS 9 (REV. 6/91)

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46256

Date: May 24, 1995From: Barbara Baczyk Address: 105 Merrimac St. New Bedford MATwo Hundred Fifty Eight & 25/100 Dollars (\$ 258.85)In _____ Payment of Interment of - Ladwig A. BaczykLot 36 Grave 2 Row _____ Section GAR Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-13113BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1333

ISSUED BY: M. Clark

CREDIT	67007		
20% Sales Com	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	<u>105</u>	<u>00</u>
Closing	77181		
Burial	100	<u>55</u>	<u>00</u>
Containers	77182		
	100	<u>100</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101	<u>3</u>	<u>85</u>
	78390		
TOTAL PAID	\$	<u>258</u>	<u>85</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 03/20/95

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

of Lina Hicks PA# 1176383

in a liner Funeral, date, time THURS 3/23/95 @ 2PM

Church, Chapel, Graveside delivery only : Berge Roberts Mortuary.

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

will be applied and billed to undersigned. —

War time veteran —

Lot 12 Grave 9 Row — Section 1 Division/Bleek 12

Grave space & Care Fund 126.00

Additional spaces and care fund 0

Opening/Closing & Setup..... 1165.00

Burial Container..... 50.00

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes..... 0

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

PY-593 (Rev. 8-92)

Invoice # 251703

Acct. # 000952

12114

E 12114

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) LINA		1B. MIDDLE M.		1C. LAST (FAMILY) HICKS		2. DATE OF BIRTH MONTH DAY YEAR 01/05/1901		3. DATE OF DEATH MONTH DAY YEAR 03/04/1995		4. SEX F	
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 DOROTHY BROWN, FRIEND 910 EUCLID AVENUE APT#56 NATIONAL CITY, CA 91950			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Rosario Beato</i>		8B. DATE SIGNED <i>03/21/95</i>	
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.											
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 03/21/1995 <i>R Beato</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9503868	
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 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								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 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		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102				11B. DATE BURIED 3/23/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
BURIAL		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
CREMATION		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
SCIENTIFIC USE		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
TRANSIT		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY											

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



CITY OF SAN DIEGO, CALIFORNIA

E 12714
0.32

GENERAL INVOICE

Make Remittance Payable to

CITY TREASURER

P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

Received 5/9/95

TREASURERS USE ONLY

PAYMENT DATE

5-8-95 (7)

BY: CA CK IF

PAYMENT REF NO

04-806636

AMT PAID:

\$386.00

INVOICE DATE
03/23/95PAYMENT DUE
04/22/95PERIOD COVERED
FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12114

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

LINA HICKS PA 1176383

LOT 12 GRAVE 9 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.

AC-22 (Rev. 2/92)

White - Customer Copy • Yellow - Remittance Copy

INV NO. 251703

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/21/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DOE, 94-2265 JOHN PA# 1177192

in a liner Funeral, date, time Wed 3/28/95 10:30AM

Church, Chapel, Graveside delivery only : Conrad Mortuary.

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

will be applied and billed to undersigned. —

War time veteran no

✓ Lot 149 Grave 3 Row — Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund 0

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 0

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 12115

Invoice # 251701

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA

E 12115

GENERAL INVOICE

Make Remittance Payable to

CITY TREASURER

P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE

4-10-95

BY:

CA

(CK)

IF

PAYMENT REF NO

04-785058

AMT PAID:

\$ 386.00

INVOICE DATE
03/23/95PAYMENT DUE
04/22/95PERIOD COVERED
FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12115

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JOHN DOE 94-2265 PALL77192

LOT 149 GRAVE 3 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.

White - Customer Copy • Yellow - Remittance Copy

INV NO. 251701

E 12115

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) John		1B. MIDDLE —	1C. LAST (FAMILY) Doe		2. DATE OF BIRTH MONTH DAY YEAR Unknown	3. DATE OF DEATH MONTH DAY YEAR 11/29/1994	4. SEX M
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 San Diego County Medical Examiner 5555 Overland Avenue San Diego, California 92123			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH * CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-941		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED John Conrad 03/26/1995	
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 03/22/1995	
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 CO. OF SAN DIEGO 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 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"/> 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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102		11B. DATE BURIED 3/22/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/21/95

*Pre-need
Lot 3 & Trusts*

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

of Floya Wommell Lord & Shover Cleveland *Churchill*

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 yes

Lot 86 Grave 9410 Row — Section 1 Division/Bleek 11

Grave space & Care Fund 895.00 x 2 1790.00

Additional spaces and care fund PAID IN FULL 0

Opening/Closing & Setup 375.00 x 2 750.00

Burial Container 3-3-1997 250.00 x 2 500.00

Handling Fees 185.00 x 2 370.00

Flower vases - Marker setting fee —

Recording and filing fee 45.00 x 2 90.00

Sales taxes 17.50 x 2 35.00

Total Due 3535.00

Paid receipt number RCR # 46041 884.00

Balance due 2651.00

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

Floya Wommell Lord
Signature Floya Wommell Lord
Address 8878 Kelburn Dr
Spring Valley CA 91977
City Spring Valley Zip Code 91977
Telephone (619) 479-8877

Work Order # E

12116

Invoice # —

Acct. # —

add ✓

E-12116



NAME Churchill, Grover C. & Lord, Floya W. (479-8877) ACCT.NO.

ADDRESS 8878 Kelburn Dr. S.V. CA 91977 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
-21 -95	Opened Pre-Need Lots (2) & Trusts (2)				
	Lots: 86-9&10-1-11 2 @ 895.00	1790.00			
	Trusts: (2) O/C; (2) T.S. Vaults; (2) Hand. fees; (2) Rec. fees; (2) Tax on Vaults.	1745.00			3535.00
-21 -95	Downpayment Rec#46041			884.00	2651.00
6/95	R-46099 CPN 1			110.00	2541.00
5/9/95	Rec#46204 coupon 2			110.00	2431.00
6/7/95	Rec#46317 coupon 3			110.00	2321.00
7/5/95	" 46419 " 4			110.00	2211.00
8/8/95	" 46515 " 5			110.00	2101.00
9/12/95	" 46603 " 6			110.00	1991.00
10/12/95	" 46699 " 7			110.00	1881.00
11/7/95	" 46793 " 8			110.00	1771.00
12/5/95	" R46868 " 9			110.00	1661.00
1/3/96	R-46963 " 10			110.00	1551.00
2/7/96	" 47065 " 11			110.00	1441.00

80% = 1432
80% = 358

ACCT. NO.

A 1995

DATE _____

RATING

LIMIT

ITEMS

DEBIT

CREDIT

BALANCE

3-6	96	Coupon #	12	R-47147	11000	133100
4-4	96	"	13	R-47253	11000	122100
5-8	96	"	14	R-47356	11000	111100
6-3	96	"	15	R-47453	11000	100100
	96	"	16	R-47567	11000	89100
	96	"	17	R-47676	11000	78100
7-10	96	"	19	sent 19 instead of 18.	11000	67100
10-8	96	"	18	R-47890	11000	56100
11-4	96	"	20	R-47973	11000	45100
12-3	96	"	21	R-48064	11000	34100
1-6	97	"	22	R-48164	11000	23100
2-3	97	"	23	R-48255	11000	12100
3-3	97	"	24	R-48331	12100	

paid in full
3-3-97

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48331

Date: 3-3-97

From: Grover Churchill Address: 8878 Kelburn Ave Spring Valley 91977

One hundred twenty one and no/100 Dollars (\$ 121.00)

In full Payment of Pre-need lots for Grover Churchill and Floyd Lord

Lot 800 Grave 9 & 10 Row Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116

BALANCE DUE 8

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.

CREDIT	67007	121	00
20% Sales Care	77184		
80% Sales of Lots	77184		
Opening/Closing	100		
Burial	77181		
Containers	100		
	77182		
Handling Fee	100		
Recording &	77185		
Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	121	00

ISSUED BY

Martina Surgeon

2537

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47676

From: Grover Churchill + Floya Lord Address: 8878 Kelburn Ave. Spring Valley, Ca. 91977
one hundred ten and no/100 Dollars (\$ 110.00)
 In part Payment of Pre-need Lts and trusts

Lot 86 Grave 9410 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116BALANCE DUE 781.00Pre-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

Calina Mugaon

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>110</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	75390	
TOTAL PAID	\$	<u>110 00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46603

Date: 9-12, 1995
 From: Floyd Lord Address: 8878 Kellerman Ave., Spring Valley 91977
One hundred ten and no/100 Dollars (\$ 110.00)

 In part Payment of Pre-need lot as trustee

 Lot 86 Grave 9410 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13116

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

1970

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184	<u>110</u>	<u>00</u>
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		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>110</u>	<u>00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46204

Date: May 9, 19 95From: Shores Churchill Address: 8878 Kildurn Ave. S.V. 91977One Hundred Ten & 2/100 Dollars (\$ 110.00)In _____ Payment of Pre-Need Lots (2) & Pre-Need Trusts (2)
 Lot 86 Grave 9+10 Row — Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116BALANCE DUE \$ 2131.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1849

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY M. Clark

CREDIT	67007		
20% Sales Com	77184		
80% Sales	100	<u>110</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>110</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46317

Date: June 7, 19 95
 From: Lucy W. Lord & Charles C. Churchill Address: 8878 Kelburn Ave. S.V. 91977
One Hundred-Ten Dollars & 00/100 - Dollars (\$ 110.00)

 In _____ Payment of Pre-Need Lots (2) & Trusts (2) ; (2) O/C,
(2) T.S. Vaults; (2) Handling fees; (2) Recording fees (2) Tax

 Lot 86 Grave 9-110 Row — Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116BALANCE DUE \$ 2031.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

#1872

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

ISSUED BY

M. Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	<u>110</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>110</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46515

Date: 8/8, 1995From: Flora Land Address: 8878 Kelburne Ave., Spring Valley, CAOne hundred ten & no/100 Dollars (\$ 110.00) 91977In _____ Payment of Pre-need lot & trust
 Lot 86 Grave 9210 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116

BALANCE DUE _____

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

CREDIT	67007		
20% Sales Care	77184	<u>2</u>	<u>00</u>
80% Sales	100		
of Lots	77184	<u>108</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		

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

AC-212 (Rev. 5-94)

1945

ISSUED BY

J RauchTOTAL PAID \$ 110 00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46413

Date: 7-7, 1995
 From: Armen Churchill Address: 2000 9th Ave, San Diego, CA 92107
One hundred and 00/100 Dollars (\$ 110.00)

 In _____ Payment of 2 Pre-need lots & trusts

 Lot 86-5 Grave 9410 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116

BALANCE DUE _____

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>110</u>	<u>00</u>
Opening/ Closing	77181		
Burial Containers	100		
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>110</u>	<u>00</u>

1914

Carolyn

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46699

Date: 10/12, 1995From: Thayer W. Lord Address: 8878 Kellerman Ave., Spring Valley
One hundred ten & no/100 Dollars (\$ 110.00) 9/19/97
In Part Payment of Pre-need lots & trusts
 Lot 86 Grave 9 & 2 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

2020

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	<u>110.00</u>
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	69035	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>110.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46793

Date: 11/7, 19 95From: Florea W. Lord Address: 5578 Kelburn Ave, Spring Valley, CA 94977
One hundred ten 00/100 Dollars (\$) 110.00
In _____ Payment of Pre Need Lot 1 Trust
 Lot 86 Grave 9-110 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 13116

BALANCE DUE _____

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 SPACEISSUED BY Karyn Oak

CREDIT	67007		
20% Sales Com	77184	<u>110</u>	<u>00</u>
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		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>110</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46368

From: Lord ChurchillAddress: 8878 Kelburn Ave Spring Valley Ca 91977Date: 10/5, 19 95Dollars (\$ 110.00)In Pre Need Lot 1 Trust Payment of
 Lot 86 Grave 9-110 Row _____ Section 1 Division 11 Block 4

Invoice No. _____

Acct. No. _____

W.O. E 13116

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY: Kerry Lake

CREDIT	67003
20% Sales Care	77184
80% Sales of Lots	100
Opening/	77184
Closing	100
Burial	77181
Containers	100
	77182
	100
Handling Fee	77185
Recording &	100
Misc. Fees	77183
Pre-Need Trust	63033
	9022
Sales Tax	60101
	76390

TOTAL PAID \$ 110.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46963

Date: 1/3, 1996
 From: Floyd W. Lord Address: 8873 Kelburn Ave. Spring Valley
One Hundred & Ten Dollars (\$ 110.00)

 In part Payment of Pre-Need Lots & Trusts
Churchill

 Lot 86 Grave 9410 Row _____ Section 1 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12116BALANCE DUE 1,551.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2121

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

ISSUED BY

J. Weisner

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	
Trust	9022	<u>110.00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>110.00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47065


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 MOUNT HOPE CEMETERY
 527-3400

(Churchill)

Date: 2-7, 1996

From: Floya Ford Address: 8878 Kelburn Ave. Spring Valley, CA

One hundred & Ten Dollars (\$ 110.00) 9/19/77

In part Payment of Pre-Need Lot & Trust

Lot 89 Grave 9410 Row Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116

BALANCE DUE \$ 1,441.00

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

AC-212 (Rev. 5-94)

2149

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

ISSUED BY

J. Weisner

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	83033	110.00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	110.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47147

Date: 3-6, 1996

From: Homer Churchill

Address: 8878 Kellown Ave Spring Valley 91977

One Hundred Ten Dollars (\$ 110.00)

In part Payment of Pre-bud Lots & Trusts

Lot 86 Grave 9 & 10 Row Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116

BALANCE DUE 1331.00

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

S. Churchill

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	110	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	110	00

OFFICIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47253

Date: 4-4, 1996

From: Grover Churchill Address: 8878 Kellburn Ave Spring Valley 91977

One Hundred Ten Dollars (\$ 110.00)

In part Payment of Pre Need Lots & Trusts

Lot 86 Grave 9 - 10 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116

BALANCE DUE 1221.00

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 J Churchill

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/ Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>110.00</u>
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>110.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47356

Date:

5/3

19

96

From:

Hoy W. Lord & Grover C. Churchill

Address:

8878 Kelburn Ave. Spring Valley, CA 91977

One hundred ten and 00/100

Dollars (\$ 110.00)

In

past

Payment of

Buried Lots - Trust

Lot

86

Grave

9 x 16

Row

Section

Division
Block

11

Invoice No.

Acct. No.

W.O.

E-12116

BALANCE DUE

1111.00

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

CREDIT

20% Sales Care 77184

80% Sales 100

of Lots 77184

Opening/ 100

Closing 77181

Burial 100

Containers 77182

Handling Fee 100

Recording & 77185

Misc. Fees 100

Pre-Need 77183

Trust 63033

Sales Tax 9022

60101

78390

TOTAL PAID

\$

110 00

110

00

Pre-Need Lot

☐

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 5-94)

2256

ISSUED BY

J. Shultz

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47567

Date: 7-5 1996

 From: Brown Churchill Address: 8878 Helburn Ave. S V 91977
 One Hundred Ten Dollars (\$ 110.00)

In part Payment of Pre-Need Lots & Trusts

Lot 86 Grave 9 + 10 Row Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116

BALANCE DUE 891.00

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

S. Churchill

CREDIT	67007		
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		
Pre-Need	60303	110	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	110	00

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47453

Date: 10-3, 19 76From: GROVER CHURCHILL + FLYA LORD Address: 3878 Kelburn Ave. Spring Valley, CA 91977In one hundred ten and no/100 Dollars (\$ 110.00)In part Payment of pre-paid lots & trustsLot 810 Grave 9410 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-17116BALANCE DUE 1,001.00Pre-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 SPACEISSUED BY CAROL A. SURGEON

CREDIT	67007		
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		
Pre-Need	83033	<u>110</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>110</u>	<u>00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47973

Date: 11-4, 19 96
 From: Eloise Churchill Address: 8878 Kelburn Ave. Spring Valley
one hundred and ten and no/100 Dollars (\$ 110.00) 9197

 In part Payment of pre-paid lots and trusts

 Lot 80 Grave 9410 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116BALANCE DUE 451.00Pre-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.

CREDIT	87007	
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>110</u>
Trust	9022	<u>00</u>
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>110 00</u>

ISSUED BY

Carina Jurgens
2427

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48164

Date: 1-6, 1997From: Driver Churchill Address: 8878 Kelburn Ave Spring Valley 91977One Hundred Ten Dollars (\$ 110.00)In part Payment of Pre-need lot & trusteeLot 86 Grave 9 & 10 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-1216BALANCE DUE 231.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

2486

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

ISSUED BY

S. Shickler

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/	77184	
Closing	100	
Burial	77181	
Containers	100	
	77162	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	63033	110 00
	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 110 00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

4 255

Date: 2-3, 19 97From: Elva Lord & Erver Child Address: 8878 K. Linn Ave. SV. 919-77In part Payment of pre-paid lots and trust Dollars (\$ 110.00)Lot 86 Grave 9410 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116BALANCE DUE 121.00Pre-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 SPACEISSUED BY Cathia Murphy

CREDIT	87007	
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>110</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>110 00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46041

Date: March 21, 1995From: Hope Elord & Son Address: 8878 Kellburn Ave. S.D. 91917Eight Hundred Eighty Four & 2/100 Dollars (\$ 884.00)In Pre-Paid Lot & Trust Payment ofLot 86 Grave 9410 Row - Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12114BALANCE DUE 112651.00Pre-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	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
Pre-Need	83033
Trust	8022
Sales Tax	80101
	78390

TOTAL PAID \$ 884.00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47796

Date: 9-10, 1996

 From: James Churchill Address: 8878 Kelburn Ave Spring Valley
One Hundred Ten Dollars (\$ 110.00)

 In part Payment of Pre-need Note - Trust

 Lot 86 Grave 9 + 10 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116BALANCE DUE 671.00Pre-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

CREDIT	67007	
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	
Pre-Need	63033	110 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	110 00

2372

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

40064

From:

Grover C. Churchill

Address:

8878 Kelburn Ave. Spring Valley 91977

Date:

12-3

19

90

Dollars (\$

110.00)

In:

part

Payment of

pre-paid lots and trusts for

Grover Churchill and Flora Lord

Lot

86

Grave

9-10

Row

Section

1

Division

11

Invoice No.

Acct. No.

W.O.

E-12110

BALANCE DUE

341.00

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

CREDIT

20% Sales Care

57007

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

Trust

9022

Sales Tax

60101

76390

Pre-Need Lot

☒

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AC-212 (Rev. 5-94)

ISSUED BY

Cathina Anger

TOTAL PAID

\$

110

00

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

4790

From: Floja Ford & Grover Churchill Address: 8878 Kobburn Dr. Spring Valley Date: 10-8 1996
One hundred ten and 00/100 Dollars (\$ 110.00)
In part Payment of pre-need lots and trusts

Lot 86 Grave 9 & 10 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116

BALANCE DUE 501.00

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:

Catrina Turgeon

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>110</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>110</u>	<u>00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46099

Date: 4-6, 1995
 From: G C Churchill Address: 8878 Kellerman Ave., Spring Valley 94177
One hundred ten & 20/100 Dollars (\$ 110.00)

 In _____ Payment of Prepaid lots & trust

 Lot 86 Grave 9 & 10 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12116

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

1809

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>110.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>110.00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46041

Date: March 21, 1995
 From: Floyd Elord & Grover Churchill Address: 8878 Kelburn Ave. S.V. 91977
Eight Hundred Eighty Four & 2/100 Dollars (\$ 884.00)

 In _____ Payment of Pre-Need Lots & Trusts

 Lot 86 Grave 9 & 10 Row - Section 1 Division 11 Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12114BALANCE DUE \$2651.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1790

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

ISSUED BY

M. Clark

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
Trust	9022
Sales Tax	60101
	78390
TOTAL PAID	\$ <u>884.00</u>

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-~~12~~116 - (2) Pre-Need Lots

Grover C. Churchill & Trusts

Floya W. Lord (86-9&10-1-11)

8878 Kelburn Dr.

Spring Valley, Ca. 91977

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.



\$ 110.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME G. Churchill & F. Lord
ADDRESS 8878 Kelburn Av
CITY Spring Valley STATE CA ZIP 91977

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12116** (2) Pre-Need Lots

Grover C. Churchill & Trusts

Floya W. Lord (86-9&10-1-11)

8878 Kelburn Dr.

Spring Valley, CA 91977

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.



\$ 110.00

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-12116**

(2) Pre-Need Lots

Grover C. Churchill & Trusts

Floye W. Lord (86-9&10-1-11)

8878 Kelburn Dr.

Spring Valley, Ca. 91977

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

\$ **110.00**

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

\$ _____

\$ **110. -**

Amount Received \$ _____

NAME **GROVER Churchill**

ADDRESS **8878 Kelburn Dr**

CITY **Spkg Vly** STATE **CA** ZIP **91977**

☒ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON****4****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. **E-12116 (2) Pre-Need Lots****Grover C. Churchill & Trusts****Floya W. Lord (86-9&10-1-11)****8878 Kelburn Dr.****Spring Valley, CA 91977****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.\$ **110.00**Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

NAME Grover C. Churchill / Floya W. LordADDRESS 8878 Kelburn AveCITY Spring Valley STATE CA ZIP 91977☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12116**

(2) Pre-Need Lots

Grover C. Churchill

& Trusts

Floya W. Lord

(86-9&10-1-11)

8878 Kelburn Dr.

Spring Valley, Ca. 91977

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.



\$ **110.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

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

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12116 (2) Pre-Need Lots**

Grover C. Churchill & Trusts

Floya W. Lord - (86-9&10-1-11)


8878 Kelburn Dr.

Spring Valley, CA 91977

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.

 \$ **110.00**

Amount due if paid more than _____ days
after due date above.

 \$ _____

\$ _____

Amount Received \$ _____

NAME **GROVER Churchill / FLOYA LORD**

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. **E-12116**

(2) Pre-Need Lots

Grover C. Churchill & Trusts

Floya W. Lord (86-9610-1-11)

8878 Kelburn Dr.

Spring Valley, Ca. 91977

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.

\$ 110.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ 110.00

Amount Received

NAME **GROVER Churchhill / Floya Lord**

ADDRESS **8878 Kelburn Dr**

CITY **Spring Valley** STATE **CA** ZIP **91977**

☐ check () if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12116 (2) Pre-Need Lots**

Grover C. Churchill & Trusts

Floya W. Lord (86-9410-1-11)

8878 Kelburn Dr.

Spring Valley, CA 91977

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.



\$ **110.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME **G. Churchill / F. Lord**

ADDRESS **8878 Kelburn Dr**

CITY **Spvg Vly** STATE **CA** ZIP **91977**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12116

(2) Pre-Paid Lots

Grover C. Churchill

& Trusts

Floya W. Lord

(86-9&10-1-11)

8878 Kelburn Dr.

Spring Valley, Ca. 91977

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.

\$ 110.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

NAME

Churchill / Lord

ADDRESS

8878 Kelburn Dr

CITY

Spring Valley

STATE

CA

ZIP

91977

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12116 (2) Pre-Need Lots

Grover C. Churchill & Trusts

Floya W. Lord - (86-9&10-1-11)

8878 Kelburn Dr.

Spring Valley, CA 91977

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.

\$ 110.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ 170. —

NAME GROVER C Churchill / Floya LORD

ADDRESS 8878 Kelburn Dr

CITY Spring Valley STATE CA ZIP 91977

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12116**

(2) Pre-Paid Lots

Grover C. Churchill

& Trusts

Flores W. Lord

(85-9&10-1-11)

8878 Kelburn Dr.**Spring Valley, Ca. 91977**

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.\$ **110.00**Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$

NAME **GROVER Churchill**ADDRESS **8878 Kelburn Dr**CITY **Spring Valley** STATE **CA** ZIP **91977**☐ check (✓) if this is new address

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

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12116 (2) Pre-Used Lots**

Grover C. Churchill & Trusts

Floya W. Lord (86-9410-1-11)

8878 Kelburn Dr.

Spring Valley, CA 91977

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.



\$ **110.00**

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. g-12116

(2) Pre-Paid Lots

Grover C. Churchill

& Trustee

Florea W. Lord

(86-9610-1-11)

8878 Kelburn Dr.

Spring Valley, Ca. 91977

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.

\$ 110.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME GROVER C. CHURCHILL

ADDRESS 8878 Kelburn Ave

CITY Spring Valley STATE CA ZIP 91977

☐ check (✓) if this is new address

to bring the coupon with each remittance

COUPON 14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12116 (2) Pre-Paid Lots**

Grever C. Churchill & Trusts

Floya W. Lord (86-9410-1-11)

5578 Kelburn Dr.

Spring Valley, CA 91977

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
			16								

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



\$ **110.00**

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. 8-12116

(2) Pre-Send Lots

Grover C. Churchill

& Trustee

Floyd W. Lord

(86-9410-1-11)

8878 Kelburn Dr.

Spring Valley, Ca. 91977

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.

\$ 110.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME Grover C. Churchill

ADDRESS 8878 Kelburn Ave

CITY Spring Valley STATE CA ZIP 91977

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12116 (2) Pre-Paid Lots**

Grover C. Churchill & Trusts

Flores W. Lord (86-9810-1-11)

8878 Kelburn Dr.

Spring Valley, CA 91977

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.



\$ **110.00**

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. 2-12116

(2) Pre-Paid Lots

Grover C. Churchill

& Trusts

Floyd W. Lord

(86-9410-1-11)

8878 Kelburn Dr.

Spring Valley, Ca. 91977

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.

\$ 110.00

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. **E-12116 (2) Pre-Send Lots**

Grover C. Churchill & Trusts

Floya W. Lord (86-9810-1-11)

8878 Kelburn Dr.

Spring Valley, CA 91977

Month and Day Due Indicated Below

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

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

\$ **110.00**

Amount due if paid more than _____ days
after due date above:

\$ _____

\$ **110. -**

Amount Received \$ _____

NAME **GROVER C Churchill**

ADDRESS **8878 Kelburn Dr**

CITY **Spring Valley** STATE **CA** ZIP **91977**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

19

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 8-12116

(2) Pre-Send Loan

Grover C. Churchill

& Trusts

Floyd W. Lord

(84-2610-1-11)

8878 Selburn Dr.

Spring Valley, Ga. 31977

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



\$ 110.00

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



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12116** (2) Pre-Paid Lots

Grover C. Churchill & Trusts

Floyd W. Lord (56-9616-1-11)

6678 Kelburn Dr.

Spring Valley, CA 91977

Month and Day Due Indicated Below

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

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



\$ **110.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME **GROVER C. CHURCHILL**

ADDRESS **8878 Kelburn Ave**

CITY **Spring Valley** STATE **CA** ZIP **91977**

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12116**

(1) Pre-Paid Lots

Grover C. Charchill

& Trusts

Floyd W. Lord

(86-9610-1-11)

2878 Kelburn Dr.

Spring Valley, Ca. 91977

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.

\$ **110.00**

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. E-12115 (J) Pre-Need Lots

Grover C. Churchill & Trusts

Floyd W. Lord (66-9610-1-11)

8878 Kelburn Dr.

Spring Valley, CA 91977

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.

\$

110.00

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. 2-12110

(2) Pre-Paid Note

Grever C. Church III

& Trustee

Floyd W. Lord

(88-9610-1-11)

3878 Kelburn Dr.

Spring Valley, Ca. 91977

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.



\$ 110.00

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. **B-12116 (2) Pre-Paid Lots**

Grover C. Churchill & Trustee

Floya W. Lord (88-9610-1-11)gr

8878 Kelburn Dr.

Spring Valley, CA 91977

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

\$

~~121.00~~
121.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received \$

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-21-95

94-1988

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 1177206

in a Liner Funeral, date, time Wed 3-22, 11:00 AM
Church, Chapel, Graveside Delivery only: Ragsdale Mortuary.

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

War time veteran _____

✓ Lot 8 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	0
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	0
Flower vases - Marker setting fee	0
Recording and filing fee	45.00
Sales taxes	0
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

12117

Invoice # 251702

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

Make Remittance Payable to

CITY TREASURER

P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

4-10-95

BY: CA (CK) IF

PAYMENT REF NO

04-785058

AMT PAID:

\$ 386.00

INVOICE DATE

03/23/95

PAYMENT DUE

04/22/95

PERIOD COVERED

FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12117

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JOHN DOE 94-1988 PA 1177206

LOT 8 GRAVE 4 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.

White - Customer Copy • Yellow - Remittance Copy

INV NO. 251702

E12117

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) John	1B. MIDDLE -	1C. LAST (FAMILY) Doe	2. DATE OF BIRTH MONTH DAY YEAR Unknown	3. DATE OF DEATH MONTH DAY YEAR 10/23/1994	4. SEX M
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator Office 5201- A Ruffin Road San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

03/21/1995

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 \$7.00	9B. DATE PERMIT ISSUED 03/21/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222		
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)		

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 3/22/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/21/95

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

of Hazel Matthews

In a liner Funeral, date, time Fri 3/24/95 @ 11:30 AM

Church, Chapel, Graveside Church & graveside: CA Burial Mortuary 150th

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150th

will be applied and billed to undersigned. 27th

War time veteran no

✓ Lot 87 Grave 3 Row - Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1518.30

Paid receipt number Red MASTER CARD 391.00

Balance due 1172.30

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

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

Signature of recorded holder of deed

X Valencia A. Bal
Signature X 6099 Scripps St
Address San Diego 92122
City 457-3598
Telephone Zip Code

Work Order # E

PY-593 (Rev. 8-92)

12118

Invoice # 251744

Acct. # 084723

MT. HOPE CEMETERY

W.O. # E-12118

NOTE

\$ 1172.30 San Diego, California March 21 19 95

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 Twenty two & 30/100 DOLLARS with interest from April 24 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 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 Valencia L. Borden SIGNATURE Valencia L. Borden

ADDRESS 6099 Scripps St San Diego CA 92122

CALIFORNIA DRIVER LICENSE NUMBER N 987 3940 SSN # 552-27-1174

E 12118

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) Hazel	1B. MIDDLE Lee	1C. LAST (FAMILY) Mathews	2. DATE OF BIRTH MONTH DAY YEAR 07/01/1937	3. DATE OF DEATH MONTH DAY YEAR 03/18/1995	4. SEX F
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 Valencia Bondon-Daughter 6099 Scripps Street San Diego, CA 92112		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 6602 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1357	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 03/21/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 03/21/1995 Kyle Chase	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9503848
	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 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 CREMATION SCIENTIFIC USE TRANSIT SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 3/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - metal non-sealer	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 SUFFI- CIENT 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 RE- MAINS 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.

251744 03/27/95 084723 VALENCIA L BONDON

04/27/95 CK 0863

1,172.30

1,172.30

PAID IN FULL 0.00

E-12118

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
190.00
45.00
245.00
145.00
13.30
159.00

Ashes
here
3-21-95

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-21-95

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

of TABISOLA, MARIA V. ☒

in a ASH VAULT Vault/Urn Funeral, date, time Tues 3-28-95, A.Y.O.

Church, Chapel, Graveside Delivery only: Pacific Beach 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 2 Grave 3 Row _____ Section 2 Division/Bless 12

Grave space & Care Fund 300.00

Additional spaces and care fund -

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee MAR 21 1995 -

Recording and filing fee 45.00

Sales taxes 3.85

Total Due 568.85

Paid receipt number mc 568.85

Balance due 0

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

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

Signature of recorded holder of deed

Signature

Address

City

Telephone

Invoice #

Acct. #

Work Order #

PY-593 (Rev. 8-92)

SEE OVER FOR PERM. ADDRESS

6041 Fountain Pk. Ln. #12
Woodland Hills, CA.

91367

818-716-1235

PAID

AT THE POST OFFICE

SEE OVER FOR FROM

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) MARTA	1B. MIDDLE VALERIE PAGKIDAM	1C. LAST (FAMILY) TABISOLA	2. DATE OF BIRTH MONTH DAY YEAR 06/04/1943	3. DATE OF DEATH MONTH DAY YEAR 03/19/1995	4. SEX F
5A. CITY OF DEATH SAN DIEGO		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT ONE TABISOLA - SON 1845 GRAND AVENUE SAN DIEGO, CA 92109		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PACIFIC BEACH MORTUARY, 4710 CASS STREET, SAN DIEGO, CA 92109		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 815	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Mark Smith</i> 03/22/1995		

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.

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 03/22/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>La Russa</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 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

- ☒ 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)

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3/20/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wait</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVENUE, SAN DIEGO, CA 92113	12B. DATE CREMATED 3/23/95	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>James H. Clark</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
			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 OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-21-95

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

of MALCOLM HENDRIE

in a Ash Vault Funeral, date, time Sat 3-25; 12:00 noon

Church, Chapel, Graveside Graveside: FAMILY Mortuary.

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

will be applied and billed to undersigned.

War time veteran

✓ Lot 76 Grave 2 Row _____ Section 4 Division/Block 5

Grave space & Care Fund PRE-NEED C-4903

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee Saturday O.T. 210.00

Recording and filing fee 45.00

Sales taxes 3.85

Total Due 478.85

Paid receipt number 46043 478.85

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

✓ James N Hendrie
Signature

✓
Address

✓ 2043 Venice St
City

✓ San Diego CA 92107
Zip Code

619-222-7587
Telephone

Invoice #

Acct. #

Work Order # E

PY-593 (Rev. 8-92)

12120

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E12120
81

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Malcolm		1B. MIDDLE -	1C. LAST (FAMILY) Hendrie	2. DATE OF BIRTH MONTH DAY YEAR 04/26/1913	3. DATE OF DEATH MONTH DAY YEAR 03/12/1995	4. SEX M
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 James N. Hendrie, Son 2043 Venice Street San Diego, CA 92107		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Balboa Cremation Services 4658 30th ST; San Diego, CA 92116			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1370	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 7190 of the Health and Safety Code.			8B. DATE SIGNED 03/14/1995			

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 \$7.00	9B. DATE PERMIT ISSUED 03/14/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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 type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3/25/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda Inc.; 14065 Olde Hwy. 80 El Cajon, CA 92021	12B. DATE CREMATED 3/16/95	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
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 2

August 10, 1994

TO: MT. HOPE CEMETARY

I, CAROLE WILLIAMS, formerly known as CAROLE HANDRIE, am the title owner of Lot 76, Grade 2, Section 4, Division 5.

I hereby grant permission for my ex-parents-in-law, MALCOLM HENDRIE and ANNIE W. HENDRIE, to have their cremated remains interred in that Lot, and to have their names engraved on the headstone.

DATED: August 10, 1994

Carole Williams
CAROLE WILLIAMS

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46043

James Nichol Hendrie
 From: MALCOLM HENDRIE Address: 2063 Venice St. S. Diego. CA 92107
 four hundred seventy eight ⁸⁵/₁₀₀ Dollars (\$ 478.85)
 In full Payment of interment of MALCOLM Hendrie

Lot 76 Grave 2 Row _____ Section 4 Division Block 5

Invoice No. _____

Acct. No. _____

W.O. E-12120BALANCE DUE QPre-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. Babolen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/	77184		
Closing	100	105	00
Burial	77181		
Containers	100	55	00
	77182		
	100	60	00
Handling Fee	77185		
Recording & Misc. Fees	100	255	00
	77183		
Pre-Need Trust	63093		
	9022		
Sales Tax	80101	3	85
	78390		
TOTAL PAID	\$	478	85

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/22/95

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

of Robert Lee Jones
in a liner Funeral, date, time TUES 3/28/95 @ 10am

Church, Chapel, Graveside Church & graveside Ragdale Mortuary. (MARK)

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 J. W. J

War time veteran NO

Lot 89 Grave 6 Row - Section 3 Division/Block 12

Grave space & Care Fund 495.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee ~~145.00~~

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1563.30

Paid receipt number R-46065 391.00

Balance due 1172.30

I hereby certify I am the KEATHER of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability 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 James W Jones
Signature 3443 Marlborough St
Address SAN DIEGO CALIF
City 283-5476 Zip Code 92105
Telephone

Work Order # E

12121

Invoice # 251883

Acct. # 084763

MT. HOPE CEMETERY

W.O. # E-12121

NOTE

\$ 1172.30 San Diego, California March 22 1995

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 & 30/100 DOLLARS with interest from April 28, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME JAMES WALTER JONES SIGNATURE James Walter Jones

ADDRESS 3443 Marlborough Ave S.D. 92105 #11

CALIFORNIA DRIVER LICENSE NUMBER 30406277 SSN # 431-48-8599

E12121

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) Robert		1B. MIDDLE Lee		1C. LAST (FAMILY) Jones		2. DATE OF BIRTH MONTH DAY YEAR 01/23/1955		3. DATE OF DEATH MONTH DAY YEAR 03/21/1995		4. SEX M			
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF., OTHER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT James W. Jones, Father 3443 Marlborough Ave. Apt. H San Diego, CA 92105							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary; 5050 Federal Blvd.; San Diego, CA						7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit; <i>[Signature]</i>				8B. DATE SIGNED 03/23/1995	
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 \$7.00		9B. DATE PERMIT ISSUED 03/24/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504077			
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 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						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							
BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA				11B. DATE BURIED 3/21/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>					
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <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 N/A				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY					
TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

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

251883 03/30/95 084763 JAMES W JONES

E-12121

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

04/20/95 CK 2376167
77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

1,172.30
375.00
190.00
45.00
245.00
145.00
13.30
159.00

1,172.30

PAID IN FULL 0.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46065

Date: 3-30, 1995
 From: Anderson, Rosedale Address: 5050 Federal Bl., IN 92102
Three hundred ninety-one and 20/100 Dollars (\$ 391.00)

 In _____ Payment of Interment of Robert Lee Jones

 Lot 89 Grave 6 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12121BALANCE DUE \$1172.30Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

6555

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>391.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Wedding Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78290	
TOTAL PAID	\$	<u>391.00</u>

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego
619-527-3400

Date 3/22/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred Adler ☒

in a Vault/Urner Funeral, date, time Tues 3/28/95 @ 1pm

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 \$ 150.00 will be applied and billed to undersigned. ☒ Florence G. Adler

War time veteran ☒ WWII

Lot 47 Grave 5 Row - Section 2 Division/Block 11

Grave space & Care Fund Pre-paid E-11617 ☒

Additional spaces and care fund ☒

Opening/Closing & Setup Pre-paid E-11617 ☒

Burial Container ☒

Handling Fees ☒

Flower vases - Marker setting fee ☒

Recording and filing fee Pre-paid E-11617 ☒

Sales taxes ☒

Total Due ☒

Paid receipt number ☒

Balance due ☒

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

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

Signature of recorded holder of deed

☒ Florence G. Adler
Signature
☒ 8070 Orange Ave. #802
Address
☒ La Mesa 91941
City Zip Code
☒ 619/461-5131
Telephone

Work Order # E 12122
PY-593 (Rev. 8-92)

Invoice #
Acct. #

E 12122

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) FRED	1B. MIDDLE OSCAR	1C. LAST (FAMILY) ADLER	2. DATE OF BIRTH MONTH DAY YEAR 12/21/1921	3. DATE OF DEATH MONTH DAY YEAR 03/21/1995	4. SEX M
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 Florence Adler, wife 8070 Orange Ave. #802 La Mesa, CA 91941		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 03/23/1995		

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 03/23/1995 Edward Fennell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504024
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P. O. Box 5622 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		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 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 Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 3/21/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory Lake Elsinore, CA	12B. DATE CREMATED 3/27/95	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	15D. LICENSE NUMBER OF CREMATED RE- MAINS 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.

COPY 2

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46414

Date: 7-7, 1995From: Florence G. Adler Address: 8070 Orange Ave. #802, La Mesa CA 91941One hundred twenty-five & 20/100 Dollars (\$ 125.00)In _____ Payment of Marker setting fee - Fred AdlerLot 47 Grave 5 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12122BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

ISSUED BY

Rauch

CREDIT	67007	
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>125.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>125.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/23/95

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

of Nathaniel Holmes
in a T.S. Vault Funeral, date, time Tues 3/28/95 @ 1PM

Church, Chapel, Graveside Chapel & graveside: Ragsdale Mortuary 150.00

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 R. H.

War time veteran no

Lot 94 Grave 6 Row - Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container T.S. Vault 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 17.50

Total Due \$1667.50

Paid receipt number REC # 46046 \$417.00

Balance due \$1250.50

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 R. H.

Address 4870 Solok, Ave

City San Diego 92113

Telephone 619-266-8918

Invoice # 251784

Acct. # 084740

Work Order # E 12123

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12123

NOTE

\$ 1250.50 San Diego, California March 23 1995

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 fifty, \$ 50/100 DOLLARS with interest from April 28, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Richard Holmes SIGNATURE R. Holmes
ADDRESS 4870 Solola Ave San Diego 92118
CALIFORNIA DRIVER LICENSE NUMBER A3021052 SSN # 552-08-6630

E12123

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) Nathan	1B. MIDDLE —	1C. LAST (FAMILY) Holmes	2. DATE OF BIRTH MONTH DAY YEAR 12/11/1939	3. DATE OF DEATH MONTH DAY YEAR 03/22/1995	4. SEX M
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 Richard Holmes - Son 3814 Cherokee Ave. Apt. 7 San Diego, CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> 03/23/1995		

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 DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 03/24/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504092
	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 ITEM(S)		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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 3/28/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>metal sealin</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	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

MOUNT HOPE CEMETERY

527-3400

46046

Date: March 23, 19 95From: Richard Holmes Address: 4870 Solida Ave. SD CA 92113Three Hundred & 00/100- Dollars (\$ 300.00)In _____ Payment of Interment of Nathaniel HolmesLot 96 Grave 16 Row - Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12123BALANCE DUE \$1250.50Pre-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

#117-MASTERCARD

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>300.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>300.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/24/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Theodore Roosevelt Patrick

in a lines Funeral, date, time Mon 3/27/95 @ 1PM

Church, Chapel, ~~Graveside~~ Church & graveside CA Burial Mortuary.

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

War time veteran no

Lot 25 Grave - Row - Section - Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund PAID IN 0

Opening/Closing & Setup 375.00

Burial Container FULL PCK OFFIC 190.00

Handling Fees TREASURERS 145.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 13.30

Total Due \$ 1763.36

Paid receipt number Rec # 46047 \$ 441.00

Balance due 1322.30

I hereby certify I am the X Ted Patrick 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 Ted Patrick
Signature 3003. plato DR.
Address San Diego Ca, 92139
City 619-479-4773 Zip Code
Telephone

Work Order # E
PY-593 (Rev. 8-92)

12124

Invoice # 251785

Acct. # 082952

084738 084741

MT. HOPE CEMETERY

W.O. # E-12124

NOTE

1,322.30

San Diego, California March 24 1995

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 twenty two & 30/100 DOLLARS with interest from April 27, 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

TED PATRICK

SIGNATURE

Ted Patrick

ADDRESS

3003 PLATO DR. SANDIEGO CA. 92139

CALIFORNIA DRIVER LICENSE NUMBER

G0464502

SSN #

413-3095-92

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) Theodore		1B. MIDDLE Roosevelt	1C. LAST (FAMILY) Patrick, Sr	2. DATE OF BIRTH MONTH DAY YEAR 03/23/1905	3. DATE OF DEATH MONTH DAY YEAR 03/22/1995	4. SEX M
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 Theodore Patrick, Jr-Son 3003 Plato Drive San Diego, CA 92139		
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 FD 1357		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 10175 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 03/24/1995		

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 \$7.00	9B. DATE PERMIT ISSUED 03/24/1995 Kyle Chase	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504085
	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"/> 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 Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 3/27/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Metal Non-Sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46047

Date: March 24, 19 95From: Andres Patrick Address: 3003 Plato Dr. S.D. CA 92139Four hundred forty one & 00/100 Dollars (\$ 441.00)In _____ Payment of Interment of Andres Patrick Sr.Lot 25 Grave - Row - Section - Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12124BALANCE DUE H 1322 30NOT 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
Trust	9022
Sales Tax	60101
	78390

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

AC-212 (Rev. 5-94)

ISSUED BY M. ClarkTOTAL PAID \$ 441.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/27/95

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

In a Vault/Urner Funeral, date, time Mon 3/27/95 @ 12pm

Church, Chapel, Graveside church & graveside, Funerary 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

War time veteran no

✓ Lot 3330 Grave — Row — Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund 0

Opening/Closing & Setup 125.00

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 0

Total Due 270.00

Paid receipt number B-46056 270.00

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

X Signature

X Address

X City

Zip Code

X Telephone

Invoice # _____

Acct. # _____

Work Order # E

12125

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46145

Date: April 19, 1995From: Featheringill Address: 6322 El Cajon Blvd. S.D. 92115Eighty \$ 80.00 Dollars (\$ 80.00)In _____ Payment of Marker setting fee for Davis MorayLot 3330 Grave - Row - Section 1 Division 9 Block 9

Invoice No. _____

Acct. No. _____

W.O. E-12125BALANCE DUE 0NOT 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	<u>80.00</u>
Pre-Need	63003	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>80.00</u>

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

AC-212 (Rev. 5-94)

ISSUED BY

M. Clark6453

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46056

Date: 3/27, 19 95From: Mortuary Address: 6322 El Cajon Rd, San Diego, CA 92115Two hundred seventy and 00/100 Dollars (\$ 270.00)In _____ Payment of: Interment of Mary DavisLot 3330 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-12125BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

6347

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

ISSUED BY

CREDIT	67007	<u>20</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>80</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>125</u>	<u>00</u>
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185	<u>45</u>	<u>00</u>
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>270</u>	<u>00</u>

E12125

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) Moray	1B. MIDDLE Devo	1C. LAST (FAMILY) Davis	2. DATE OF BIRTH 07/11/1992	3. DATE OF DEATH 03/23/1995	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Enrika Davis, mother 2617 E. Plaza Blvd. #217 National City, CA 91950		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1083	8A. SIGNATURE OF APPLICANT—Person taking permit, Edward Fezall 8B. DATE SIGNED 03-27-1995		
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 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 7.00	9B. DATE PERMIT ISSUED 03/27/1995 Edward Fezall	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504118
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222, San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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 Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 3/27/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wait
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY WOOD NON SEALER	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/22/95

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

in a T.S. 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 43 Grave 7 Row Section 1 Division/Bleek 11

Grave space & Care Fund Pre-Paid D-2478

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 17.50

Total Due 872.50

Paid receipt number Rec # 46048 218.00

Balance due 654.50

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 Valetta F McRoy
Signature 3607 Chamorro Ave
Address San Diego, Ca 92115
City 282-0229 Zip Code
X Telephone

Work Order # E

PY-593 (Rev. 5-92)

Invoice #

Acct. #

12126

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12126 • Pre-Need Trust
Valetta McRoy
3607 Chamoune Ave.
San Diego, CA 92105
(43-7-1-11)

Month and Day Due Indicated Below

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

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



\$ 27.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

NAME

Valetta F McRoy

ADDRESS

3607 Chamoune Ave

CITY

San Diego

STATE

CA

ZIP

92105

☐ check (✓) if this is new address

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12126 Pre-Need Trust

Valetta McRoy

3607 Chamouné Ave.

San Diego, CA 92105

(43-7-1-11)

Month and Day Due Indicated Below

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

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



\$ 27.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 27.00

NAME

Valetta McRoy

ADDRESS

3607 Chamouné Ave.

CITY

San Diego

STATE

Ca

ZIP

92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12126 Pre-Need Trust
Valetta McKay
3607 Chamouna Ave.
San Diego, CA 92105
(43-7-1-11)

Month and Day Due Indicated Below

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

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

\$ 27.00

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. **E-12126** **Pre-Need Trust**

Valetta McRoy

3607 Chamouné Ave.

San Diego, CA 92105

(43-7-1-11)

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

\$ **27.00**

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

NAME **Valetta McRoy** Amount Received \$ **27.00**

ADDRESS **3607 Chamouné Ave**

CITY **San Diego** STATE **Ca** ZIP **92105**

☐ check (✓) if this is new address

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

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **R-12126** **Pre-Need Trust**

Valetta McRoy

3607 Chamouné Ave.

San Diego, CA 92105

(43-7-1-11)


Month and Day Due Indicated Below

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

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

 \$ **27.00**

Amount due if paid more than _____ days
after due date above.

 \$ _____

\$ _____

Amount Received \$

NAME

Valetta F McRoy

ADDRESS

3607 Chamouné Ave

CITY

San Diego

STATE Ca

ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12126**

Pre-Paid Trust

Valetta McRoy

3607 Chamouné Ave.

San Diego, CA 92105

(43-7-1-11)

Month and Day Due Indicated Below

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

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

\$ **27.00**

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME

Valetta F McRoy

ADDRESS

3607 Chamouné Ave

CITY

San Diego

STATE

Ca

ZIP

92105

☐ check ☒ if this is new address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12126**

Pre-Paid Trust

Valetta McRoy

3607 Chamounne Ave.

San Diego, CA 92105

(43-7-1-11)

Month and Day Due Indicated Below

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

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

\$ 27.00

Amount due if paid more than _____ days
after due date above.

\$

\$ 27.00

NAME

Valetta F McRoy

ADDRESS

3607 Chamounne Ave

CITY

San Diego

STATE

Ca.

ZIP

92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12126** **Pre-Paid Trust**

Valetta McRoy

3607 Chasouna Ave.

San Diego, CA 92105

(43-7-1-11)

Month and Day Due Indicated Below

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

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



\$ **27.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ **27.⁶⁰**

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. **H-11178** **Fee-Head Trust**

Valetta McRoy

3607 Chamouna Ave.

San Diego, CA 92105

(43-7-1-11)

Month and Day Due Indicated Below

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

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

\$ **27.00**

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

NAME Valetta J McRoy Amount Received \$ _____

ADDRESS 3607 Chamouna Ave

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12126 Pre-Paid Trust

Valotta Helloy

3607 Chausonne Ave.

San Diego, CA 92105

(43-7-1-11)

Month and Day Due Indicated Below

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

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

\$ 27.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ 27.00

NAME Valotta Helloy

ADDRESS 3607 Chausonne Ave

CITY San Diego STATE Ca ZIP 92105

☐ check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-12126

Pre-Paid Trust

Valetta McRoy

3607 Chamouni Ave.

San Diego, CA 92103

(43-7-1-11)

Month and Day Due Indicated Below

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

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

\$ 27.00

Amount due if paid more than _____ days
after due date above.

\$

\$

NAME

Valetta F McRoy

ADDRESS

3607 Chamouni Ave

CITY

San Diego

STATE

CA

ZIP 92103

☐ check (✓) this is new address

Send or bring one coupon with each remittance

COUPON

12

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-1212

Pre-Paid Trust

Valeria McRoy

3607 Chasounne Ave.

San Diego, CA 92109

(43-7-1-11)

Month and Day Due Indicated Below

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

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

\$ 27.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME Valeria F McRoy

ADDRESS 3607 Chasounne Ave

CITY San Diego STATE Ca ZIP 92109

☐ check ☒ if this is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **B-12126**

Pre-Paid Trust

Valetta McRoy

3607 Chamouni Ave.

San Diego, CA 92105

(43-7-1-11)

Month and Day Due Indicated Below

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

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

\$ 27.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME

Valetta McRoy

ADDRESS

3607 Chamouni Ave

CITY

San Diego

STATE

Ca

ZIP

92105

☐ check ☒ if this is new address

Send or bring one coupon with each remittance

COUPON

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 5-12135 Pre-Read Trust

Valente McRoy
3607 Chamorro Ave.
San Diego, CA 92105
(43-7-1-11)

Month and Day Due Indicated Below

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

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



\$ 77.00

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. 8-1226 2 Prepaid Times

Valeria McRoy

3607 Chamouni Ave.

San Diego, CA 92105

(43-7-1-11)

Month and Day Due Indicated Below

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

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

\$

27.00

Amount due if paid more than _____ days
after due date above.

\$

27.00

NAME Valeria F McRoy

ADDRESS 3607 Chamouni Ave

CITY San Diego STATE Ca ZIP 92105

☐ check (X) if this is new address

Send or bring one coupon with each remittance

COUPON

16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-42226 Pro-Sound Truck

Valletta McCoy

3607 Chamouni Ave.

San Diego, CA 92105

(43-7-1-11)

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.

\$ 27.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME Valletta McCoy

ADDRESS 3607 Chamouni

CITY San Diego STATE Ca ZIP 92105

☐ Check box if this is new address

Send or bring one coupon with each remittance

COUPON

17

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-11126 Pre-Paid Trust

Valletta McPoy

3607 Chaucer Ave.

San Diego, CA 92105

(43-7-1-11)

Month and Day Due Indicated Below

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

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

\$

27.00

Amount due if paid more than _____ days
after due date above.

\$

\$

27.00

Amount Received

\$

NAME

Valletta McPoy

ADDRESS

3607 Chaucer Ave

CITY

San Diego

STATE Ca

ZIP 92105

☐ check ☒ if this is new address

Send or bring one coupon with each remittance**COUPON****19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Valetta McRoy

3607 Chamoun Ave.

San Diego, CA 92115

(43-7-1-11)

Month and Day Due Indicated Below

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

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

\$

27.00

Amount due if paid more than _____ days
after due date above.

\$

\$

NAME

Valetta F McRoy

ADDRESS

5308 Monroe Ave

CITY

San Diego

STATE

Ca

ZIP

92115

☒ Check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Vallette McRoy

3607 Champlain Ave.

San Diego, CA 92103

(43-7-1-14)

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

\$

27.00

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

\$

Final Payment \$ 339.00

NAME

Vallette McRoy

ADDRESS

5308 Monroe Ave

CITY

San Diego

STATE

Ca

ZIP

92115

☐ check ☒ if this is new address

E-12126



NAME McRoy, Valetta

ACCT. NO.

ADDRESS 3607 Chamoune Ave. S.D. 92105

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BAL
3-22-95	Opened Pre-Need Trust (second burial of DIP) <i>Lot: 43-7-1-11</i>				
	Trust: O/C; T.S. Vault; Handling Fee; Rec. Fee;				
	Tax on Vault.	872.50			
3-22-95	Downpayment Rec# 46048			218.00	654.50
4-6-95	R-46098 CPN 1			27.00	627.50
5/8/95	Rec# 46194 coupon 2			27.00	600.50
6/7/95	Rec# 46316 coupon 3			27.00	573.50
7/6/95	" 46410 " 4			27.00	546.50
8/7/95	" 46508 " 5			27.00	519.50
9/7/95	" 46588 " 6			27.00	492.50
10/5/95	" 46663 " 7			27.00	465.50
11/7/95	Rec 46783 # 8			27.00	438.50
	" " 9			27.00	411.50
1/3/96	Rec 46974 " 10			27.00	384.50
2/7/96	R- 47073 " 11			27.00	357.50
3-5/96	R- 47141 " 12			27.00	330.50
4-10/96	R- 47299			27.00	303.50

R-12126

NAME

ACCT. NO.

ADDRESS

Trust

RATING

LIMIT

DATE

ITEMS

DEBIT

✓

CREDIT

BALANCE

503.50

5-8 96 Coupon #14 R-47370

27.00 476.50

6-10 96 " #15 R-47497

27.00 449.50

7-3 96 " #16 R-47575

29.00 420.50

8-6 96 " #17 R-47680

27.00 393.00

9-5 96 " #18 R-47777

27.00 366.00

10-16 96 " #19 R-47926

27.00 339.00

10-6 96 " 20 R-47994

27.00 312.00

339.00 2

paid in full
11-6-96

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47575

Date: 7-5, 19 96
 From: Valetta F. McRoy Address: 31007 Chamounne ave. San Diego, CA 92105
Twenty Nine and no/100 Dollars (\$ 29.00)

 In part Payment of pre-need trust

 Lot 43 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-121210BALANCE DUE ~~420.50~~ 420.50Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

#5381

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

ISSUED BY

Catrina Jurgens

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	65033	<u>29</u>
Trust	9522	<u>00</u>
Sales Tax	80101	
	78390	

TOTAL PAID \$ 29 00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47994

Date: 11-16, 19 96

From:

Address:

Valencia MC RD 15308 VILMONT AVE #1, SAN DIEGO 92115

In

Payment of

three hundred thirty nine & 10/100Dollars (\$ 339.00)

Lot

43

Grave

1

Row

Section

1Division
Block11

Invoice No. _____

Acct. No. _____

W.O.

E-12124

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
Trust	9022
Sales Tax	60101
	78390

339.00

TOTAL PAID

\$

339.00Pre-Need Lot ☐At Need ☐On Acct ☐Pre-need Trust ☐Cash ☐Check ☐5709

ISSUED BY

Catrina Mayne

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46663

Date: 10/5, 1995From: Valitta Mc Roy Address: 3607 Chamouni Ave, SD 92105
Twenty-seven & no/100 Dollars (\$ 27.00)
In part Payment of pre-need trust
 Lot 43 Grave 7 Row _____ Section 1 Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12126

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

5182

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY: Rauch

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	27	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	27	00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46588

Date: 9-7, 1995From: Vallette Mc Roy Address: 3607 Charmaine Ave, San Diego, 92105Twenty-seven & no/100 Dollars (\$ 27.00)In _____ Payment of pre-need trustLot 43 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12126

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

5161

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

ISSUED BY

J. Rauch

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	
Trust	9022	27 00
Sales Tax	60101	
	76390	

TOTAL PAID \$ 27 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46508

Date: 8-7, 1995From: Valitta McRoy Address: 3607 Chemonue Ave, SD 92105Twenty-seven & no/100 Dollars (\$ 27.00)In post Payment of pre-need trustLot 43 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12126

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>27.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>27.00</u>

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

AC-212 (Rev. 5-94)

5135

ISSUED BY

J. Rauch

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46410

Date: 7-7, 19 95From: Valita MC Ray Address: 3607 Champaign Ave. 92105In Twenty-seven & no Dollars (\$ 27.00)
 Lot 43 Grave 7 Row _____ Section 1 Division Block 11
 Payment of Pre-need trust

Invoice No. _____

Acct. No. _____

W.O. E-13126

BALANCE DUE _____

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.

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>27.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>27.00</u>

ISSUED BY _____

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46194

Date: May 8, 19 95
 From: Valetta Mc Roy Address: 3607 Charmaine Ave. S.D. 92105
Twenty Seven dollars Dollars (\$ 27.00)

 In _____ Payment of Pre-Need Trust - Second of D.I.P.; O/C,
L.S. Vault; Hard fee; Rec-fee; Tax on Vault

 Lot 43 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12126BALANCE DUE \$1000.50Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

#5055

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	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>27.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>27.00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46048

Date: March 27, 19 95
 From: Valetta McRoy Address: 3607 Chamouni Ave. S.D. CA 92105
Two Hundred Eighty Four & 00/100 Dollars (\$ 218.00)

 In _____ Payment of Pre-Need Trust for second burial of (D.P.) O/C
T.S. Vault handling; Recording fee; Tax on vault

 Lot 43 Grave 7 Row - Section 1 Division 11 Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12126BALANCE DUE \$1654.50NOT 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>218</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		

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

AC-212 (Rev. 5-94)

5011

ISSUED BY Mr ClarkTOTAL PAID \$ 218.00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46316

Date: June 7, 19 95
 From: Valetta F. McKay Address: 3107 Chambrone Ave. S.D. 92105
Twenty Seven dollars - Dollars (\$) 27.00

 In _____ Payment of Pre Need Trust for Second Burial of (D.T.P.)
O/S, 1st Burial; Handling fee; Recording fee; fee on Vault

 Lot 43 Grave 7 Row _____ Section 1 Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 12/26BALANCE DUE 563.50NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

45073

ISSUED BY

Dr. Clark

CREDIT	67007		
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		
Pre-Need	63033	27	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	27	00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46783

Date: 11/07, 19 95From: Valella F. McRoy Address: 3607 Chamouni Ave San Diego CA 92105Twenty Seven 00/00 Dollars (\$ 27.00)In Payment of Pre Need TrustLot 43 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 12126

BALANCE DUE _____

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

CREDIT	67007		
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		
Pre-Need	63033	27	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	27	00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46576

Date: 12/6, 1995From: Valotta McKay Address: 3107 Champlain Ave. San Diego, CA 92105Dollars (\$ 2200)In partial Payment of PRC Asset TrustLot 43 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 12/12/96

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY Karen Bink

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033	<u>27</u>	<u>00</u>
	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>27</u>	<u>00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46974

Date: 1-4, 1996From: Zhella F McRoy Address: 3607 Chamounne Ave. SD 92105Twenty-seven Dollars (\$ 27.00)In pt. Payment of Pre-need TrustLot 43 Grave 7 Row 1 Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12126

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

5261

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

ISSUED BY

J. Weisner

CREDIT	67007	
20% Sales Care	77184	
90% 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>27.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>27.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47073

Date: 2-7, 1996From: Valletta Mc Roy Address: 3607 Chamouné Ave San Diego 92105Twenty Seven Dollars (\$ 27.00)In part Payment of Pre Need Trust Valletta Mc RoyLot 43 Grave 17 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12126BALANCE DUE 537.50Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AG-212 (Rev. 5-94)

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	83033	27	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	27	00

ISSUED BY S. Michelle

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47141

From:

Vallette Mc Roy
Twenty Seven

Address:

3607 Chamourne Ave

3-5

Date:

19 96

Dollars (\$

27.00)

In

part

Payment of

Pre-Need Trust

Lot

43

Grave

7

Row

Section

1

Division
Block

11

Invoice No.

Acct. No.

W.O.

E-12126

BALANCE DUE

530.50

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

CREDIT

20% Sales Care

57007

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

53033

Trust

9022

Sales Tax

60101

76390

Pre-Need Lot

☐

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☐

Check

☒

AG-212 (Rev. 5-94)

ISSUED BY

J. Shickler

TOTAL PAID

\$

27 00

27 00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47299

Date: 4/10, 1996From: Valletta Meroy Address: 3607 Chamounille Ave. S.D., CA 92105Twenty Seven and no/100 Dollars (\$ 27.00)In part Payment of pre-need trustLot 43 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12126BALANCE DUE 503.50Pre-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: Patricia M. Jorgensen

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>27</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID:	\$	<u>27</u> <u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

529-3400

47378

Date: 5-8, 1996From: Valetta Mc Roy Address: 3607 Chamone Ave S.D. 92105In Twenty Seven Dollars (\$ 27.00)In part Payment of Pre Need TrustLot 43 Grave 7 Row _____ Section 1 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-12126BALANCE DUE 476.50Pre-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. Sheddell

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	27	00
Trust	8022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	27	00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47437

Date: 6-10, 1996From: Vallette de RoyAddress: 3607 Chamounue Ave SD 92105In part Payment of Pre-need TrustDollars (\$ 27.00)Lot 43 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12126BALANCE DUE 449.50Pre-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.

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>27 00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>27 00</u>

ISSUED BY J. Shekellin

5364

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47680

Date: 8-6, 19 94
 From: Valetta McRoby Address: 3407 Champlain Ave S.D., CA 92105
Twenty Seven and no/100 Dollars (\$ 27.00)

 In part Payment of pre-need trust

 Lot 43 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12126BALANCE DUE ~~5-12126~~ 393.00NOT 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	60033	<u>27</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>27</u> <u>00</u>

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

5398

ISSUED BY

Cathina Turgeon

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47920

Date: 10-11, 19 96From: Yolita F. Mc Roy Address: 3607 Chamblin Ave San Diego 92105Twenty seven and 10/100 Dollars (\$ 27.00)In full Payment of pre-need lot and trustLot 43 Grave 7 Row _____ Section 1 Division 11 Block

Invoice No. _____

Acct. No. _____

W.O. E-12126BALANCE DUE 339.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

5450

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

ISSUED BY

Catrina Surgeon

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>27</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>27 00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46098

Date: 4-6, 1995From: Valita McRae Address: 3607 Chamis Ave. SD 92105
Twenty-seven & no/100 Dollars (\$) 27.00
In _____ Payment of Pre need trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12126

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

5021

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

ISSUED BY

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>27</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		

TOTAL PAID \$ 27.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/27/95

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

of disinter - Curtis Carter & Arlene Delores Carter

in a dbl. depth 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 \$ 150.00

will be applied and billed to undersigned. —

War time veteran —

Lot 75 Grave 3 Row — Section 14 Division/Block 7

Grave space & Care Fund PD C2499 —

Additional spaces and care fund — —

Opening/Closing & Setup 2 @ 375.00 750.00

Burial Container — 380.00 750.00

Handling Fees — 320.00

Flower vases — Marker setting fee DISINTERMENT: 1,000.00

Recording and filing fee 2 @ 45.00 90.00

Sales taxes — 26.60

Total Due 2566.60

Paid receipt number Rec #46049 1524.00

Balance due 1042.60

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

Carter-Peoples
Signature 2007 87th Ave
Address Weekland, CA 94621
City Weekland Zip Code 94621
Telephone (510) 562-4464

Invoice # —

Acct. # —

Work Order # E 12127

Annette Carter-Peoples came in 3/27/95. She wanted to set up a payment plan to disinter her father Curtis Carter and Re-inter him in the same grave, but in a double depth crypt. She also wanted to pay for the second burial in the dbl. depth - her mother Delores Carter.

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46049

Date: March 27, 19 95
 From: Arnette Carter - Peoples Address: 3832 Market St Oakland CA 94608
Shy Hundred forty five Dollars & 00/100 Dollars (\$) 1042 00

 In _____ Payment of Interment of Curtis Carter & Re Burial of
him in 600 depth crypt; Trust; O/C, Rec fee for Delores Carter
 Lot 25 Grave 3 Row _____ Section 14 Division 7
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12127BALANCE DUE \$ 1924.60
 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	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>643 00</u>
Trust	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>643 00</u>

0755

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46115

Date: 4-10, 19 95
 From: Carter, James Annette Address: 2007 87th Ave Oakland CA 94621
Three hundred twenty one Dollars (\$ 321.00)

 In part Payment of pre-need disinterment / re-inter and trust
for Carter - Peoples Annette

 Lot 75 Grave 3 Row _____ Section 14 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E 12/27BALANCE DUE 1603.60Pre-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.

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	<u>321.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 321.00ISSUED BY V. Balabany

MONEY ORDER

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12127 Pre-Need Disinter.
Annette Carter-P. Re-inter. & Trust
2007 87th Ave. for 2nd burial
Oakland, CA 94621
(75-3-14-7)

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.

▶ \$ 321.00

Amount due if paid more than _____ days
after due date above.

▶ \$ _____

from: James S.
Carter

\$ _____

Amount Received

\$ 321.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3/27/95

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

of Hermietta Foster
in a T.S. Vault Funeral, date, time WED 3/29/95 @ 10Am

Church, Chapel, Graveside Church & graveside: Ragdale 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

War time veteran no

Lot 153 Grave 1 Row - Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 17.50

Total Due 1767.50

Paid receipt number Rec # 46052 1767.50

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

Address

City

Telephone

Zip Code

Work Order # E

PY-593 (Rev. 8-82)

Invoice #

Acct. #

12128

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46052

Date: March 27, 19 95
 From: Sherrard England Address: 214 - Santa Cecilia St CA 92114
- Seventeen Hundred Sixty Seven - 1/2 38100 - Dollars (\$ 1767.50)

 In _____ Payment of Interment of Henrietta Foster

 Lot 153 Grave 1 Row - Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12128BALANCE DUE 0Pre-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	<u>179.00</u>
20% Sales Care	77184	
80% Sales	100	<u>716.00</u>
of Lots	77184	
Opening/	100	<u>375.00</u>
Closing	77181	
Burial	100	<u>250.00</u>
Containers	77182	
	100	<u>185.00</u>
Handling Fee	77185	
Recording &	100	<u>45.00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>17.50</u>
	78390	
TOTAL PAID	\$	<u>1767.50</u>

E 12128

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) Henrietta	1B. MIDDLE -	1C. LAST (FAMILY) Foster	2. DATE OF BIRTH MONTH DAY YEAR 11/27/1904	3. DATE OF DEATH MONTH DAY YEAR 03/24/1995	4. SEX F
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 Sherman England - Daughter 214 Santa Rosalia San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
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.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i> 8B. DATE SIGNED 03/27/1995		

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 \$7.00	9B. DATE PERMIT ISSUED 03/28/1995 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504245
	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		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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 3/29/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <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 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 2 IS RETAINED BY 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 Mon 3-27-94 ⁹⁵

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ford, ANTANITA → ANTONIA

In a Vault/Liner Funeral, date, time Wed 3-29, 1:30 P.M.

Church, Chapel, Graveside Graveside : CA Burial Mortuary.

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

• will be applied and billed to undersigned. _____

War time veteran _____

✓ Lot 3328 Grave _____ Row _____ Section 1 Division/Bleek 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 B-416064 270.00

Balance due 0

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

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

Signature of recorded holder of deed

✓
Signature _____
Address _____
City _____ Zip Code _____
Telephone _____

Work Order # E 12129

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46064

Date: March 29, 19 95From: CA Burial Address: 5880 El Cajon Blvd. S.D. CA 92115
Two hundred Seventy & 00/100 Dollars (\$ 270.00)
In _____ Payment of Interment of Antonio Ford
 Lot 3328 Grave - Row - Section 1 Division 9 Block 9

Invoice No. _____

Acct. No. _____

W.O. E-13129BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Com	77184	<u>20</u>	<u>00</u>
80% Sales	100	<u>80</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>125</u>	<u>00</u>
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>270</u>	<u>00</u>

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

AC-212 (Rev. 5-94)

8334

ISSUED BY M. Clark

E 12129

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) Antonia	1B. MIDDLE Antonette	1C. LAST (FAMILY) Ford	2. DATE OF BIRTH MONTH DAY YEAR 03/17/1995	3. DATE OF DEATH MONTH DAY YEAR 03/17/1995	4. SEX F
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 Lavonne Rusinkas-Mother 47 Fourth Avenue #G Chula Vista, CA 91911			
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 FD 1357	8A. SIGNATURE OF APPLICANT— <i>[Signature]</i> 8B. DATE SIGNED 03/24/1995		
*ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/27/1995 Kyle Chase	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504122 Kyle Chase
	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"/> 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)

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 3/29/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - Wood, Hon-Sealer	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 <i>[Signature]</i>
	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 <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 -	15B. DATE OF DISPOSITION	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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

PA 1177168

Date 3-27-95

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

of John Doe 95-0185

in a liner Funeral, date, time Mon 4/3/95 11AM

Church, Chapel, Graveside _____: Featheringill Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

✓ Lot 11 Grave 2 Row _____ Section 1 Division/Bleek 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

Rebecca Barr

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 # 252071

Acct. # 000952

Work Order # E 12130

PY-593 (Rev. 8-92)

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) JOHN	1B. MIDDLE -----	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH DAY YEAR Unk.	3. DATE OF DEATH MONTH DAY YEAR 01/27/1995	4. SEX M
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 Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
		8B. DATE SIGNED 03/30/1995			

* 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.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/30/1995 Edward Fezzell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504380
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 P. O. Box 85222, San Diego CA 92186-5222		
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 <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)
--	--	--	--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 4/3/95	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.



CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952Received
5-4-95

TREASURERS USE ONLY

5-8-95

PAYMENT DATE

BY: CA CK IF

PAYMENT REF NO

04-806636

AMT PAID:

\$386.00

INVOICE DATE

04/04/95

PAYMENT DUE

05/04/95

PERIOD COVERED

MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12130

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

117718
JOHN DOE ME#95-0185 PA#1177168
SERVICES

LOT 11 GRAVE 2 SEC 1 DIV 12

OPENING/CLOSING

LINER

RECORDING FEE

126.00

165.00

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, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE

INV NO. 252071

252071 04/04/95 000952 COUNTY OF SAN DIEGO

E-12130

100 072
100 072
100 072
67007

05/08/95

04-806636

77181 000072
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 3-28-95

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

In a Vault Funeral, date, time Friday 3-31-95: 10:00 A M
Church, Chapel, Graveside Graveside; BENBOUH-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. X AO

War time veteran YES

✓ Lot 36 Grave 2 Row _____ Section 11 Division/Block 7

Grave space & Care Fund B-9531 X

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 250.00

Handling Fees _____ 185.00

Flower vases - Marker setting fee EARLY A.M. OT 150.00

Recording and filing fee _____ 45.00

Sales taxes _____ 17.50

Total Due _____ 1022.50

Paid receipt number MASTER CARD 256.00

Balance due 766.50

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

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

Signature of recorded holder of deed _____

X Ann M. Ong
Signature 3688 RUE DE VILLE
Address SAN DIEGO, CA 92130
City 619-792-8291 Zip Code
Telephone

Work Order # E 12131

Invoice # 252006
Acct. # 084782

MT. HOPE CEMETERY

W.O. # E-12131

NOTE

\$ seven hundred sixty six and 50/100 San Diego, California March 28 1995

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 766.50 DOLLARS with interest from April 28, 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 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 ANN M. ONG SIGNATURE x Ann M. Ong
ADDRESS x 3688 RUETTE DE VILLE SAN DIEGO, CA 92130
CALIFORNIA DRIVER LICENSE NUMBER x C2383246 SSN # x 559-67-0512

E 12131

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) HARUKI		1B. MIDDLE JACK	1C. LAST (FAMILY) KOBA	2. DATE OF BIRTH MONTH, DAY, YEAR 02/27/1920	3. DATE OF DEATH MONTH, DAY, YEAR 03/25/1995	4. SEX M
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 DUANE H. KOBA - SON 15035 PINTURA DRIVE HACIENDA HEIGHTS, CA 91745		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED Kenneth Thomas 03/28/1995		
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 \$7.00		9B. DATE PERMIT ISSUED 03/28/1995
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 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)		
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102		11B. DATE BURIED 3/31/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wait		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A w/ sealer 10/90/95		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

COMPLETE ALL APPLICABLE ITEMS

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3/28/95

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

of VICK, MAY E

in a liner Vault/Liner Funeral, date, time Fri. 3/31/95 2PM

Church, Chapel, Graveside Delivery only 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.

War time veteran NO

Lot 65 Grave 8 Row Section 1 Division/Block 11

Grave space & Care Fund E-1078 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 MAR 28 1995 45.00

Sales taxes 13.30

PAID
MAR 28 1995
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 768.30

Paid receipt number R-46060 768.30

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

Aldus J. Coate
Signature
1504 GLADSTONE DR.
Address
SARASOTA, CA. 95864
City
(716) 481-9130
Telephone
Zip Code

Work Order # E 12132
PY-593 (Rev. 8-92)

Invoice #

Accl #

E12132

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) MAYE	1B. MIDDLE I.	1C. LAST (FAMILY) VICK	2. DATE OF BIRTH MONTH DAY YEAR 05/11/1921	3. DATE OF DEATH MONTH DAY YEAR 03/28/1995	4. SEX F
5A. CITY OF DEATH Santee		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Aldus James Coate - Son 1504 Gladstone Drive Sacramento CA 95864		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Harvey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-964	8A. SIGNATURE OF APPLICANT— <i>Do not take permit</i> <i>Judith E. King</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 03/29/1995			

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 \$7.00	9B. DATE PERMIT ISSUED 03/30/1995 2504339 <i>goking</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>J. King</i>
	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		
HORIZED 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 Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 3/31/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>W. White</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>cardboard</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46060

Date: 3-28, 1995From: Aldus, Anna Coate Address: 1504 Gladstone Dr., Sacramento CASeven hundred sixty-eight Dollars (\$ 768.30) ⁹⁵⁸⁶⁴In _____ Payment of Interment of Maye VickLot 65 Grave 8 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12132BALANCE DUE 2Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

3411

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77181	375	00
Burial Containers	100	190	00
Handling Fee	77182	145	00
Recording & Misc. Fees	100	45	00
Pre-Need Trust	63033		
Sales Tax	9022		
	60101	13	30
	78390		
TOTAL PAID	\$	768	30

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3-28-95

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

in a T.S. Vault Funeral, date, time FRI 3/31 11AM

Church, Chapel, Graveside Church/Graveside CABurial 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. + Phyllis Williams

War time veteran

Lot 254 Grave 33 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 17.50

Total Due 1667.50

Paid receipt number 46062 1667.50

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

Phyllis Williams
Signature
1019 Grandview Ct
Address
San Diego Ca 92114
City Zip Code
263-7792
Telephone

Work Order # E 12133
PY-593 (Rev. 8-92)

Invoice #

Acct. #

E 12133

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) Rodney		1B. MIDDLE -	1C. LAST (FAMILY) Williams		2. DATE OF BIRTH MONTH DAY YEAR 03/25/1954	3. DATE OF DEATH MONTH DAY YEAR 03/27/1995	4. SEX M
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 Phyllis Williams-Wife 6019 Brandeis Court San Diego, CA 92114		
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 FD 1357		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 70376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.					8B. DATE SIGNED 03/29/1995		
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 \$7.00	9B. DATE PERMIT ISSUED 03/29/1995 Kyle Chase	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504279 <i>[Signature]</i>	
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						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)	
E. TEMPORARY ENVAULTMENT							
F. DISINTERMENT							
G. SHIP IN TO CALIFORNIA							
H. TRANSIT TO OUTSIDE OF CALIFORNIA							
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, San Diego, CA			11B. DATE BURIED 3/31/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - metal non-seal			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 <i>[Signature]</i>	
	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 <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 -			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	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

MOUNT HOPE CEMETERY

527-3400

46062

Date: 3-29, 19 95From: Elberta Berts Address: 710 Peggy Dr. San Diego CA 92114sixteen hundred sixty seven and 5/100 Dollars (\$ 1667.50)In full Payment of interment of William RodneyLot 254 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 12133BALANCE DUE QPre-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

V. Balaban

CREDIT	67007	<u>159</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>636</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>375</u>	<u>00</u>
Closing	77181		
Burial	100	<u>250</u>	<u>00</u>
Containers	77182		
	100	<u>185</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>17</u>	<u>50</u>
	78390		
TOTAL PAID	\$	<u>1667</u>	<u>50</u>

5312

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 3/30/95

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

of Khrysta Unikue White

In a Vault/Liner Funeral, date, time 3/31/95 Fri @ 1:30pm

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 \$ 150⁰⁰

will be applied and billed to undersigned.

War time veteran -

Lot 3425 Grave - Row - Section 1 Division/Block 9

Grave space & Care Fund 100.00

Additional spaces and care fund 0

Opening/Closing & Setup 125.00

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 0

Total Due 270.00

Paid receipt number B-46070 270.00

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

X
Signature

X
Address

X
City

Zip Code

X
Telephone

Invoice # _____

Acct. # _____

Work Order # E

PY-593 (Rev. 8-92)

12134

E12134

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) Khrysta		1B. MIDDLE Unique	1C. LAST (FAMILY) White		2. DATE OF BIRTH MONTH DAY YEAR 05/08/1994	3. DATE OF DEATH MONTH DAY YEAR 03/25/1995	4. SEX F	
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 Krystal White—Mother 3860 Cherokee Avenue, Apt. 9 San Diego, CA 92104				
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 FD 1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 03/29/1995
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 03/29/1995 Kyle Chase		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504319		
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 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						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)		
11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, San Diego, CA		11B. DATE BURIED 3/31/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</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 —		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

MOUNT HOPE CEMETERY

527-3400

46070

Date: 3-31, 1995
 From: CA Burial Address: 5880 El Camino Bl., #10 92115
Two hundred seventy two/1000 Dollars (\$ 270.00)

 In _____ Payment of Interment of K. Krista U. White

 Lot 3425 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-12134

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

8358

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
80% Sales	100	<u>80</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181	<u>125</u>	<u>00</u>
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>270</u>	<u>00</u>

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3/31/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of J. D. THARPE

in a LINER Vault/Urner Funeral, date, time TUES 4/4/95 @ 1AM

Church, Chapel, Graveside CHURCH & GRAVESIDE: CA BURIAL Mortuary

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

will be applied and billed to undersigned. X

War time veteran yes

Lot 11658 Grave - Row - Section - Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 13.30

Total Due \$1763.30

Paid receipt number PA 113A \$441.00

Balance due \$1322.30

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

Zip Code

Invoice # 252502

Acct. # 084869

Work Order # E 12135

MT. HOPE CEMETERY

W.O. # E-12135

NOTE

\$ 1322.30 San Diego, California March 31 19 95

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 Twenty Two & ³⁰/₁₀₀ DOLLARS with interest from May 4, 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 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 SHARON TRAVIS SIGNATURE Sharon Travis

ADDRESS 236 So. Siena St. S.D. Calif 92114

CALIFORNIA DRIVER LICENSE NUMBER S0597054 SSN # 570-74-2487

E 12135

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) JD		1B. MIDDLE -	1C. LAST (FAMILY) Tharpe	2. DATE OF BIRTH MONTH DAY YEAR 01/22/1923	3. DATE OF DEATH MONTH DAY YEAR 03/29/1995	4. SEX M
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 Gladys Faye Tharpe—Daughter 5128 Reynolds Street San Diego, CA 92114		
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 FD 1357		8A. SIGNATURE OF APPLICANT—Person to be permitted <i>[Signature]</i>		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 03/31/1995				

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 \$7.00	9B. DATE PERMIT ISSUED 03/31/1995 Kyle Chase	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504414
	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		

1. 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 Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 4/4/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - metal sealed	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 <i>[Signature]</i>
	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 <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 -	15B. DATE OF DISPOSITION	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.

252502 04/10/95 084869 SHARON TRAVIS

E-12135

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

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

05/05/95 CK 072227575

1,322.30
375.00
190.00
45.00
355.00
145.00
13.30
199.00

1,322.30 0.00
PAID IN FULL

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 3/31/95

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

In a lines Funeral, date, time MON 4/3/95 @ 11AM

Church, Chapel, Graveside Church + graveside: Cal Burial Mortuary (Sany)

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 145 Grave 12 Row 1 Section 1 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 0

Recording and filing fee 44.45.00

Sales taxes 13.30

Total Due 1562.30/1562.30

Paid receipt number R 46075 390.00

Balance due 1172.30

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

X Mrs. Doris Hunter
Signature
809 MARJORIE DR.
Address
SAN DIEGO, CA 92114
City
619 263-3644
Telephone
Zip Code

Work Order # E 12136

PY-593 (Rev. 8-92)

Invoice # 252008

Acct. # 084784

CA Burial to 25%
bring check for 25%
down. Family to sign
in Monday to sign
interment order
& today note.
m.c.

MT. HOPE CEMETERY

W.O. # E-12136

NOTE

1172.30 San Diego, California April 3, 1995

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 twenty two & 30/100 DOLLARS with interest from May 3, 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 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 Ms. Doris Hunter SIGNATURE Ms. Doris Hunter

ADDRESS 809 Marjorie Dr. SD 92114

CALIFORNIA DRIVER LICENSE NUMBER U0153856 SSN # 114-52-7889

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) Latisha	1B. MIDDLE Yvette	1C. LAST (FAMILY) Hunter	2. DATE OF BIRTH MONTH DAY YEAR 05/08/1976	3. DATE OF DEATH MONTH DAY YEAR 03/28/1995	4. SEX F
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 Doris Hunter-Mother 809 Marjorie Drive San Diego, CA 92114	
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 FD 1357		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 03/31/1995	

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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records—P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/31/1995 Kyle Chase	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504432	
		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	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 Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 4/3/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Mital Mon. Sealer	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 <i>[Signature]</i>
	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 <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 —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
				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.

252008 04/03/95 084784

DORIS HUNTER

E-12136

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

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

05/11/95 CK 1257

1,172.30
375.00
190.00
44.00
246.00
145.00
13.30
159.00

1,172.30

0.00
PAID IN FULL

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46075

Date: 4-3, 1995
 From: CA Burial Address: 5880 El Cajon Bl, SD 92115
Three hundred ninety & no/100 Dollars (\$ 390.00)

 In _____ Payment of Interment of Latisha Y. Hunter

 Lot 165 Grave 12 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12136

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

8373

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	<u>390</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>390</u>	<u>00</u>

Haul all dirt off &
Chairs set up
@ grave 7.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-3-95

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

of Andres Carillo

In a Full Depth Crypt Funeral, date, time Tues 4-4-95 @ 12 noon

Church, Chapel Graveside 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. X Bertho Carillo

War time veteran

Lot 71 Grave 8 Row - Section 2 Division/Block 11

Grave space & Care Fund Pre-need E-11559 0

Additional spaces and care fund 0

Opening/Closing & Setup Pre-need E-11559 0

Burial Container Pre-need E-11559 0

Handling Fees Pre-need E-11559 0

Flower vases - Marker setting fee 0

Recording and filing fee Pre-need E-11559 0

Sales taxes Pre-need E-11559 0

Pre-need funds Total Due 0

trans. 4-12-95 Paid receipt number 0

Daughter in law Balance due 0

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

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

Signature of recorded holder of deed

Bertho Carillo
Signature 3525 OLVERA AVE
Address SAN DIEGO CA 92114
City 263-9193 Zip Code
Telephone

Work Order # E 12137
PY-593 (Rev. 8-92)

Invoice #
Acct. #

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) ANDRES		1B. MIDDLE -	1C. LAST (FAMILY) CARRILLO		2. DATE OF BIRTH MONTH DAY YEAR 04/15/1910	3. DATE OF DEATH MONTH DAY YEAR 04/01/1995	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 Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1083		8A. SIGNATURE OF APPLICANT—Person taking permit <i>B. Rasmussen</i>	
						8B. DATE SIGNED 04/03/95	

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.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 04/03/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Edward Feezell	
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 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 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 Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 4/4/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>cloth, casket</i>	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 <i>[Signature]</i>
	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 <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	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date _____

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

In a _____ 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** 12138

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/4/95

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

of Rafael Cooper

in a Vault/Urner Funeral, date, time Tues 4/4/95 @ 2pm

Church, Chapel, Graveside Chapel & graveside Ragdale 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

War time veteran —

✓ Lot 3129 Grave — Row — Section 1 Division 9

Grave space & Care Fund 100.00

Additional spaces and care fund 0

Opening/Closing & Setup 125.00

Burial Container 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 0

Total Due 270.00

Paid receipt number R-46083 270.00

Balance due 0

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

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

Signature of recorded holder of deed

X Signature
X Address
X City Zip Code
X Telephone

Work Order # E 12139

Invoice # —

Acct. # —

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 12139

5 m 00

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Raphael	1B. MIDDLE Divine	1C. LAST (FAMILY) Cooper	2. DATE OF BIRTH MONTH, DAY, YEAR 10/29/1994	3. DATE OF DEATH MONTH, DAY, YEAR 03/23/1995	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 Patricia Waters, Foster Mother 5121 Logan Ave. San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 04/03/1995		

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 \$7.00	9B. DATE PERMIT ISSUED 04/03/1995 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504492								
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												
<table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> A. BURIAL (INCLUDES ENTOMBMENT)</td> <td><input type="checkbox"/> E. TEMPORARY ENVAULTMENT</td> </tr> <tr> <td><input type="checkbox"/> B. CREMATION</td> <td><input type="checkbox"/> F. DISINTERMENT</td> </tr> <tr> <td><input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY</td> <td><input type="checkbox"/> G. SHIP IN TO CALIFORNIA</td> </tr> <tr> <td><input type="checkbox"/> D. SCIENTIFIC USE</td> <td><input type="checkbox"/> H. TRANSIT TO OUTSIDE OF CALIFORNIA</td> </tr> </table>					<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
<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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 4/4/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46083

Date: 4-4, 1995
 From: Anderson Rogstad Address: 5050 Federal Bl., #10 92102
Two hundred seventy & 20/100 Dollars (\$) 270.09

 In _____ Payment of Interment of Raphael Cooper

 Lot 3129 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-12139BALANCE DUE —Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

6611

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

ISSUED BY

CREDIT	67007	20.00
20% Sales Care	77184	
80% Sales	100	80.00
of Lots	77184	
Opening/	100	125.00
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	45.00
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	270.00

City of San Diego

Date 4-4-95

in a LINER Used in case Funeral, date, time THURS 4-6 10AM

Church, Chapel, Graveside Church + Graveside Guadalupe 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. * FM

War time veteran NO

Lot 124 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	2.00	145.00
---------------	------	--------

Flower vases - Marker setting fee Paula 2-1-93

Recording and filing fee 45.00

Sales taxes 13 30

Total Due 1563.30

Paid receipt number R-416090 392.00

Balance due 1171.30

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

I hereby authorize the interment in lot 1
hold under deed.

Signature of recorded holder of deed

Signature _____

Andrews

CIN

Telephone _____

Work Order # **E**

PY-593 (Rev. 8-92)

Invoice # 252513

Acct. # 084871

0412140

CUSTOMER ACCOUNT-OPEN & PAID INVOICES

PG 1

ACTION: L

ACCOUNT: 084871

NAME: FLOR MARTINEZ

SHORT NAME: MARTINEZ

LAST PAYMENT

BILL	INV	INV	INV	DUE		STAT	PART	PAYMT	APPL	RECD
DEPT	TYP	NO	DATE	DATE	AMOUNT	CODE		AMOUNT	DATE	DATE

072	BE	252513	041195	021296	852.30					
-----	----	--------	--------	--------	--------	--	--	--	--	--

REQUEST COMPLETED

MT. HOPE CEMETERY

W.O. # E 12140

NOTE

Eleven hundred seventy one 30/100 San Diego, California 4-6 19 95

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 1171.30 852.30 DOLLARS with interest from mar, 6, 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 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 Flor Martinez SIGNATURE x Flor Martinez
ADDRESS x 2811 A Logan Ave. 92113
CALIFORNIA DRIVER LICENSE NUMBER x A3865626 SSN # x 626-12-86-05

E 2140

30

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) VICTOR	1B. MIDDLE HUGO	1C. LAST (FAMILY) MERCADO-BELTRAN	2. DATE OF BIRTH MONTH, DAY, YEAR 09/13/1964	3. DATE OF DEATH MONTH, DAY, YEAR 03/31/1995	4. SEX M
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 FLOR MARTINEZ MERCADO-WIFE 2811 A LOGAN AVE. SAN DIEGO, CA. 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA. 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425	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 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/04/1995			

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 \$ 7.00	9B. DATE PERMIT ISSUED 2104/03511995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504630
	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"/> 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 CREMATION SCIENTIFIC USE TRANSIT SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKETST. SAN DIEGO, CA. 92102	11B. DATE BURIED 4/6/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	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
		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-12140

City of San Diego
MEMORANDUM

File No.:

Date : August 29, 1995

To : Therese Balbo, Program Supervisor Treasurer's Office

From : JoAnn Waits, Cemetery Manager, Mt. Hope Cemetery

Subject : Endorsement of Check for Flor Martinez

This is a memo of release for check #62575249 from the Victim's Witness Program made payable to Mt. Hope Cemetery in the amount of \$852.30.

Please endorse the check for Flor Martinez. In checking the computer records, those records indicate that the entire amount of the burial has been paid in full for Invoice #252513. The final payment was made on 7-26-95 for the balance of \$852.30. The computer does not show that any other amounts are due to the City.

Thank you for your assistance in this matter. If you have any questions, please contact me at 527-3400.


JoAnn

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-4-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VICTOR HUGO MERCADO-BELTRAN

in a LINER Funeral, date, time THURS 4-6 10AM

Church, Chapel, Graveside Church + Quesada + Guadalupe 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. * FM

War time veteran NO

✓ Lot 124 Grave 2 Row 3 Division/Bleek 12

Grave space & Care Fund 795.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 13.30

Recording and filing fee 1563.30

Sales taxes 392.00

Total Due 1171.30

Paid receipt number R-41090 392.00

Balance due 1171.30

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

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

Signature of recorded holder of deed

Signature Flor Martinez
Address 2811 N Logan Ave.
City San Diego, CA
Zip Code 92113
Telephone 696 9839

Invoice # 252513

Acct. # 084871

7/6/95 After discussion w/JoAnn, I reached someone at the home of Flor Martinez who spoke English. She said the debtor could pay \$200 now. I encouraged her to come to the cemetery to pay that and to make payments as much as she can.

Jane Rauch

THE QUESTION IS,
CAN I NOW GO INTO THE
COMPUTER TO CHANGE
THE DUE DATE?

WHEN IT WAS ENTERED, AN EXTRA
ZERO MUST HAVE GOTTEN ADDED
IN THE "DAYS DUE" SPACE
AND IT BECAME 300 DAYS.

Work Order # E 12140

PY-593 (Rev. 8-92)

ane

CUSTOMER ACCOUNT-OPEN & PAID INVOICES							
ACTION: L				ACCOUNT: 084871			
NAME: FLOR MARTINEZ				SHORT NAME: MARTINEZ			
BILL	INV	INV	INV	DUE	STAT	PART	PAYMT
DEPT	TYR	NO	DATE	DATE	CODE	AMOUNT	AMOUNT
072	GE	252513	041195	021296		852.30	

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46090

Date: 4-6, 1995From: Marituary Guadalupe Address: 2601 Imperial, 2nd 92102Three hundred ninety-two & no/100 Dollars (\$ 392.00)In part Payment of Interment of Victor Hugo Mercado-BeltranLot 124 Grave 2 Row _____ Section 3 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12140

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

4323

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

ISSUED BY

J. Rouch

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	392 00
Opening/Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	90101	
	78390	
TOTAL PAID	\$	392 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46107

Date: 4-10, 1995
 From: Flar Martinez Address: 2811 A Logan Ave., San Diego
Three hundred donation 2/20/100 Dollars (\$ 319.00) ⁹²¹¹³

 In _____ Payment of Interment of Victor Hugo Mercado-Bethran

 Lot 124 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12140BALANCE DUE \$852.30
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	<u>75</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>244</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>319</u>	<u>00</u>

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

AC-212 (Rev. 5-94)

ISSUED BY

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46714

Date: 10-18, 1995

From: Flor Martena Address: 2811 Logan Blvd. SD 92113

One Hundred & Twenty-Five Dollars (\$ 125.00)

In full Payment of setting of marker for

Victor Hugo Mercado

Lot 124 Grave 2 Row Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12140

BALANCE DUE _____

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.

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	125 00
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

ISSUED BY

J. Weisner

TOTAL PAID

\$

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-5-95

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

In a Liner Funeral, date, time FRI 4/7 11:00

Church, Chapel, Graveside Church & graveside CA Burial Mortuary.

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

will be applied and billed to undersigned. x Earlie Mae Spencer

War time veteran NO

✓ Lot 268 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 190.00

Handling Fees 145.00

Flower vases - Marker setting fee -

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1563.30

Paid receipt number R-46088 390.00

Balance due 1173.30

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

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

Signature of recorded holder of deed

x Earlie M. Spencer
Signature
10923 Tobago Rd.
Address
S.D. 92126
City Zip Code
4693-9107
Telephone

Work Order # E 12141

PY-593 (Rev. 8-92)

Invoice # 252497

Acct. # 084870

MT. HOPE CEMETERY

W.O. # E-12141

NOTE

1173.30

San Diego, California

4-51995

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^{30/100} DOLLARS with interest from 5-7-95 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 * EARLIE M. SPENCERSIGNATURE * Earlie M. SpencerADDRESS * 10923 Tobago Rd, S.D CA 92126CALIFORNIA DRIVER LICENSE NUMBER * E0582 JTDSSN # * 426-88-5161

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) Barbara	1B. MIDDLE J.	1C. LAST (FAMILY) Perkins	2. DATE OF BIRTH MONTH DAY YEAR 05/21/1942	3. DATE OF DEATH MONTH DAY YEAR 04/01/1995	4. SEX F
5A. CITY OF DEATH La Jolla		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Earlie Spencer-Daughter 10923 Tobago Road San Diego, CA 92126		
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 FD 1357	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 04/05/1995			

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 \$7.00	9B. DATE PERMIT ISSUED 04/05/1995 Kyle Chase	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504689 <i>[Signature]</i>
	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		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 Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 4/7/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY unsealed	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 <i>[Signature]</i>
	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 <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 -	15B. DATE OF DISPOSITION	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


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46088

Date: 4-5, 1995From: Earlie M. Spencer Address: 10923 Tokago Rd., SD 92126Three hundred ninety & no/100 Dollars (\$ 390.00)In _____ Payment of Interment of Barbara PerkinsLot 268 Grave 11 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13141BALANCE DUE \$1173.30Pre-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

CREDIT	67007	
20% Sales Gate	77184	
80% Sales	100	
of Lots	77184	<u>390.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>390.00</u>

ISSUED BY J. Raich

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-6-95

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

of DAVIS, HAYWOOD Thurs 4/13 2 p.m

in a TOP Soil Vault Funeral, date, time TUE 4/11 2PM

Church, Chapel, Graveside Chapel + Grassside Parkcrest 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 * Messers Cole

War time veteran NO

✓ Lot 75 Grave 2 Row _____ Section 2 Division/Block 12

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 45.00

Recording and filing fee 17.50

Sales taxes 17.50

Total Due 1325.50

Paid receipt number R-46091 442.00

Balance due 1325.50
Aux INV 1325.50

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

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

Signature of recorded holder of deed _____

Signature

Address

City

Telephone

Zip Code

Invoice # 252699

Acct. # 084929

Work Order # E

PY-593 (Rev. 8-92)

12142

MT. HOPE CEMETERY

W.O. # E-12142

NOTE

1325.50 San Diego, California 4-6 1995

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 twenty five ^{no 1100} DOLLARS with interest from May 11, 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 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 TRESSES COLE

SIGNATURE

X Tresses Cole

ADDRESS

X 2163 Harrison San Diego Cal 92118

CALIFORNIA DRIVER LICENSE NUMBER

X B2052977

SSN #

X 715-10-4597

E12142

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) HAYWOOD	1B. MIDDLE -	1C. LAST (FAMILY) DAVIS	2. DATE OF BIRTH MONTH DAY YEAR 03/20/1909	3. DATE OF DEATH MONTH DAY YEAR 04/04/1995	4. SEX M
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 TRESSES COLE FRIEND 2168 HARRISON AVE. SAN DIEGO, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PARK CREST FUNERAL HOME 2441 UNIVERSITY AVE., SAN DIEGO, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1507	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 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8B. DATE SIGNED 04/13/1995			

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 \$7.00	9B. DATE PERMIT ISSUED 04/13/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. SZABLEWSKI
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO 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"/> 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)
--	--	---

COMPLETE ALL APPLICABLE ITEMS BURIAL CREMATION SCIENTIFIC USE TRANSIT SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 4/13/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal sealers	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
			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.

252699 04/14/95 084929 TRESSES COLE

E-12142

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

05/04/95 CA 195
77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

1,325.50
375.00
250.00
45.00
274.00
185.00
17.50
179.00

1,325.50 0.00
PAID IN FULL

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-6-95

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

of WOOD, ERNEST A. ☒ AYD 4-7-95

In a Ash Vault Vault/Urns Funeral, date, time AYD 4-7-95

Church, Chapel, Graveside — : Coring Cremation Mortuary.

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

will be applied and billed to undersigned. —

War time veteran YES

Lot 2 Grave 10 Row — Section 1 Division/Block 11

Grave space & Care Fund 300.00

Additional spaces and care fund —

Opening/Closing & Setup 105.00

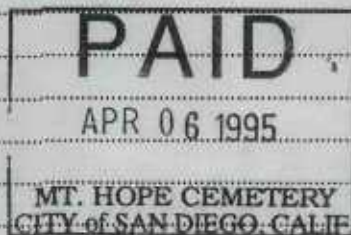
Burial Container 55.00

Handling Fees 60.00

Flower vases — Marker setting fee —

Recording and filing fee 45.00

Sales taxes 3.85



Total Due 568.85

Paid receipt number R-46095 568.85

Balance due 0

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

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

Signature of recorded holder of deed

John P. Munday
Signature
13036 Roundup Ave
Address
San Diego, CA 92129
City
484-7749
Telephone
Zip Code

Work Order # E 12143

Invoice # —

Acct. # —

E12143

85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

REFILE

1A. NAME OF DECEDENT—FIRST (GIVEN) ERNEST	1B. MIDDLE ALLEN	1C. LAST (FAMILY) WOOD	2. DATE OF BIRTH MONTH, DAY, YEAR 02/12/1910	3. DATE OF DEATH MONTH, DAY, YEAR 02/20/1995	4. SEX M
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 JOHN P MURDOCK—NEPHEW 13036 ROUNDUP AVE SAN DIEGO, CA 92129	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CARING CREMATION SERVICES OF S.D. P.O.BOX 711036 S.D. CA 92171-9972			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1516		

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>Rosa Nava</i>	8B. DATE SIGNED 04/05/1995
-----------------------------	--	---	--------------------------------------

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW 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 \$7.00	9B. DATE PERMIT ISSUED 04/05/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504646 ROSA NAVA
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O.BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <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)
--	--	--	--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA 92102	11B. DATE BURIED 4/7/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	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 N/A	13B. DATE RECEIVED	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 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	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

MOUNT HOPE CEMETERY

527-3400

46093

Date: 4-6, 1995
 From: John P. Morduck Address: 13036 Roundup Ave., 210 92139
Four Hundred sixty-eight & 85/100 Dollars (\$ 568.85)

 In _____ Payment of Interment of Ernest Wood

 Lot 2 Grave 10 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12143BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	<u>60</u>	<u>150.00</u>
20% Sales Care	77184		
80% Sales	100	<u>240</u>	<u>180.00</u>
of Lots	77184		
Opening/	100	<u>105</u>	<u>00</u>
Closing	77181		
Burial	100	<u>55</u>	<u>00</u>
Containers	77182		
	100	<u>60</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>3</u>	<u>85</u>
	78390		
TOTAL PAID	\$	<u>568</u>	<u>85</u>

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

AC-212 (Rev. 5-94)

1600

ISSUED BY

P. Ranch

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46091

Date: 4-6, 1995From: Teresa Cole Address: 2163 Harrison St 92113Four hundred forty-two & 50/100 Dollars (\$ 442.00)In part Payment of Interment of Haywood JonesLot 75 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12142BALANCE DUE 41325.50Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 5-94)

190

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>442</u>
of Lots	77184	<u>00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 442.00

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-7-95

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

in a Liner Funeral, date, time Tuesd 4-11; 12:00NOON

Church, Chapel, Graveside Church #65; 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. PO

War time veteran NO

Lot 4893 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 1095.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 140.00

Handling Fees 145.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1863.30

Paid receipt number 46119 1863.30

Balance due 0

I hereby certify I am the Paul Davron (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

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order # E

PY-593 (Rev. 8-92)

12144

E 12144

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) ZAREH	1B. MIDDLE —	1C. LAST (FAMILY) GHARIBIAN	2. DATE OF BIRTH MONTH DAY YEAR 01/09/1916	3. DATE OF DEATH MONTH DAY YEAR 04/06/1995	4. SEX M
5A. CITY OF DEATH El Cajon	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Paul Devera, son-in-law 5935 Kelton Ave. La Mesa, CA 91942		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1083	8A. SIGNATURE OF APPLICANT—Person taking permit <i>B. Devera</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 04/10/1995			

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 \$7.00	9B. DATE PERMIT ISSUED Edward Feezell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Edward Feezell</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P. O. Box 85222, San Diego CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	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 Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 4/11/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. Wait</i>
	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

MOUNT HOPE CEMETERY

527-3400

46105

Date: 4-7- 19 95
 From: Paul Rivera Address: 5935 Kelson Ave. S.D. (Adelphi)
Twenty three and 70/100 Dollars (\$ 23.70)

 In full Payment of installation of flower can

 Lot 4803 Grave _____ Row _____ Section _____ Division Block 10

• Invoice No. _____

Apct. No. _____

W.O. E-12144BALANCE DUE 2Pre-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. Babola

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100	10	00
Containers	77182		
	100	13	00
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	60101		70
	78390		
TOTAL PAID	\$	23	70

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46104

Date: 4.7, 1995
 From: Paul Devero Address: 5935 Kelton Ave
eighteen hundred sixty three and 30/100 Dollars (\$ 1863.30)

 In full Payment of interment of
Garibson Zorob

 Lot 4893 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 12144BALANCE DUE QPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	219	00
20% Sales Care	77184		
80% Sales	100	876	00
of Lots	77184		
Opening/	100	375	00
Closing	77181		
Burial	100	190	00
Containers	77182		
	100	145	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	13	30
	78090		

ISSUED BY

V. Balashin

TOTAL PAID

\$ 1863.30

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-7-95

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

of TANNI HILL, ALVIN J ^{11:00 AM}
in a T.S. Vault Funeral, date, time Wed 4/13 11 AM

Church, Chapel, Graveside Chapel - Granada Park Crest 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. Gracy W. Jurek

War time veteran YES

✓ Lot 22 Grave 5 Row _____ Section 15 Division/Block 7

Grave space & Care Fund C-5266 _____

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 17.50

Total Due 872.50

Paid receipt number B-46106 218.00

Balance due 654.50

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

Gracy W. Jurek
Signature 6333 College Grove
Address 300 CALIF
City 582-6671 Zip Code 92115
Telephone

Work Order # E
PY-593 (Rev. 8-92)

12145

Invoice # 252697
Acct # 084930

MT. HOPE CEMETERY

W.O. # E-12145

NOTE

\$ 654.50 San Diego, California 4-7 1995

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 Six hundred fifty-four & 50/100 DOLLARS with interest from 12 MAY 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 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 IRAY W. TANNHILL SIGNATURE IRAY W. Tannhill
 ADDRESS X 6333 College Grove Way #H-9
 CALIFORNIA DRIVER LICENSE NUMBER X 50548772 SSN # X 562-76-5451

From: Tony Shanley
To: Dawn Jensen
Date: 4/9/98 2:07pm
Subject: Tannihill v. City

Dawn:

Thanks for checking with Mt. Hope on this.

In that the plot in which Mr. Tannihill's father is interred has been paid for, I do not think it is appropriate to pursue the balance on Mr. Tannihill's account. Mt. Hope has confirmed that the amount in question was for interment services only--and it is uncontroverted that those services were improperly performed.

I do not think he owes us anything.

Tony

E 12145

LESLIE E. DEVANEY
ANITA M. NOONE
LESLIE J. GIRARD
SUSAN M. HEATH
GAEL B. STRACK
ASSISTANT CITY ATTORNEYS

Anthony J. Shanley
Senior Deputy City Attorney

OFFICE OF
THE CITY ATTORNEY
CITY OF SAN DIEGO

Casey Gwinn
CITY ATTORNEY

CIVIL DIVISION
1200 THIRD AVENUE, SUITE 1200
SAN DIEGO, CALIFORNIA 92101-4184
TELEPHONE (619) 533-5800
FAX (619) 533-5847

April 13, 1998

Dan Zeidman, Esq.
Law Offices of Dan Zeidman
260 East Chase Avenue, Suite 201
El Cajon, California 92022-1238

Dear Mr. Zeidman:

Tracy Tannihill v. City of San Diego, et al
San Diego Superior Court Case No. EC012657

Thank you for your letter of March 26 concerning the above-captioned matter.

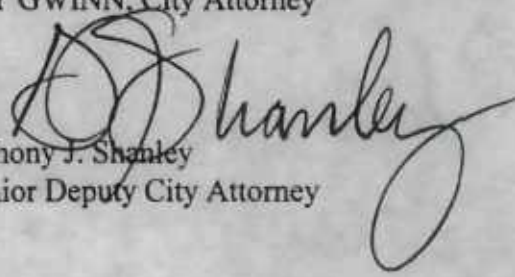
I have discussed the status of Mr. Tannihill's account with City personnel at Mt. Hope Cemetery and the Treasurer's Office. Charges for the interment of Mr. Tannihill's father's remains will be canceled.

However, you should be aware of the following. At the time Mr. Tannihill arranged for his father's burial, he apparently agreed to pay the City for the placement of a marker to be provided by the Veteran's Administration. The marker has apparently been received by the cemetery, but will not be placed until the marker placement fee has been received. I am told Mr. Tannihill has been advised of this situation.

Sincerely,

CASEY GWINN, City Attorney

By


Anthony J. Shanley
Senior Deputy City Attorney

AJS:hk:Civ
ccs: Dawn Jensen
✓ JoAnn Waits

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E12145
70

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

1A. NAME OF DECEDENT—FIRST (GIVEN) ALVIN	1B. MIDDLE JOSEPH	1C. LAST (FAMILY) TANNIHILL	2. DATE OF BIRTH MONTH DAY YEAR 10/31/1924	3. DATE OF DEATH MONTH DAY YEAR 04/03/1995	4. SEX M
5A. CITY OF DEATH SPRING VALLEY		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT TRACY TANNIHILL SON 6333 COLLEG GROVE WAY#H9 SAN DIEGO, CA 92115	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PARR CREST FUNERAL HOME 2441 UNIVERSITY AVE., SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1507		
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, <i>[Signature]</i> 8B. DATE SIGNED 04/11/1995		

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. 90. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00 9B. DATE PERMIT ISSUED 04/11/1995 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT J. SZABLEWSKI
--	---	---

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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 </div> </div>	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 MT HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 4/13/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal non sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT-SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46106

Date: 4-7, 19 95
 From: TRACY W. TANNI HILL Address: 10333 College Grove # H9. SD 92115
Two hundred eighteen & 20/100 Dollars (\$ 218.00)

 In _____ Payment of Interment of Alvin Tanni Hill

 Lot 22 Grave 15 Row _____ Section 15 Division 7 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12145BALANCE DUE 8654.50Pre-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

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		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>218</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date _____

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

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

Church, Chapel, Graveside _____ Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

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

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 12146

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-7-95

P.A.
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Enrique Ontis-Obregon *P.A. 1178253*
in a Liner Vault/Liner Funeral, date, time Wed 4-12: 1:30 P.M.
Church, Chapel, Graveside — : 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 —

✓ Lot 21 Grave 5 Row — Section 1 Division/~~B~~ 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

*Rebecca Barr.
(Homicide case)*

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 12147

Invoice # 252688

Acct. # 000952

7ap 1" core 3 1/2" across

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 000952

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 9-6-1995

PAID BY (CIRCLE ONE):

CA

☒ CK

NP

PAYMENT REFERENCE NUMBER 04-883710

AMOUNT PAID 386.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME County of San Diego

PAYOR NAME
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

E-12147

REMARKS

CASHIER

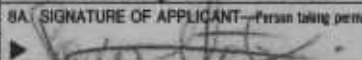
INV. NO.

252688

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) ENRIQUE		1B. MIDDLE -	1C. LAST (FAMILY) ORTIZ-OBREGON	2. DATE OF BIRTH MONTH DAY YEAR 08/15/1975	3. DATE OF DEATH MONTH DAY YEAR 06/19/1994	4. SEX M
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 REBECCA BARR-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA. 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA. 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		8A. SIGNATURE OF APPLICANT—Person taking permit 
				8B. DATE SIGNED 04/12/1995		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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 04/12/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505012
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA. 92186-5222		

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA _____	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
---	--

COMPLETE ALL 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			
BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOME CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 4/12/95	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	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 4-7-95

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

of Juan Carlos Medina PA 1178261

in a Liner Funeral, date, time Wed 4-12 1:30 P.M.

Church, Chapel, 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 —

Lot 17 Grave 9 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 Rebecca Barr of the above named decedent
(Homicide case)
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability 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 # 352668

Acct. # 000952

Work Order # E

12148

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 000952

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 9-6-1995

PAID BY (CIRCLE ONE)

CA

☒ CK

NF

PAYMENT REFERENCE NUMBER 04-883710

AMOUNT PAID 386.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME County of San Diego

PAYOR NAME
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

E-12148

REMARKS

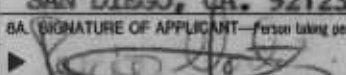
CASHIER

INV. NO. 252668

E12148

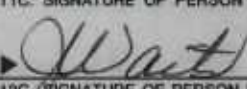
APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JUAN	1B. MIDDLE CARLOS	1C. LAST (FAMILY) MEDINA	2. DATE OF BIRTH MONTH DAY YEAR 10/15/1959	3. DATE OF DEATH MONTH DAY YEAR 08/29/1994	4. SEX M
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 REBECCA BARR-DEPUTY PUBLIC GUARDIAN, 5201-A RUFFIN RD. SAN DIEGO, CA. 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA. 92102		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425	6A. 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 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		6B. DATE SIGNED 04/11/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 04/12/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 950003
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA GUADALUPANA MEM. CHAPEL & MORT., 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		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 MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 4/12/95	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 SUFFI- CIENT 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 4-7-1995

* You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TUNIVANTS, MARTIROS

in a Liner Funeral, date, time Wed 4-12; 10:00AM

Church, Chapel, Graveside Church + GS; MAYER Mortuary.

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

War time veteran NO

Lot 4712 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 1095.00

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..... 13.30

Total Due..... 1863.30

Paid receipt number 46119 1863.30

Balance due 0

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

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

Signature of recorded holder of deed _____

x [Signature]
Signature x 4626 OHio str.
Address x San Diego 92116
City x 563-8221 Zip Code
Telephone

Work Order # E 12149

Invoice # _____

Acct. # _____

E12149

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) Martiros	1B. MIDDLE Gregoryevich	1C. LAST (FAMILY) Tuniyants	2. DATE OF BIRTH MONTH DAY YEAR 01/12/1900	3. DATE OF DEATH MONTH DAY YEAR 04/07/1995	4. SEX M
5A. CITY OF DEATH El Cajon	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Maisa Zabelinskaya—Daughter 4626 Ohio St. #15 San Diego, CA 92116			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA		7B. CALIF. LICENSE NUMBER IF APPLICABLE 1424	8A. SIGNATURE OF APPLICANT— <i>[Signature]</i> 8B. DATE SIGNED 04/10/1995		
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 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 \$7.00	9B. DATE PERMIT ISSUED 04/10/1995 James Hale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504863
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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 <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--	--	--	--

COMPLETE APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 4/12/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal n/sealed	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 <i>[Signature]</i>
	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 <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	15B. DATE OF DISPOSITION	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


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46119

Date: 4-11-, 19 95
 From: ZABELIANSKAYA, MAISA Address: 4626 Ohio St. Apt 15, S.D. CA 92116
eighteen hundred sixty three 30/100 Dollars (\$ 1863.30)
 In full Payment of interment of TURVANS, MARTIROS

 Lot 4712 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 12/49BALANCE DUE 1863.30Pre-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. Baloban

CREDIT	67007	219	00
20% Sales Com	77184		
80% Sales	100	876	00
of Lots	77184		
Opening/	100	375	00
Closing	77181		
Burial	100	190	00
Containers	77182		
	100	145	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	13	30
	78390		
TOTAL PAID	\$	1863	30

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-10-95

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

of Doe, John 93-2538 PA# 1178276

In a Liner Vault/Liner Funeral, date, time Wed 4-12: 1:00P.M

Church, Chapel, Graveside DePuey; Mayer Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

✓ Lot 17 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund _____ 126.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 165.00

Burial Container Linex _____ 50.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes Paid _____

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 # 252686

Acct. # 000952

Work Order # E 12150

DEPRESS PA1 KEY FOR NEXT SCREEN

E12150

BLR071

INVOICE INQUIRY

PG 1

INVOICE: 252684

INV DATE: 04/14/95

INV TYPE: GE

TYPE CHG: TC

TREAS-REFERRAL: Y

DUE DATE: 05/14/95

NOTICES: Y

ENCLOSURE: N

EXCEPTION CODE:

CUSTOMER DATA

ACCT: 000952 NAME: COUNTY OF SAN DIEGO

SHORT NAME: COUNTYOFSD

ADDRESS:

1) PUBLIC ADMINISTRATOR

2) 5201 A RUFFIN ROAD

3)

4)

CITY: SAN DIEGO

ST: CA

ZIP: 92123

COUNTRY:

BILLING DEPT: 072

CONTACT: JOANN WAITS

REFER NO: E-12150

PHONE: 619 527 3400

PREPARED BY: VEB

DESCRIPTION OF CHARGE

AMOUNT

JOHN DOE PA#1178296 SERVICES

LOT17 GR6 SEC1 DIV12

126.00

OPENING/CLOSING

165.00

BURIAL CONTAINER

50.00

RECORDING FEES

45.00

TOTAL DUE:

386.00

DEPRESS PA1 KEY FOR NEXT SCREEN

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 000952

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 9/13/1995

PAID BY (CIRCLE ONE): CA ☒ CK ☐ NF

PAYMENT REFERENCE NUMBER 04-902871

AMOUNT PAID 386.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME COUNTY OF SAN DIEGO

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS PUBLIC ADMINISTRATOR

5201 A RUFFIN RD

SAN DIEGO CA 92123

REMARKS

CASHIER

INV. NO. 252686

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 12150
1993

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

1A. NAME OF DECEDENT—FIRST (GIVEN) John	1B. MIDDLE —	1C. LAST (FAMILY) Doe	2. DATE OF BIRTH MONTH DAY YEAR Unknown	3. DATE OF DEATH MONTH DAY YEAR 12/26/1995	4. SEX M
5A. CITY OF DEATH Poway		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator—L. Janne 5201-A Ruffin Rd. San Diego, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA			7B. CALIF. LICENSE NUMBER IF APPLICABLE 1424		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT— <i>[Signature]</i> 8B. DATE SIGNED 04/11/1995		

PERMIT 93-2538 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 04/12/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</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 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 ENHAULTMENT <input checked="" 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 Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 4/12/95	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 4-10-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doe, John 94-1505 PA# 118334
in a Linco Vault/Liner Funeral, date, time Wed 4-12 1:00PM
Church, Chapel, Graveside Delivery only; Waver Mortuary.
All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____
will be applied and billed to undersigned. _____

War time veteran _____

✓ Lot 13 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup 165.00

Burial Container Linco 50.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes Paid _____

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 12151

Invoice # 252687

Acct. # 000952

E12151

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) John	1B. MIDDLE -	1C. LAST (FAMILY) Doe	2. DATE OF BIRTH MONTH, DAY, YEAR Unknown	3. DATE OF DEATH MONTH, DAY, YEAR 08/13/1994	4. SEX M
5A. CITY OF DEATH Dulzura	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego, CA		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator-L. Janne 5201-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA			7B. CALIF. LICENSE NUMBER IF APPLICABLE 1424		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 15376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT— <i>[Signature]</i> 8B. DATE SIGNED 04/11/1995		

94-1505 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 04/12/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 86222 San Diego, CA 92187-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		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 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 Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 4/12/95	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.

DEPRESS PA1 KEY FOR NEXT SCREEN

E12150

HLR071

INVOICE INQUIRY

PG 1

INVOICE: 252686

INV DATE: 04/14/95

INV TYPE: GE

TYPE CHG: TC

TREAS-REFERRAL: Y

DUE DATE: 05/14/95

NOTICES: Y

ENCLOSURE: N

EXCEPTION CODE:

CUSTOMER DATA

ACCT: 000952 NAME: COUNTY OF SAN DIEGO

SHORT NAME: COUNTYOFSD

ADDRESS:

1) PUBLIC ADMINISTRATOR

2) 5201 A RUFFIN ROAD

3)

4)

CITY: SAN DIEGO

ST: CA

ZIP: 92123

COUNTRY:

BILLING DEPT: 072

CONTACT: JOANN WAITS

REFER NO: E-12150

PHONE: 619 527 3400

PREPARED BY: VEB

DESCRIPTION OF CHARGE

AMOUNT

DOHN DOE PA#1178296 SERVICES

LOT17 GR6 SEC1 DIV12

126.00

OPENING/CLOSING

165.00

BURIAL CONTAINER

50.00

RECORDING FEES

45.00

TOTAL DUE:

386.00

DEPRESS PA1 KEY FOR NEXT SCREEN

E 12151

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 000952

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 9/13/1995

PAID BY (CIRCLE ONE): CA ☒ CK ☐ NF

PAYMENT REFERENCE NUMBER 04-902871

AMOUNT PAID 386.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME COUNTY OF SAN DIEGO

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS PUBLIC ADMINISTRATOR

5201 A RUFFIN RD

SAN DIEGO CA 92123

E-12151

REMARKS

CASHIER

INV. NO. 252687

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-10-95

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

in a LINER Funeral, date, time thurs 4/13/95 1:00 pm

Church, Chapel, Graveside Church + grave - Ragsdale Mortuary John

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. Mara Taylor

War time veteran No

Lot 258 Grave 2 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 13.30

Total Due 1563.30

Paid receipt number R-46134 391.00

R-46132 - 937.64

R-46133 - 234.66

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.

Bel Mara Taylor

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

Signature Mara Taylor

Address 7392 Gullible St.

City San Diego, CA 92114

Zip Code 264-2170

Telephone

Invoice #

Acct. #

Work Order # E 12152

PY-593 (Rev. 8-92)

*Paid in full
4-14-95*

*Mortuary to be paid
from check for \$391.*

MT. HOPE CEMETERY

W.O. # E-12152

NOTE

\$ 1172.30 San Diego, California 4-10 1995

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 30/100 DOLLARS with interest from May 13, 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 MARVA TAYLOR SIGNATURE Marva Taylor
ADDRESS 7392 Gribble St. San Diego, CA 92114
CALIFORNIA DRIVER LICENSE NUMBER N5185398 SSN # 466-90-4162

E12152

67

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) Dorothy	1B. MIDDLE Mae	1C. LAST (FAMILY) Mesback	2. DATE OF BIRTH MONTH DAY YEAR 06/11/1927	3. DATE OF DEATH MONTH DAY YEAR 04/08/1995	4. SEX F
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 Marva Taylor - Sister 7392 Gribble St. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary; 5050 Federal Blvd.; San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	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 04/12/1995			

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 \$7.00	9B. DATE PERMIT ISSUED 04/12/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 9505035
	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		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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 4/13/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46132

Date: 4-14, 19 95
 From: Joyce Green Address: 3010 Anselon St, Riverside 92509
nine hundred thirty-seven & 64/100 Dollars (\$ 937.64)

 In _____ Payment of Interment of Dorothy Muehake

 Lot 258 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12152BALANCE DUE \$234.64Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☒

AC-212 (Rev. 5-94)

\$900
6660
\$37.64
NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE
\$900 Cash
37.64 check

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	<u>159 00</u>
80% Sales	100	
of Lots	77184	<u>245 00</u>
Opening/	100	
Closing	77181	<u>375 00</u>
Burial	100	
Containers	77182	<u>158 64</u>
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 937 64

909/616-1410

OFFICIAL RECEIPT


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

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

364-2170

46133

Date: 4-14, 1995

 From: Manna Taylor Address: 7392 Grubbe St, SD 92114
Two hundred thirty-four & 66/100 - Dollars (\$ 234.66)
 In _____ Payment of Interment of Dorothy Muehler

 Lot 258 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12152BALANCE DUE 2Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2453

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100	31	36
Containers	77182		
	100	145	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	13	30
	78390		
TOTAL PAID	\$	234	66

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46134

Date: 4-14, 19 95From: Rogsdale Mortuary Address: 5050 Federal Bl., D, 92102Three Hundred ninety one and 00/100 Dollars (\$ 391.00)In _____ Payment of Interment of Dorothy M. ShanksLot 258 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13152

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

6662

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

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	<u>391</u>
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>391</u>
		<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-10-95

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

of Buchanan, Wenrick

In a Linear Funeral, date, time Thurs'd 4-13; 11:00A.M.

Church, Chapel, Graveside Church + G.S.; CA BURIAL Mortuary.

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

will be applied and billed to undersigned. W.B.C.

War time veteran

Lot 152 Grave 8 Row Section 1 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 under tree 100.00

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1663.30

Paid receipt number 46121 442.00

Balance due 1221.30

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 Barbara Carter
Address 262 Ridgcrest Dr
City SAN DIEGO CA 92114 Zip Code
Telephone 470-6564

Work Order # E 12153

Invoice # 252694
Acct. # 084931

MT. HOPE CEMETERY

W.O. # E- 12153

NOTE

\$ twelve hundred and twenty one ^{30/100} San Diego, California 4-12 1995

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 1221.30 DOLLARS with interest from MAY 12, 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 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 ✓ BARBARA CARTER SIGNATURE ✓ Barbara Carter
ADDRESS ✓ 262 Ridgecrest Dr. SAN DIEGO CA. 92114
CALIFORNIA DRIVER LICENSE NUMBER ✓ A0319807 SSN # ✓ 557-60-2881

Glynda
Yonkura

38-1-11-7

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) Wenrick	1B. MIDDLE Reynard	1C. LAST (FAMILY) Buchanan	2. DATE OF BIRTH MONTH DAY YEAR 12/12/1960	3. DATE OF DEATH MONTH DAY YEAR 04/08/1995	4. SEX M
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 Barbara Carter-Mother 262 Ridgcrest Drive San Diego, CA 92114			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1357	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED [Signature] 04/11/1995		
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 DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 04/11/1995 Kyle Chasse	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504969
	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		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 Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 4/13/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - metal sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
	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 [Signature]
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUF- FICIENT 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

MOUNT HOPE CEMETERY

527-3400

46121

Date: 4-12, 19 95From: BARBARA CARTER Address: 262 RIDGECREST DR. S.D. CA 92114In four hundred and two Dollars (\$ 442.00)In part Payment of interment of Wendell BuchananLot 152 Grave 8 Row 1 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 12153BALANCE DUE 1221.30Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AG-212 (Rev. 5-94)

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

ISSUED BY

V. Beloblay

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>442</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9322		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>442</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-10-95

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

of John Doe 94-1922 PA 117 8423

In a Linier Vault/Liner Funeral, date, time FRID 4-28 10:00AM

Church, Chapel, Graveside — : Erickson-Anderson Mortuary.

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

will be applied and billed to undersigned. —

War time veteran —

Lot 29 Grave 5 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 # 252891

Acct. # 000952

Work Order # E 12154

PY-593 (Rev. 8-92)



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

032 E 12154

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

Received
5-9-95

TREASURERS USE ONLY

PAYMENT DATE 5-8-95
BY: CA CK IF

PAYMENT REF NO 04-806636 AMT PAID: \$386.00

INVOICE DATE 04/21/95 PAYMENT DUE 05/21/95 PERIOD COVERED MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-12154
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3600

DESCRIPTION OF CHARGES

AMOUNT

JOHN DOE 94-1922 PA 1178423	126.00
LOT 29 GRAVE 5 SEC 1 DIV 12	165.00
OPENING/CLOSING	50.00
LINER	45.00
RECORDING FEE	

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. 252891

E 12154

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) John		1B. MIDDLE --	1C. LAST (FAMILY) Doe		2. DATE OF BIRTH MONTH, DAY, YEAR unknown	3. DATE OF DEATH MONTH, DAY, YEAR 10/12/1994	4. SEX M
5A. CITY OF DEATH Camp Pendleton			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT San Diego County Public Administrator 5201 A Ruffin Rd San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Brickson-Anderson Mortuary 8390 Allison Ave., La Mesa, CA 91941			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 296		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 7109 of the Health and Safety Code.			8B. DATE SIGNED 04/13/1995				

PERMIT 94-1922 AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 \$ 8.00	9B. DATE PERMIT ISSUED 04 / 18 / 1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records PO 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 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		FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
---	--	---	--	---

COMPLETE ALL APPLICABLE ITEMS BURIAL CREMATION SCIENTIFIC USE TRANSIT SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 4/21/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>	
	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 <i>[Signature]</i>	
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	15D. LICENSE NUMBER OF CREMATED RE- MAINS 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 4-11-95

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

in a T-S Vault Funeral, date, time Fri 4-14: 1:30 P.M.

Church, Chapel, Graveside chap 16 S : Daysole 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. Herbert Smith Jr.

War time veteran _____

✓ Lot 2761 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-619 Q

Additional spaces and care fund _____

Opening/Closing & Setup E-670 Q

Burial Container _____ 250.00

Handling Fees _____ 185.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 17.50

Total Due 497.50

Paid receipt number 46120 497.50

Balance due Q

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

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

Signature of recorded holder of deed _____

Herbert Smith Jr.
Signature
510-50 EVANS ST
Address
SAN DIEGO, CA 92113
City
(619) 232-8527
Telephone
Zip Code

Work Order # **E 12155**

PV-593 (Rev. 8-92)

Invoice # _____

Acct. # _____

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) Amanda	1B. MIDDLE Jones	1C. LAST (FAMILY) Smith	2. DATE OF BIRTH MONTH, DAY, YEAR 01/04/1916	3. DATE OF DEATH MONTH, DAY, YEAR 04/08/1995	4. SEX F
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 Herbert Smith - Husband 510 S. Evans St. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-2329	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 16326 of the Health and Safety Code, and was authorized pursuant to Section 1396 of the Health and Safety Code.		8B. DATE SIGNED 04/11/1995			

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 04/13/1995 <i>Debbie Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505052
	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		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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 4/14/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Walt</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

MOUNT HOPE CEMETERY

527-3400

46120

Date: 4-11, 19 95
 From: Smith, Barbara Address: 510 S. EVANS ST. SD. CA 92113
four hundred ninety seven 50/100 Dollars (\$ 497.50)

 In full Payment of interment of
Smith, Amanda

 Lot 2761 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 12155BALANCE DUE 2Pre-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

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	00	
Closing	77184	
Burial	100	250 00
Containers	77182	
	100	185 00
Handling Fee	77185	
Recording &	100	45 00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	17 50
	78390	
TOTAL PAID	\$	497 50

ISSUED BY

V. Balaban

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45543

Date: 5-7, 19 97
 From: Herbert Smith Address: 510 South Evans St. San Diego 92113 -
one hundred twenty five and 10/100 Dollars (\$ 125.00) 1217

 In full Payment of Marker installation fee for
Amanda Jones Smith

 Lot 2761 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12155BALANCE DUE 8Pre-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 SPACEISSUED BY: Antina Dungen

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	<u>125</u>	<u>00</u>
Pre-Need	63033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>125</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-12-95

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

of MOORE, JACKIE PA# 1178229

in a Liner Funeral, date, time FRI 4-14: 11:00 AM

Church, Chapel, Graveside Delivery only: Bengt - Roberts Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

Lot 29 Grave 3 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 12156

Invoice # 252736

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER

P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR

5201 A RUFFIN ROAD

SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

6-9-95

BY: CA (CK) IF

PAYMENT REF NO 04-833699

AMT PAID:

386.00

INVOICE DATE

04/18/95

PAYMENT DUE

05/18/95

PERIOD COVERED

MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12156

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JACKIE MOORE PA 1178229 SVCS

LOT 29 GRAVE 3 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

AC-22 (Rev. 2/79)

LISTED ABOVE

White - Customer Copy • Yellow - Remittance Copy

INV NO. 252736

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) JACKIE	1B. MIDDLE -	1C. LAST (FAMILY) MOORE	2. DATE OF BIRTH MONTH DAY YEAR 12/26/1941	3. DATE OF DEATH MONTH DAY YEAR 04/05/1995	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 LEE JAMIE, DEPUTY-PUBLIC ADMIN. 5201-A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-284	8A. SIGNATURE OF APPLICANT—Person taking permit Rocio Beato		
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 7102 of the Health and Safety Code.		8B. DATE SIGNED 04/11/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 04/12/1995 R Beato	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504978
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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 MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4/4/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT 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 4-12-95

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

of DERES, L. Sergio PA # 1178288

in a Linex ^{4-18, per Jose} Funeral, date, time FRI 4-14 2:00 PM

Church, Chapel, Graveside Delivery only: 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 _____

Lot 33 Grave 4 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 12157

PY-593 (Rev. 8-92)

Invoice # 252819

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

0.32 E 1257

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

Received 5/19/95 TREASURERS USE ONLY

PAYMENT DATE 5-18-95
BY: CA CK

PAYMENT REF NO 04-806636 AMT PAID: 8386.00

INVOICE DATE 04/19/95 PAYMENT DUE 05/19/95 PERIOD COVERED MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-12157
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES AMOUNT

SERGIO PEREZ PA 1178288 SVCS	
LOT 33 GRAVE 4 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. 252819

E 12157

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) SERGIO		1B. MIDDLE LUNA		1C. LAST (FAMILY) PEREZ		2. DATE OF BIRTH MONTH DAY YEAR 12/08/1966		3. DATE OF DEATH MONTH DAY YEAR 10/14/1994		4. SEX M	
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 INCEMENT KATHERINE HOWARD-DEPUTY PUBLIC GUARDIAN, 5201-ARUFFIN RD. SAN DIEGO, CA. 92123					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUMALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA. 92102				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1425		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>					
8B. DATE SIGNED 004/18/1995											
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 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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 04/18/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>			
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 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								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 MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA., 92102				11B. DATE BURIED 4/18/95		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 <i>[Signature]</i>			
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 <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				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		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.

252819 04/19/95 000952 COUNTY OF SAN DIEGO

E-12157

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

05/09/95

04-806636

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

PRE-NEED TRUST

Date 4-12-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GERTRUDE C CROWN

In a TOP SEAL 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 1085 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund Paid on B-821 _____

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 _____ 17.50

Total Due 872.50

Paid receipt number 873.75

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 _____

X
Signature _____

X
Address _____

X
City _____ Zip Code _____

X
Telephone _____

Invoice # _____

Acct. # _____

Work Order # **E** 12158
PY-593 (Rev. 8-92)

AWAITS CHECK & PRE-NEED AGREEMENT BACK FROM MS CROWN. Jane 4/12/95

5/3/95 Left mason

E12158



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department
527-3400

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

August 7, 1996

Ms. Gertrude C. Crown
2602 Kim Place
San Diego, CA 92123

Re: Pre-Need Trust

Dear Ms. Crown:

I am following up on our letter to you dated April 12, 1995 regarding the Pre-Need Trust for you.

Please give me a call by September 7, 1996 to let me know if you still wish to pursue this matter or if you have changed your mind. If we do not hear from you within a reasonable time we will void the paperwork.

Enclosed are copies of the letter and Interment Order previously sent to you.

If you have any questions please do not hesitate to contact me.

Sincerely,

Sue Shackelton
Clerical Assistant II

Enclosures



DIVERSITY
BRINGS US ALL TOGETHER

E12158



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.

Monday through Friday • Gates open daily

April 12, 1995

Ms. Gertrude C. Crown
2602 Kim Place
San Diego CA 92123

277-2127

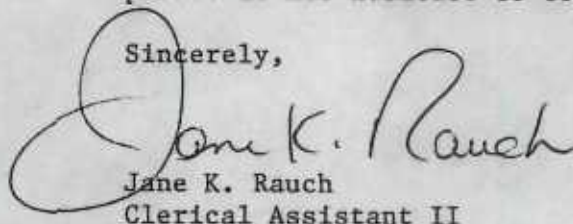
Dear Ms. Crown:

Enclosed are the Interment Order (pre-need) and two copies of the Agreement for Pre-Need Trust.

Please complete the information on the Interment Order next to the four red X's. On the Agreement for Pre-Need Trust, please complete the portion on page 3 next to the two red X's and return these two forms to us with your check for \$218.00 (payable to Mt. Hope Cemetery). You may keep the extra copy of the Agreement for your records.

If we may be of further help, or if you have any questions, please do not hesitate to contact our office.

Sincerely,


Jane K. Rauch
Clerical Assistant II

jkr

Enclosures: Interment Order E-12158
Pre-Need Trust Agreement



DIVERSITY
BRINGS US ALL TOGETHER

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-13-95

*Interred in
Grave 7A
Grave size 5'x3'4"*

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

of Jane / John Doe 94-1354 PAK 1178385

in a Linear Vault/Liner Funeral, date, time FRI 4/14 1PM

Church, Chapel, Graveside Delivery only: MAYER Mortuary.

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

will be applied and billed to undersigned.

War time veteran

Lot 5 Grave 7A Row Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 165.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 336.00

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 # 252732

Acct. # 000952

Work Order # E 12159

PY-593 (Rev. 8-92)

*Box:
17" Long
11" wide
13" High*

*Rakes
Howard
John. Mayer*

*Paid in full
5/19/95*

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) John/Jane	1B. MIDDLE —	1C. LAST (FAMILY) Doe	2. DATE OF BIRTH MONTH DAY YEAR unknown	3. DATE OF DEATH MONTH DAY YEAR 07/20/1994	4. SEX unk
5A. CITY OF DEATH San Ysidro	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator, K. Howard 5201-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1424		8A. SIGNATURE OF APPLICANT—Person taking permit <i>John Mayer</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 7109 of the Health and Safety Code.		8B. DATE SIGNED 04/13/1995			

94-1354 PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 04/13/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>R. Ruffin</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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 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)		
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA.	11B. DATE BURIED 4/4/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>W. White</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY cardboard container	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 SUF- FICIENT 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

Make Remittance Payable to
CITY TREASURER

P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

Rec'd 5/9/95

TREASURERS USE ONLY

PAYMENT DATE

5-8-95

BY: CA CK IF

PAYMENT REF NO

04-806636

AMT PAID:

\$336.00

INVOICE DATE

04/18/95

PAYMENT DUE

05/18/95

PERIOD COVERED

MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12159

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JANE/JOHN DOE SVCS PA 1178385

(ME 94-1354)

LOT 5 GRAVE 7A SEC 1 DIV 12

126.00

OPENING/CLOSING

165.00

RECORDING FEE

45.00

TOTAL DUE

336.00

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. 252732

252732 04/18/95 000952 COUNTY OF SAN DIEGO

612159

100 072
100 072
67007

77181 000072
77183 000072
77184

05/08/95

04-806636

336.00
165.00
45.00
126.00

336.00

0.00
PAID IN FULL

Interred
Right
center

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-13-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stolp, Gregory mon 4/17 11:00

in a Ash Vault Funeral, date, time Fri 4/14-95, 12:00/1:00

Church, Chapel, Graveside Graveside; FAMILY Mortuary.

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

will be applied and billed to undersigned. x JCS

War time veteran NO

Lot 30 Grave 10 Row Section 16 Division/Block 7

Grave space & Care Fund D6814 Q

Additional spaces and care fund

Opening/Closing & Setup 105.00

Burial Container Ash Vault 55.00

Handling Fees 60.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 3.85

Total Due 268.85

Paid receipt number 46125 268.85

Balance due Q

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

Signature Jeffrey C. Wilson
Address 1250 ST. ANNE #214
City Chula Vista CA 91911
Telephone 427-5623 Zip Code

Work Order # E 12160

Invoice #

Acct. #

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 12160

34

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

1A. NAME OF DECEDENT—FIRST (GIVEN) GREGORY	1B. MIDDLE -	1C. LAST (FAMILY) STOLP	2. DATE OF BIRTH MONTH DAY YEAR 06/23/1960	3. DATE OF DEATH MONTH DAY YEAR 08/20/1994	4. SEX M
5A. CITY OF DEATH RIVERSIDE	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE RIVERSIDE		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CAMERON BAILEY, sister 349 W. 10th ST. SAN BERNARDINO, CA. 92410		
6A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH OMEGA SOCIETY, 2800-A S. MAIN, SANTA ANA, CA			7B. CALIF. LICENSE NUMBER IF APPLICABLE FD1280		

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 8-25-94	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Bradley P. Gilboud
		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA RCHD, P.O. BOX 7600, RIVERSIDE, CA.		
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 SDCHD, P.O. BOX 85222, SAN DIEGO, CA.			

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 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 MT. HOPE MEM PARK, SAN DIEGO, CA.	11B. DATE BURIED 4/17/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J. Wait
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SECURE CREMATORIUM 1020 N. FULLER ST., SANTA ANA, CA.	12B. DATE CREMATED 9/9/94	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION H. H. H.
	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

MOUNT HOPE CEMETERY

527-3400

46125

Date: 4-13, 1995From: Wilson, Jerry Address: 1250 5th Ave. #214, Chula Vista CA 91911two hundred sixty eight ²⁵/₁₀₀ Dollars (\$ 268.85)In full Payment of interment of Gregory StoltzLot 30 Grave 10 Row 16 Section 16 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. C-12160BALANCE DUE QNOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Tax	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	<u>105</u>	<u>00</u>
Closing	77181		
Burial	100	<u>50</u>	<u>00</u>
Containers	77182		
	100	<u>60</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	60101	<u>3</u>	<u>85</u>
	78390		

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

ISSUED BY

V. Balobas

TOTAL PAID

\$ 268 85

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-14-95

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

of Thomas, Franklin D PA # 1177699

in a Liner Funeral, date, time Mon 4-17, 1:00 P.M.

Church, Chapel, Graveside Claremont Mortuary.

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

War time veteran _____

Lot 37 Grave 5 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 12161

Invoice # 252734

Acct. # 000952

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) FRANKLIN	1B. MIDDLE DELANO	1C. LAST (FAMILY) THOMAS	2. DATE OF BIRTH MONTH DAY YEAR 05/26/1960	3. DATE OF DEATH MONTH DAY YEAR 03/24/1995	4. SEX M
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 DECEDENT KATHERINE HOWARD: PUBLIC ADMIN. 5201-A RUBIN ROAD SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE., SAN DIEGO, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1126		
8A. SIGNATURE OF APPLICANT—Person taking permit: <i>[Signature]</i>			8B. DATE SIGNED 04/17/1995		

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.	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9A. AMOUNT OF FEE PAID 7.00 9B. DATE PERMIT ISSUED 04/17/1995 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <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)
--	--

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/17/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</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 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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



CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

Received 5/9/95 TREASURERS USE ONLY

PAYMENT DATE

BY: CA CK

5-8-95 (2)
IF

PAYMENT REF NO

04-806636

AMT PAID:

1386.00

INVOICE DATE

04/18/95

PAYMENT DUE

05/18/95

PERIOD COVERED

MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12161

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

FRANKLIN THOMAS PA 1177699

LOT 37 GRAVE 5 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

NO. 252734

White - Customer Copy

Yellow - Remittance Copy

INV NO. 252734

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46206

From: Valerie A. Ringer Address: 277 N. First St. B107, San Diego CA 92101 Date: 5-9, 1995
Thirty-one & 40/100 Dollars (\$ 31.40)
 In _____ Payment of Temporary marker for Franklin D. Thomas

Lot 37 Grave 5 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12161

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

840

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100	10	00
Handling Fee	77185		
Recording &	100	20	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	1	40
	78390		
TOTAL PAID	\$	31	40

252734 04/18/95 000952 COUNTY OF SAN DIEGO

E12161

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

05/09/95 CK 04-806636

386.00
165.00
50.00
45.00
126.00

386.00 0.00
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-14-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Romero Ben SR

in a T.S. Vault Funeral, date, time Tuesd 4-18: 10:30AM

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 \$ 150.00

will be applied and billed to undersigned. x BDR

War time veteran NO

✓ Lot 1751 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ D-6867 Q

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 _____ 17.50

Total Due _____ 872.50

Paid receipt number 46135 872.50

Balance due Q

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 _____

Ben Romero Jr.
Signature
x 1053 BARONIA RD
Address
x Lakeside, Cal. 92040
City Zip Code
x (619) 443 1654
Telephone

Work Order # E 12162

Invoice # _____

Acct. # _____

E12162

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) BENJAMIN	1B. MIDDLE DANIEL	1C. LAST (FAMILY) ROMERO, SR.	2. DATE OF BIRTH MONTH DAY YEAR 08/31/1906	3. DATE OF DEATH MONTH DAY YEAR 04/14/1995	4. SEX M
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 LOIS ROMERO: WIFE 6332 ARROWHEAD DRIVE SAN DIEGO, CA 92119		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GOODBODY MORTUARY: 5027 EL CAJON BLVD., SAN DIEGO, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-790	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Victoria Maza</i> 04/17/1995		
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 7106 of the Health and Safety Code.					

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 04/17/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Victoria Maza</i> 9505198
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		
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 MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/18/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>W. Maza</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 SUFFI- CIENT 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 RE- MAINS 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

MOUNT HOPE CEMETERY

527-3400

46135

Date: 11-14, 19 95
 From: B D ROMERO SR Address: 6332 Lake Arrowhead SD CA 92119
eight hundred seventy two 50/100 Dollars (\$ 872.50)

 In full Payment of interment of B D ROMERO

 Lot 1751 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12162BALANCE DUE 2NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	375	00
Closing	77181		
Burial	100	250	00
Containers	77182		
	100	185	00
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	45	00
Trust	9022		
Sales Tax	60101	17	50
	78390		
TOTAL PAID	\$	872	50

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

AC-212 (Rev. 5-94)

ISSUED BY

V. Buloblu

5436

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-17-95

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

in a Linex ^{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 103 Grave _____ Row _____ Section _____ Division Block 10

Grave space & Care Fund Pre Need (D-3848) \$

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

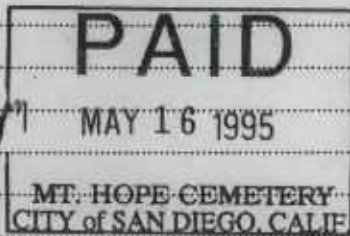
Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____ 13.30



Total Due _____ 768.30

Paid receipt number 46136 283.30

Balance due _____ 485.00

R-46223

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

Paid in full
5-16-95

12163

Work Order # E

PY-593 (Rev. 8-92)

Signature [Signature]
Address 611 So. Homestead Dr.
Baxter, Mo 64564
City _____ Zip Code _____

(H) 218-829-6164

(W) 218-829-2825

Invoice # _____

Acct. # _____

E12163

JOHN PAUL SULLIVAN
R DARLENE SULLIVAN
4315 BETA ST (619) 264-7458
SAN DIEGO, CA 92113

0129

16-66/1220



4/17/95

Pay

to the Order of

Mt. Hope Cemetery — \$283³⁰
~~Two Hundred Eighty Three~~ — Dollars

Bank of America (619) 867-3220
National City Branch 0171
235 East 8th Street
National City, CA 91950

John Sullivan

Memo

⑆12200066⑆0129⑆0171⑆06027⑆

mcir ⑆

E 12163



THE CITY OF
SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

May 18, 1995

John Sullivan
611 So. Homestead Drive
Baxter, Mn 56401

Dear Mr. Sullivan:

We received your payment of \$485.00, check #0130, final payment on the pre-need trust for Pearl Escalante and have processed the paperwork.

Enclosed is your receipt for that payment, a copy of the receipt for the payment you made on April 17, 1995 at our office and a copy of the pre-need paperwork for her stamped "Paid In Full" for your records.

If you have any questions, or if we may be of any further assistance to you, please contact us again.

Sincerely,

A handwritten signature in cursive script that reads "JoAnn Waits".

JoAnn Waits,
Cemetery Manager

enclosures



DIVERSITY
BRINGS US ALL TOGETHER

E 12163

CIAL RECEIPT



WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

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

46223

From: John Sullivan Address: 4315 Beta St., San Diego 92113
Four hundred eighty-five & no/100 Dollars (\$ 485.00)
In Part Payment of Pre-need trust for Pearl Escalante

Lot 103 Grave _____ Row _____ Section _____ Division 10
Block _____

Invoice No. _____
Acct. No. _____
W.O. E-12163
BALANCE DUE 0

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

AC-212 (Rev. 5-94)

0130

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

PAID
MAY 16 1995
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

ISSUED BY John Rauch

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	485 00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	485 00

E2163

MT. HOPE CEMETERY
INTERMENT ORDER

Pre Need Trust for:

City of San Diego

Date 4-17-95

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

of Pearl Escalante

in a Linex 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 103 Grave _____ Row _____ Section _____ Division 10

Grave space & Care Fund Pre Need (D-3848) 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 _____ 13.30

Total Due _____ 768.30

Paid receipt number 46131 283.30

Balance due 485.00

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

*Paid in full
5-16-95*

12163

Work Order # E
PY-593 (Rev. 8-92)

PAID

MAY 16 1995

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

R-46223

Balance due
have been paid in full
in April 1994. Mr. [unclear]
delivered to [unclear]
by check.

(H) 218-829-6164

(W) 218-829-2825

Invoice # _____

Acct. # _____

E12163

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46136

611 S. Highway 161 Box 111N 92401
Date: 4-17, 1995

From: Mr. Sullivan Address: 4315 Datura St. SD 92113
Two Hundred Eighty-Three Dollars (\$283.30)
In Payment of Pre-Need Trust for Pearl Cardata

Lot 103 Grave Row Section Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12163

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

129

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

ISSUED BY

J. W. Hart

CREDIT	87007	
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	283.30
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	283.30

E 12163

Mr. & Mrs. John P. Sullivan
611 South Homestead Drive
Baxter, MN 56401
April 9th, 1994

Mt. Hope Cemetery
3751 Market Street
San Diego, Calif. 92102

Regards Lot 103 Division 10

Pre-Need-Trust

Att: Norman Ferguson

Dear Mr. Ferguson:-

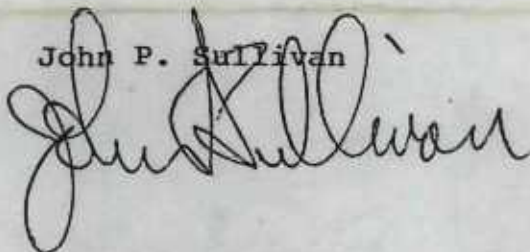
Per our phone call to you this date, we here send to you our check #0126 in the amount of \$485.00.

When we visited with you a week ago, at your office, you informed us that the costs for Lot #103, per copy attached would total \$768.30. You also informed us that if we paid \$200.00 down, the balance could be paid in 24 monthly installments. Our enclosed check for \$485.00 represents the \$200.00 down and a pre-payment for the next 12 months. This leaves a balance due of \$283.30.

Mrs. Sullivan's aunt, Pearl Escalante, the owner of Lot 103 Division 10, will be the user of your services for Lot 103 in the timing yet to be known.

Please acknowledge and verify to us. Thank you.

John P. Sullivan



Phone (W) 218-829-2825
(H) 218-829-6164

PRE-NEED TRUST

E12163

200 DN

23.00 mo For 24 mo.

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102

~~619~~ 264-3151

4-1-94

Date

<u>103</u> Lot	Gr.	Row	Sec.	<u>11</u> Blk/Div	\$
Opening and Closing					\$
Vault/ <u>Liner</u> /Double Crypt/Ash Vault					\$ 190.00
Recording and Filing Fee					\$ 45.00
Marker Setting Fee HANDLING FEE					\$ 145.00
Flower Vase and Installation O/C					\$ 375.00
Miscellaneous Charges TAX					\$ 13.90
					\$
					\$
TOTAL					\$ 768.90

NORMAN FERGUSON
Estimate Given By:

**The above charges are an estimate only. The figures shown reflect the current prices and are subject to change without notice.

200.00
+ 285.00
= 485.00
24/8/94
#0126

Balance due
by 4/8/95 =
\$283.30

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46136

Date: 4-17, 1995

 From: Mr. Sullivan Address: 4315 Santa Fe St. #3113
 Dollars (\$ 213.30)

In: Payment of Pre-Need Trust for Pearl & Richard

Lot 103 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. F-12163

BALANCE DUE _____

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	213.30
Trust	9022	
Sales Tax	90101	
	78090	
TOTAL PAID	\$	213.30

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46223

Date: May 16, 1995From: John Sullivan Address: 4315 Bita St., San Diego 92113
Four Hundred eighty-five & no/100 Dollars (\$ 485.00)
In Post Payment of Pre-need Trust for Peach Escobedo
 Lot 103 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12163BALANCE DUE 0NOT 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>485.00</u>
Trust	9022	
Sales Tax	80101	
	78390	

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

AC-212 (Rev. 5-94)

0130

ISSUED BY

Jane Baucher
TOTAL PAID \$ 485.00

PRE-NEED

MT. HOPE CEMETERY
INTERMENT ORDER

LOT & TRUST

City of San Diego

Date 4-17-95

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

of GARCIA, INDALECIAIn a Liner Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____; _____ Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

Lot 95 Grave 6 Row _____ Section 3 Division/Block 12Grave space & Care Fund _____ 795.00

Additional spaces and care fund _____ -

Opening/Closing & Setup * paid in full * 5-14-97 375.00Burial Container _____ 190.00Handling Fees _____ 145.00Flower vases - Marker setting fee galvanized flower vase 23.70Recording and filing fee _____ 45.00Sales taxes _____ 13.30Total Due _____ 1587.00Paid receipt number B-46137 - 587.00Balance due 1000.00
1000.00I hereby certify I am the San-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

Address

4177 Wightman StCity San Diego, Ca. 92105 Zip CodeTelephone 584-4229Work Order # E

12164

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12164



NAME Ramon Robles (for Indalecia Garcia)

ACCT. NO.

ADDRESS 4177 Wightman St., SD 92105

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
95	Opened Pre Need Lot & Trust (for mother)				
	Lot 95; Grave 6; Sec. 3; Div. 12	79 5 00			795 00
	Trust:				
	Opening/Closing; Liner; handling fees;	79 2 00			1 587 00
	recording fee; sales tax on liner; galvanized flower vase.				
4-17 95	Receipt 46137			5 87 00	1000 00
5/8/95	Rec # 46197 coupon 1			42.00	958.00
7/3 95	Coupon #2 Receipt # 46400 Chk # 4585			42.00	916.00
7/26 95	CRN 3 R-46478			42.00	874.00
8/28 95	CRN # 4 R# 46561			42.00	832.00
11/21 95	CRN # 5,6,7 R# 46831 to trust			126.00	706.00
2/20 96	CRN # 8,9,10 R# 47107			126.00	580.00
4/23 96	CRN # 11,12 R-47327			84.00	496.00
6 96	11 13 & 14 R-			84.00	412.00
9-17 96	11 15, 16, 17 R-47827			126.00	286.00
5-14 97	11 18, 19, 20, 21, 22, 23, 24 R-48574			256.00	3
	paid in full				

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47827

Date: 9-17, 19 90

From: Ramon ROBLES Address: 4177 Wightman St. S.D., CA 92105

Dollars (\$ 120.00)

In part Payment of Pre-need Trust and lot for Ina Alicia Garcia

Lot 95 Grave 6 Row Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12104

BALANCE DUE 286.00

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	120 00
Trust	9022	
Sales Tax	69101	
	78390	

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

AC-212 (Rev. 5-84)

ISSUED BY

Catina Jurgel

TOTAL PAID

\$ 120 00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

43571

Date: 5-14, 1997From: Ramon Robles Address: 4177 Wightman St. San Diego, CA 92105
Two hundred eighty six and no/100 Dollars (\$ 286.00)

 In full Payment of pre-need lot and trust for
Indalicia Garcia

 Lot 95 Grave 6 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12104BALANCE DUE 2Pre-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

Catrina Durgon

CREDIT	57007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77187	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	<u>286</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>286</u> <u>00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47107

Date: 2/30, 1996From: R. RoblesAddress: 4177 Wrightman St. SD 92105
One Hundred & Twenty-Six Dollars (\$ 126.00)

 In part Payment of Pre-need Trust

 Lot 95 Grave 6 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12164BALANCE DUE \$ 580.00Pre-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	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>126.00</u>
Trust	9022	
Sales Tax	60101	
	78390	

ISSUED BY

J. Weisner

TOTAL PAID

\$

126.00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46561

Date: 8-30, 1995From: Ramon Robles Address: 4177 Wrightman St. S.D. CA. 92105
forty two Dollars (\$ 42.00)

 In part Payment of pre-need lot and trust for
Indalecia Garcia

 Lot 95 Grave 6 Row Section 3 Division Block 12
Invoice No. Acct. No. W.O. E-12164BALANCE DUE 832.00Pre-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. Palobian

CREDIT	67007	
20% Sales Care	77184	<u>42.00</u>
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	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>42.00</u>

4561

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46137

Date: 4-17, 1995
 From: Ramon Peltier Address: 4177 Wightman St, San Diego CA 92105
Five hundred eighty-seven & 20/100 Dollars (\$ 587.00)

 In part Payment of Pre-need lot & trust for Indalicia Garcia

 Lot 95 Grave 6 Row _____ Section 3 Division 12
 Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13164BALANCE DUE \$1000.00Pre-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

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	<u>587.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>587.00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46197

Date: May 8, 19 95From: Ramon Robles Address: 4177 Wightman St. S.D. 92105
Forty Two & 00/100 Dollars (\$ 42.00)

 In Indalecia Garcia Payment of Pre-Need Lot & Trust for mother

 Lot 95 Grave 6 Row 3 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12164BALANCE DUE \$ 958.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

4479NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

M. Clark

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>42</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>42</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46400

Date: 7-7, 1995From: R. R. R. R. Address: 41974 Whitman St. L.A. 90045Dollars (\$ 43.00)In Pre-need Lot 4 Trust Charles & Marion Payment of Pre-need Lot 4 Trust Charles & MarionLot 95 Grave 6 Row 6 Section 9 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 12164

BALANCE DUE _____

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

CREDIT	67007	
20% Sales Care	77184	<u>35.00</u>
90% Sales	100	
of Lots	77184	<u>7.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

ISSUED BY B. R. R. R.TOTAL PAID \$ 43.00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46472

Date: 7-26, 1995From: R. Robles Address: 4177 Wightman St 92105
Forty-two & 20/100 Dollars (\$ 42.00)
In part Payment of Pre-need lot & trust
 Lot 95 Grave 6 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12164

BALANCE DUE _____

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEPre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

212 (Rev. 5-94)

4535

ISSUED BY

CREDIT	67007		
20% Sales Com	77184	<u>42</u>	<u>00</u>
80% Sales of Lots	100		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>42</u>	<u>00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46831

Date: 11-21, 1995From: Ramon Robles Address: 4177 Wightman St. SD 92105One Hundred & Twenty-six Dollars (\$ 126.00)In full Payment of Pre-Need Lot & TrustLot 95 Grave 6 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12164BALANCE DUE 706.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

4607

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

ISSUED BY

J. Weisner

CREDIT	67007	
20% Sales Care	77184	
60% 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>126.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>126.00</u>

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47327

Date: 4/2, 1996

From: ALBERT BLUMS Address: 4171 NIGHTINGALE ST SAN DIEGO, CA 92105

Eighty four and no/100 Dollars (\$ 84.00)

In part Payment of LP-104 lot and trust

Lot 95 Grave LP Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. 5-12164

BALANCE DUE 496.00

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	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

TOTAL PAID \$ 84.00

ISSUED BY MANUAL

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47523

From:

R. Robles

Address:

4177 Wightman St San Diego Ca 92105

Date:

6/17

19

96

Dollars (\$

84.00

In

Payment of

Pre Need Lot 1st Trust

Lot

95

Grave

6

Row

Section

3

Division
Block

12

Invoice No.

Acct. No.

W.O.

E-12164

BALANCE DUE

412.00

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

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



ISSUED BY

Karyn Bank

CREDIT

20% Sales Care

87007

77184

80% Sales

100

of Lots

77184

Opening/

100

Closing

77181

Burial

100

Containers

77182

Handling Fee

100

Recording &

77185

Misc. Fees

100

Pre-Need

77183

Trust

63033

Sales Tax

9022

80101

78390

TOTAL PAID

\$

84 00

84 00

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12164 (Pre Need Lot &
Ramon Robles Trust)

4177 Wightman St.

San Diego CA 92105

(Lot 95 Gr. 6 Sec. 3, Div. 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.



\$ 42.00

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. E-12164 (Pre Need Lot &
Ramon Robles Trust)

4177 Wightman St.

San Diego CA 92105

(Lot 95 Gr.6 Sec.3, Div.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.



\$ 42.00

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-12164 (Pre Need Lot &**

Ramon Robles Trust)

4177 Wightman St.


San Diego CA 92105

(Lot 95 Gr. 6 Sec. 3, Div. 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

 \$ 42.00

Amount due if paid more than
after due date above.

 \$ 42.00

\$ _____

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. **E-12164 (Pre Need Not &
Ramon Robles Trust)**
4177 Wightman St.
San Diego CA 92105
(Lot 95 Gr.6 Sec.3, Div.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.

 \$ 42.00

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. **E-12164 (Pra Maed Lot 6**

Ramon Robles Trust)

4177 Wightman St.

San Diego CA 92105

(Lot 95 Gr. 6 Sec. 3, Div. 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

\$42.00

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

\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12164 (Pre Need Not &
Ramon Robles Trust)**

4177 Wightman St.

San Diego CA 92105

(Lot 95 Gr.6 Sec.3, Div.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.

\$ **42.00**

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. **E-12164 (Pre Need Lot &
Ramon Robles Trust)
4177 Wightman St.
San Diego CA 92105
(Lot 95 Gr. 6 Sec. 3, Div. 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.



\$ 42.00

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. **E-12164 (Pre Need Not 5
Ramon Robles Trust)**
4177 Wightman St.
San Diego CA 92105
(Lot 95 Gr.6 Sec.3, Div.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.



\$ **42.00**

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

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12164 (Pre Need Lot 6
Ramon Robles Trust)
4177 Wightman St.
San Diego CA 92105
(Lot 95 Gr. 6 Sec. 3, Div. 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



\$ 42.00

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

10

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12164 (Pre Need Not &
Ramon Robles Trust)**

4177 Wightman St.

San Diego CA 92105

(Lot 95 Gr.6 Sec.3, Div.12)

Month and Day Due Indicated Below

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

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

 \$ **42.00**

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. **E-12164 (Pro Need Lot 6
Ramon Robles Trust)
4177 Wightman St.
San Diego CA 92105
(Lot 95 Gr. 6 Sec. 3, Div. 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.



\$ **42.00**

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. **E-12164 (Pro Need Not & Ramon Robles Trust)**

4177 Hightman St.

San Diego CA 92105

(Lot 95 Gr.6 Sec.3, Div.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.

\$ **42.00**

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. **8-12164 (Pro Read Lot &**

Ramon Nobles

Trust)

4177 Wightman St.

San Diego CA 92105

(Lot 95 Gr. 6 Sec. 3, Div. 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.



\$ **42.00**

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. **E-12164 (Pro Need Not S**

Ramon Robles

Trust)

4177 Wightman St.

San Diego CA 92105

(Lot 95 Gr.6 Sec.3, Div.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.

\$ **42.00**

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. **E-12104 (Pge Seed Lot 6**

Samoa Robles Trust)

4177 Wightman St.

San Diego CA 92105

(Lot 95 Gr. 6 Sec. 3, Div. 12)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				19							

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



\$ **42.00**

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. **E-12164 (Prg Read Not 5**

Ramon Robles

Trust)

4177 Nightman St.

San Diego CA 92105

(Lot 95 Gr.6 Sec.3, Div.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.



\$ **42.00**

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. **E-12104 (Pre Seed Lot 6
Eamon Kohler Trust)
4177 Wightman St.
San Diego CA 92105
(Lot 95 Gr. 6 Sec. 3, Div. 12)**

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				16							

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



\$ 42.00

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. **B-11164 (Frm. Used Not a
Hamon Robles Trust)**

4177 Wightman St.

San Diego CA 92105

(Lot 95 Gr.6 Sec.3, Div.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.



\$ **42.00**

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. **E-12104 (Pin Seed Lot &****Amos Nobles Trust)****4177 Wightman St.****San Diego CA 92105****(Lot 95 Gr. 6 Sec. 3, Div. 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**\$ 42.00**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. **5-12164 (Pre Paid Not 5**

Ramon Robles

Trust)

4177 Wightman St.

San Diego CA 92105

(Lot 95 Gr.6 Sec.3, Div.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.



\$ **42.00**

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. 8-11104 (PUB. 1000 Lot 8
Samon Hoblen Trust)
4177 Wightman St.
San Diego CA 92105
(Lot 93 Gr. & Sec. 3, Div. 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.



\$ 12.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

add or bring one coupon with each remittance

COUPON

22

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **B-12104 (P/R used Not a**

Baron Sobles

Trust)

4177 Wightman St.

San Diego CA 92105

(Lot 95 Cr. 6 Sec. 3, Div. 12)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				18							

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



\$ **42.00**

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. **8-12154 (Pro Neph Lot 8**

Simon Robles Trust)

4177 Wightman St.

San Diego CA 92105

(Lot 93 Cr. 6 Sec. 3, Div. 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



42.00
\$ _____

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

2-11184 (Pro Seed Bot &
Ramon Robles Trust)

4177 Nightman St.

San Diego CA 92105

(Lot 95 Gr.6 Sec.3, Div.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

\$

~~34.00~~ 34.00Amount 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

DO NOT MAIL ENVELOPE

ACCOUNT No. *Pro-nord Trust*

COUPON **24**
E 12164

Kathie Subler

280 28th Street

San Diego, CA 92102

E-12164

Month and Day Due Indicated Below

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

AMOUNT
DUE

\$

60.73

~~*60.73*~~

\$

☐ Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/17/95

*Second of double
burial crypt.*

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

in a dbl. crypt Funeral, date, time 4/21/95 Fri @ 11AM

Church Chapel Graveside Chapel & grave: Rapdale Mortuary 150⁰⁰

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. X Leroy Candler Jr.

War time veteran no

✓ Lot 86 Grave 3 Row Section 1 Division/Block 12

Grave space & Care Fund Ⓟ Pre-Paid (E-10042) Ⓟ

Additional spaces and care fund Ⓟ

Opening/Closing & Setup Ⓟ Pre-Paid (E-11962) Ⓟ

Burial Container Ⓟ Pre-Paid (E-10042) Ⓟ

Handling Fees Ⓟ

Flower vases - Marker setting fee Ⓟ

Recording and filing fee Ⓟ Pre-Paid (E-11962) Ⓟ

Sales taxes Ⓟ

Total Due Ⓟ

Paid receipt number Ⓟ

Balance due Ⓟ

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

Leroy Candler Jr.
Signature 4857 Lyon St.
Address SAN DIEGO CA 92102
City 364-6470
Telephone Zip Code

Work Order # E

12165

Invoice #

Acct. #

E12165

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) Virginia	1B. MIDDLE -	1C. LAST (FAMILY) Candler	2. DATE OF BIRTH MONTH DAY YEAR 04/19/1949	3. DATE OF DEATH MONTH DAY YEAR 04/15/1995	4. SEX F
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 Leroy Candler, Jr. - Son 4857 Lyon St. San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329	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 04/18/1995			

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 \$7.00	9B. DATE PERMIT ISSUED 04/21/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505463
	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"/> 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 CREMATION SCIENTIFIC USE TRANSIT SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 4/21/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ►	
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	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 N/A	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 N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ►	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/17/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William E. Wash Jr. 183987

in a Crem Funeral, date, time Thurs 4/20/95 @ 11AM

Church, Chapel, Graveside Church & graveside: CA Burial Mortuary

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

War time veteran no

✓ Lot 69 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 175.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1563.30

Paid receipt number Ref # 46138 400.00

Balance due \$ 1163.30

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

x Viola O. Guss
Signature
818 N. Wilton St. 111E
Address
San Diego, Ca. 92139
City
(619) 475-5770
Telephone

Invoice # 352843

Acct. # 084977

Invoice# 252843

Acct. # 084977

MT. HOPE CEMETERY

W.O. # E-121666

NOTE

\$ 1163.30 San Diego, California April 17 1995

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 Three & 3/100 DOLLARS with interest from May 20, 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 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

Ms Viola E. Guss

SIGNATURE

Ms Viola E. Guss

ADDRESS

6818 DORIANA Street 111E San Diego CA 92139

CALIFORNIA DRIVER LICENSE NUMBER

N0885576

SSN #

552-82-3009

Date: 12-30-05, 20 05From: Washington Address: 4575 Oregon St. 619 255-8601in one thousand one hundred sixty-three ⁰⁰/₁₀₀ Dollars (\$ 1,163.00)
Payment of Balance on AT-Need E-12166 (1995) ^{Invoice} 252843Div 12 Sec 3 Blk/Row 69 Lot 69 Grave 11 Acct# 084977Invoice No. E-12166

Acct. No. _____

W.O. _____

BALANCE DUE 0☐ Money Order☐ Charge☒ Check #2005

AC-212A (11-05)

This information is available in alternative formats upon request.

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

DEC 30 2005

MOUNT HOPE CEMETERY

ISSUED BY Sanchez

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	<u>1,163</u>	<u>00</u>
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>1,163</u>	<u>00</u>

ELAINE E. WASHINGTON

4575 OREGON ST., #5 PH. 619-255-8601
SAN DIEGO, CA 9211690-9146/3222
0/10081350

2005

Date: December 30, 2005Pay to the
Order ofMt Hope Cemetery
One Thousand One Hundred Sixty Three Dollars\$ 1,163.00

Dollars

Island
credit unionP.O. Box 85833
San Diego, CA 92186-8833
Member Verification 619/456-4012

Memo

Mano Mano IncMano Mano Inc

E12166

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) William	1B. MIDDLE Eugene	1C. LAST (FAMILY) Wash	2. DATE OF BIRTH MONTH DAY YEAR 08/07/1962	3. DATE OF DEATH MONTH DAY YEAR 04/12/1995	4. SEX M
5A. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Viola E. Guss— Mother 6818 Doriana ST. San Diego, CA 92139		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1357	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Mohamed Sadez</i>		
8B. DATE SIGNED 04/18/1995		<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>			

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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records—P.O. Box 85222 San Diego, CA 92186-8222	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED M. Sanders 04/18/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505269
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	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 Mt. Hope Cemetery, San Diego, CA	11B. DATE BURIED 4/20/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>White</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - metal non sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

MOUNT HOPE CEMETERY

527-3400

46138

Date: April 17, 1995From: Viola Bush Address: 6818 Doriana St. 111E S.D. 92139Four Hundred & no Dollars (\$ 400.00)In _____ Payment of Interment of William E. Bush Jr.Lot 109 Grave 11 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-1211doBALANCE DUE \$ 1163.30Pre-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 SPACEISSUED BY m. Clark

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>400.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>400.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/18/95

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

of Emma B. Neumann 4-20-45

In a ash vault Funeral, date, time (this week) A. Y. D.

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 no

✓ Lot 4 Grave 4 Row — Section 1 Division/Block 12

Grave space & Care Fund Pre-Paid E-6219 0

Additional spaces and care fund 0

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 600.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 385

Total Due 268.85

Paid receipt number Rec # 46139 268.85

Balance due 0

I hereby certify I am the neece Tanya K. Ghabart of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

Tanya K. Ghabart

Address

15200 Marks Rd.

City

Columbia Station, Ol.

Telephone

214-238-7436 49028

Invoice # —

Acct. # —

Work Order # E 12167

E 12167



OHIO DL# QB776656 EX: June 95

WELLS FARGO BANK

PARK & UNIVERSITY OFFICE 3830 PARK BOULEVARD SAN DIEGO, CA 92103

1244

10-24
1220(7)

4/18

95

PAID TO THE ORDER OF

Mt. Hope Cemetery
Two hundred + sixty eight

\$ *268.85*

85
100 DOLLARS

EMMA B. NEUMANN
PH. 619-299-5849
1614 CYPRESS AVE.
SAN DIEGO, CA 92103

Pay to the order of



MEMO

⑆122000247⑆244 0838 210508⑈

E 12167

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) DEAN	1B. MIDDLE B.	1C. LAST (FAMILY) MYNARD	2. DATE OF BIRTH MONTH, DAY, YEAR 12/12/1894	3. DATE OF DEATH MONTH, DAY, YEAR 01/22/1995	4. SEX F
5A. CITY OF DEATH COLUMBIA STATION		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE OHIO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT SAUER'S FUNERAL HOME, GENERAL DIRECTORS	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		6A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED Ed Leach 04/17/1995	

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.

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 04/17/1995 Ed Leach	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505196
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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 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 MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 4/20/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL White
	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 RE- MAINS 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

MOUNT HOPE CEMETERY

527-3400

46139

Date: April 18, 19 95
 From: Faye Hobart Address: 15300 Marks Rd. Colombia Station
Two Hundred Sixty Eight & 85/100 Dollars (\$) 268.85 ⁰¹¹⁰ ₄₄₀₂₀

 In _____ Payment of interment of Emma J. J. J. J.

 Lot 4 Grave 4 Row — Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12167BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSES STATED UNLESS STAMPED
"PAID" IN THIS SPACE**PAID**

APR 18 1995

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

ISSUED BY

M. Clark

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
Trust	9022
Sales Tax	80101
	78390
TOTAL PAID	\$ <u>268.85</u>

 check returned to Mr. Hobart. Pre-need was already ^{paid} VOID

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46139

Date: April 18, 19 95
 From: Faye Hobart Address: 15300 Marks Rd. Columbia Station
Two Hundred Sixty Eight & 25/100 Dollars (\$ 268.85) 4410

 In _____ Payment of Interment of Emma Thurman

 Lot 4 Grave 4 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12167BALANCE DUE 0Pre-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

check returned
pre-need was
previously pd. in
full.

ISSUED BY

M. Clark

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	<u>105</u>
Closing	77181	<u>40</u>
Burial	100	<u>55</u>
Containers	77182	<u>00</u>
	100	<u>100</u>
Handling Fee	77185	<u>45</u>
Recording &	100	<u>00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>3</u>
	78390	<u>75</u>

TOTAL PAID

\$ 268.85

VOID

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/18/95

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

In a lines Funeral, date, time THUR 4/20/95 @ 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^{us}

will be applied and billed to undersigned. xHPR

War time veteran no

✓ Lot 6 Grave 4 Row - Section full Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1563.30

Paid receipt number Re # 46140 391.00

Balance due 1172.30

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

xHenneth R Romero
Signature
2215 Valner Way
Address
SAN DIEGO 92139
City
474-8419
Telephone
Zip Code

Work Order # E

12168

PY-593 (Rev. 8-92)

Invoice # 252842

Acct. # 084978

MT. HOPE CEMETERY

W.O. # E-12168

NOTE

\$ 1172.30 San Diego, California April 18 1995

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 & 30/100 DOLLARS with interest from May 20, 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 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

Henrietta R. Romero

SIGNATURE

Henrietta R. Romero

ADDRESS

4215 Valner Way, San Diego CA 92139

CALIFORNIA DRIVER LICENSE NUMBER

N4417743

SSN #

549-74-5637

E 12168

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) Amelia	1B. MIDDLE Alvarez	1C. LAST (FAMILY) Bryan	2. DATE OF BIRTH MONTH DAY YEAR 07/12/1924	3. DATE OF DEATH MONTH DAY YEAR 04/16/1995	4. SEX F
5A. CITY OF DEATH Chula Vista		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Henrietta R. Romero - Daughter 6215 Valner Way San Diego CA 92139		
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 P-964	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 04/16/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 04/19/1995 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505387
	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		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 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 Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 4/20/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS 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

MOUNT HOPE CEMETERY

527-3400

46140

Date: April 12, 19 92From: Marrietta Romero Address: 16215 Valner Way S.D. CA 92139Three Hundred One & 30/100 Dollars (\$ 391.00)In _____ Payment of interment of Pamela BryanLot 6 Grave 4 Row — Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12168BALANCE DUE 1173.30NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

8349

ISSUED BY

for Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>391</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>391</u>	<u>00</u>

252542 04/20/95 084978 HENRIETTA R ROMERO

E-12168

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

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

05/05/95 CK 2768

1,172.30
375.00
190.00
45.00
245.00
145.00
13.30
159.00

1,172.30

0.00
PAID IN FULL

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-18-95

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

in a T.S. Vault Funeral, date, time Fri. 4/21 1 PM

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 \$ 150.00

will be applied and billed to undersigned. X Rgs

War time veteran NO

✓ Lot 1733 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-11185

Additional spaces and care fund _____

Opening/Closing & Setup E-11185

Burial Container E-11185

Handling Fees E-11185

Flower vases - Marker setting fee _____

Recording and filing fee E-11185

Sales taxes E-11185

Total Due 0

APR 18 1995

Paid receipt number _____

Balance due 0

MT. HOPE CEMETERY

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

Tipped DP to transfer

4/17/95 Work Order # E

1995 PY-593 (Rev. 8-92)

12169

E 12169

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) M.L.	1B. MIDDLE Vivian	1C. LAST (FAMILY) Chancellor	2. DATE OF BIRTH MONTH DAY YEAR 01/11/1902	3. DATE OF DEATH MONTH DAY YEAR 04/14/1995	4. SEX F
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 Ben Patton - Conservator 294 F St. Chula Vista CA 91910		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Rumphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-964	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		

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 \$7.00	9B. DATE PERMIT ISSUED 04/19/1995 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505352
	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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 4/21/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>Mital Sealer</i>	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 N/A	13B. DATE RECEIVED	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 N/A	14B. DATE SHIPPED	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 N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	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

4/19/95

Delivery only.

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

of Men Proffitt

In a liner Funeral, date, time Mon 4/24/95 @ 11:30am

Church, Chapel, Graveside CHAPEL Louis Col. Ben. 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 CPD

War time veteran X no

Lot 4442 Grave — Row — Section — Division/Block 1D

Grave space & Care Fund Pre-Paid C-9011 X

Additional spaces and care fund X

Opening/Closing & Setup Pre-Paid C-9011 X

Burial Container liner Pre-Paid C-9011 X

Handling Fees X

Flower vases - Marker setting fee X

Recording and filing fee 45.00

Sales taxes X

PAID
APR 19 1995
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 45.00

Paid receipt number 46146 45.00

Balance due X

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

Men Proffitt
Signature 8122 S. SILVER FIR
Address WALNUT ST 91789
City (909) 594-1916 Zip Code
Telephone

Work Order # E

PY-593 (Rev. 8-92)

Invoice #

Acct. #

12170

E12170

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) GLENN		1B. MIDDLE E.	1C. LAST (FAMILY) PROFFITT		2. DATE OF BIRTH MONTH DAY YEAR 10/14/1910	3. DATE OF DEATH MONTH DAY YEAR 04/19/1995	4. SEX M	
5. PLACE 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 CHARLOTTE C. PROFFITT - WIFE 3442 BELLE ISLE DRIVE SAN DIEGO, CA 92105			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>			8B. DATE SIGNED 04/20/1995
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.								
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/20/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		
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"/> 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 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								
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102			11B. DATE BURIED 4/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>vital sealed</i>			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 N/A			13B. DATE RECEIVED	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 N/A			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>		
	SCATTERING AT SEA OR DISPOSITION OTHER 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 <i>[Signature]</i>	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

MOUNT HOPE CEMETERY

527-3400

46146

Date: 4/19, 19 95
 From: Jary Proffitt Address: 812 1/2 S. Silver Fir Rd. Walnut CA
Early June 1995 Dollars (\$ 45.00) 91789

 In _____ Payment of Interment of Jary Proffitt

 Lot 4442 Grave 1 Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12170BALANCE DUE 0Pre-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 SPACEISSUED BY m. clare

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	
Opening/Closing	77181	
Burial	100	
Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
Sales Tax	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>45.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/20/95

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

of EUGENIO, EDWARD

in a lines Funeral, date, time MON 4/24; 11:00 A.M.

Church, Chapel, Graveside delivery only: El Cajon Mortuary.

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

will be applied and billed to undersigned.

War time veteran no

Lot 78 Grave 8 Row - Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1563.30

Paid receipt number VISA 391.00

Balance due 1172.30

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

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

Signature of recorded holder of deed

X Patricia J. Walingham
Signature
X 8150 Lemon Ave. #215
Address
X 28 Mesa, CA 91941-6401
City
X (619) 469-1912
Telephone

Zip Code

Work Order # E

PY-593 (Rev. 8-92)

Invoice # 252914

Acct. # 085013

12171

MT. HOPE CEMETERY

W.O. # E-12171

NOTE

\$ 1172.30 San Diego, California April 20 19 95

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 & 30/100 DOLLARS with interest from May 24, 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 Patricia J. WALSHINGHAM SIGNATURE Patricia J. Walshingham
ADDRESS 8150 Lemon Avenue, #215, La Mesa, CA 91941-6401
CALIFORNIA DRIVER LICENSE NUMBER CA 50036000 SSN # 553-50-2253

E2171

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) Edward	1B. MIDDLE -	1C. LAST (FAMILY) Eugenio	2. DATE OF BIRTH MONTH DAY YEAR 07/12/1918	3. DATE OF DEATH MONTH DAY YEAR 04/19/1995	4. SEX M
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 Josephine Eugenio - Wife 1120 Pepper Dr #4 El Cajon, CA 92021		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH El Cajon Mortuary 684 S Hollison Ave - El Cajon, CA 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1022	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Phyllis Dell</i>		

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 71106 of the Health and Safety Code.		8B. DATE SIGNED <i>04/21/1995</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 \$7.00	9B. DATE PERMIT ISSUED 04/21/1995 Phyllis Dell
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 P.O. Box 85222 San Diego, CA 92186-5222	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505470	
		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/3751 Market St San Diego, CA 92102	11B. DATE BURIED 4/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED WOOD	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 <i>[Signature]</i>
	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 <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 N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
		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.

252914 04/24/95 085013 PATRICIA J WALSINGHAM

05/19/95 CK 3092

1,172.30

1,172.30

0.00
PAID IN FULL

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
190.00
45.00
245.00
145.00
13.30
159.00

E-12171

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/20/95

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

of James M. Wright JR.

in a lines Funeral, date, time MON 4/24/95 @ 1PM

Church Chapel Graveside church & graveside Ragdale 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

War time veteran no

✓ Lot 2165 Grave 3 Row - Section 2 Division/Blook 12

Grave space & Care Fund 795.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1563.30

Paid receipt number R-46151 1563.30

Balance due 0

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

X Gloria Alexander
Signature
X 9061 Kenwood DR #1
Address
X Spring Valley, CA 91977
City
X 462-7941 Zip Code
Telephone

Work Order # E

PY-593 (Rev. 8-92)

Invoice # _____

Acct. # _____

12172

MT. HOPE CEMETERY

W.O. # E-12172

NOTE

\$ 1163.30 San Diego, California 4-21- 1995

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-three ^{430/100} DOLLARS with interest from MAY 24, 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 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 Kevin D Wright SA

SIGNATURE X [Signature] SA

ADDRESS X 285 Ridgeway Drive S.D. 92114

CALIFORNIA DRIVER LICENSE NUMBER

SSN # X 553-95-9098

*Customer did not have his
drivers' license. JK Rauch*

E12172

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 Nathaniel	1C. LAST (FAMILY) Wright, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 01/07/1961	3. DATE OF DEATH MONTH DAY YEAR 04/17/1995	4. SEX M
5A. CITY OF DEATH Spring Valley		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Gloria J. Alexander - Mother 9061 Kenwood Dr. Spring Valley, CA 92977		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	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 7109 of the Health and Safety Code.		8B. DATE SIGNED 04/20/1995			

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 \$7.00	9B. DATE PERMIT ISSUED 04/21/1995 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505489
	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

<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 Mt. Hope Cemetery; 3751 Market SSt. San Diego, CA	11B. DATE BURIED 4/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal non-sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

MOUNT HOPE CEMETERY

527-3400

46151

Date: 4-24, 1995From: Anderson-Racdale Address: 5050 Federal Bl., S.D. 92102Fifteen hundred sixty-three & 30/100 Dollars (\$ 1563.30)In full Payment of James N. Wright in trustLot 265 Grave 3 Row Section 2 Division Block 12Invoice No. Acct. No. W.O. E-12172BALANCE DUE Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

6689

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

ISSUED BY

Jane Rauch

CREDIT	67007	
20% Sales Care	77184	159 00
80% Sales	100	636 00
of Lots	77184	
Opening/	100	375 00
Closing	77181	
Burial	100	140 00
Containers	77182	
	100	145 00
Handling Fee	77185	
Recording &	100	45 00
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	13 30
	78390	

TOTAL PAID \$ 1563.30

6/14

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4-20-951st burial was
extra deep.

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of NOONAN, ANNIE M.

In a Liner Funeral, date, time MON 4/24 11AM

Church, Chapel, Graveside Graveside 11AM : Murkley Mitchell 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. Robert M. Mann

War time veteran NO

✓ Lot 49 Grave 6 Row _____ Section 1 Division/Block 11

Grave space & Care Fund D-2838 _____

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 13.30

Total Due 768.30

Paid receipt number 46147 768.30

Balance due 0

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

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

Signature of recorded holder of deed

Signature

7712 EMERALD OAK DR

Address

ELK GROVE CA 95024-2212

City

(916) 686 086

Telephone

Zip Code

Work Order # E

PY-593 (Rev. 8-92)

12173

Invoice # _____

Acct. # _____

E12173

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) ANNIE		1B. MIDDLE M.	1C. LAST (FAMILY) NOONAN		2. DATE OF BIRTH MONTH DAY YEAR 10/21/1910	3. DATE OF DEATH MONTH DAY YEAR 04/19/1995	4. SEX F
5A. CITY OF DEATH LA JOLLA			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RICHARD NOONAN, SON 9712 EMERALD OAK DRIVE ELK GROVE, CA 95624		
7. PRINTED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria 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 04/21/1995		

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 04/21/1995 V.L. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505521
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 4/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY wood	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

MOUNT HOPE CEMETERY

527-3400

46147

Date: 4-20, 1995From: Richard M. Noonan Address: 9712 Emerald Oak Dr., Elk Grove CA 95624Seventy-six & 30/100 Dollars (\$ 768.30)In _____ Payment of Interment of Annie M. NoonanLot 49 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12173BALANCE DUE 2NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	<u>375</u>	<u>00</u>
Closing	77181		
Burial	100	<u>190</u>	<u>00</u>
Containers	77182		
	100	<u>145</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>13</u>	<u>30</u>
	78390		

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

AC-212 (Rev. 5-94)

ISSUED BY

J. Rauch

TOTAL PAID

\$ 768 30

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

PRE-NEED

Trust

Date April 20, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David F. Bard

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 X

Lot 59 Grave 7 Row -- Section MAS Division/Block 0

Grave space & Care Fund Pd. Pre-Need (1995) 0

Additional spaces and care fund 0

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 3.85

Total Due 268.85

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 -----

X Signature -----

X Address -----

X City ----- Zip Code -----

X Telephone -----

Work Order # E

12174

Invoice # -----

Acct. # -----

David F. Bard

2322 Shattuck
Ave.

Berkeley, Ca

94704

Apt. 415

(510) 849-4179

Send

Pre Need for

Cremation

E 12174



THE CITY OF

SAN DIEGO

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

Business hours 8 a.m. to 4 p.m.

Monday through Friday • Gates open daily

April 21, 1995

David F. Bard
2322 Shattuck Ave.
Berkeley, CA 94704

Dear Mr. Bard:

Enclosed is the paperwork you requested for a pre-need trust which includes: O/C, an ash vault, handling fee, recording fee, and tax on the vault. Please sign and fill out the appropriate information where indicated, and return the original copy to us along with a check for the full amount. Upon receiving this paperwork from you, we will process it and return to you a copy of the interment order and a receipt of payment.

If you have any questions, do not hesitate to contact us at 527-3400.

Sincerely,

Michele L. Clark

Michele L. Clark
Clerical Asst. II

enclosure



DIVERSITY
BRINGS US ALL TOGETHER

E12174



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department
527-3400

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

August 8, 1996

David F. Bard
2322 Shattuck Ave., Apt. 415
Berkeley, CA 94704

Re: Pre-Need Trust

Dear Mr. Bard:

I am following up on our letter to you dated April 21, 1995 regarding the Pre-Need Trust for you.

Please give me a call by September 8, 1996 to let me know if you still wish to pursue this matter or if you have changed your mind. If we do not hear from you within a reasonable time we will void the paperwork.

Enclosed are copies of the letter and Interment Order previously sent to you.

If you have any questions please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Sue Shackelton".

Sue Shackelton
Clerical Assistant II

Enclosures



DIVERSITY
BRINGS US ALL TOGETHER

PRE-NEED
Trust

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-20-1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SHERMAN A THORNSBERRY

I 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 \$ 150.00
will be applied and billed to undersigned. _____

War time veteran _____

Lot 3731 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund paid on C-4616 _____ 0

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees VOID _____ 145.00

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes 8-7-96 Per Martin Boney _____ 13.30

Total Due Paul Beck no longer \$768.30

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

12175

PY-593 (Rev. 8-92)

Invoice # _____

Acct. # _____

yes
or
no ?



No feelings work there
with Thornsberry

E12175



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department
527-3400

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

April 21, 1995

→ Phone: 510-746-0706

Paul Peck
Oakmount Mortuary
609 Gregory Lane, Ste. 220
Pleasant Hill CA 94523

Dear Mr. Peck:

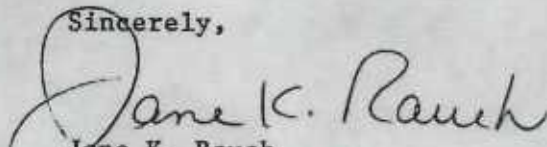
To follow up your phone call of April 20th, enclosed is the Pre Need Interment Order for Mr. Sherman Thornsberry. Please ask him to complete the four lines marked with red X's and return this form to us along with his check in the amount of \$768.30.

His setting up a pre need trust at this time will guarantee the cost of burial when the time comes. There will be no other cemetery cost.

I've also enclosed our Regulations for Memorial Decorations and the business cards for three monument companies in San Diego. I made a visual check and found that there is a granite marker for Daisy L. Thornsberry.

If we may be of further help, please do not hesitate to contact us.

Sincerely,


Jane K. Rauch
Clerical Assistant II

jkr

Enclosures: Pre Need Interment Order (E-12175)
Regulations, and business cards



DIVERSITY
BRINGS US ALL TOGETHER

E 12175



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department
527-3400

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

August 7, 1996

Paul Peck
Oakmount Mortuary
609 Gregory Lane, Ste 220
Pleasant Hill, CA 94523

Re: Pre-need Trust for Sherman A. Thornsberry

Dear Mr. Peck:

I am following up on our letter to you dated April 21, 1995 regarding the Pre-Need Trust for Sherman A. Thornsberry.

Please give me a call by September 7, 1996 to let me know if you still wish to pursue this matter or if you have changed your mind. If we do not hear from you within a reasonable time we will void the paperwork.

Enclosed are copies of the letter and Interment Order previously sent to you.

If you have any questions please do not hesitate to contact me.

Sincerely,

Sue Shackelton
Clerical Assistant II

Enclosures



DIVERSITY
BRINGS US ALL TOGETHER.

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4/21/95

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

of John Wolfenburger & Thelma Wolfenburger ☒

in a (2) ash vaults Funeral, date, time Thurs, 4/27/95 11:00AM

Church, Chapel, Graveside Graveside only: Humphreys 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. Ray Wolfen

War time veteran yes John

Lot 3950 Grave - Row - Section - Division/Block 10

Grave space & Care Fund Pl. Pl. - Bud D-8587 0

Opening/closing & setup 2 @ 105.00 210.00

Additional spaces and care fund 0

Opening/Closing & Setup 2 @ 55.00 110.00

Burial Container 2 @ 60.00 120.00

Handling Fees 2 @ 45.00 90.00

Flower vases - Marker setting fee 2 @ 45.00 90.00

Recording and filing fee 2 @ 13.30 26.60

Sales taxes 537.79 537.79

Total Due 556.00

Paid receipt number R-46394 556.00

Balance due 537.79

JUL 05 1995

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

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

X Ray Wolfen
Signature
X 4764 CHICKASAW
Address
X SAN DIEGO, CA 92117
City
X 619-273-4764
Telephone
Zip Code

Work Order # E 12176

Invoice #

Acct. #

OK to place
ashes under
marker.

OK per JoAnn
for husband &
wife to witness
burial of ashes.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/21/95

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

of John Wolfenburger & Thelma Wolfenburger

In a (2) Ash Vault Funeral, date, time ?

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 \$ 150.00

will be applied and billed to undersigned. Ray Wolfen

War time veteran yes/John

7/6/95

Ray: The wrong tax amount was written down back in April when the Interment Order was written up.

We are holding your cash refund of \$18.90 in our safe in a white envelope with your name on it. Total tax should have been \$7.70, not \$26.60.

Sorry for any inconvenience.

Jane Rauch
Jane Rauch

10
0
10.00
0
0.00
20.00
10.00
19.90
4.00
56.60
8

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

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

Signature of recorded holder of deed

Ray Wolfenburger
Signature
4564 CHICKASAW
Address
SAN DIEGO, CA 92111
City
619-223-4764
Telephone
Zip Code

Invoice #

Acct. #

Work Order # E 12176
PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE TO CUSTOMER
CANARY CEMETERY
PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48334

From: Ray Wolfenburger Date: 7/5/95
Address: 4564 Chickasaw
In: Full Payment of John & Thelma Wolfenburger Dollars \$ 537.70

Lot 3950 Grave 10
Invoice No. E-12176
Acct. No. E-12176
W.O. E-12176
BALANCE DUE 7.70
Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

Division	Block	Section	Row
67007	77184	CREDIT	10
100	77184	20% Sales Care	
100	77184	80% Sales	
100	77181	Opening/Closing	210.00
100	77182	Burial Containers	110.00
100	77185	Handling Fee	120.00
100	77183	Recording & Misc. Fees	90.00
63033	8022	Pre-Need Trust	
60101	78390	Sales Tax	7.70
		TOTAL PAID	537.70

ISSUED BY Barbara

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46304

Date: 7/5, 1994From: Ray Walther Address: 4714 Highland Ave. S.D. 92117In full Payment of John & Barbara Walther Dollars (\$ 537.70)Lot 3950 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12176

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	-	
Opening/Closing	77184		
Burial Containers	100	210	00
Handling Fee	77181	110	00
Recording & Misc. Fees	100	120	00
Pre-Need Trust	77182	90	00
Sales Tax	63033		
	9022		
	60101	7	70
	78390		

ISSUED BY BarryTOTAL PAID \$ 537 70

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E12176

74

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

1A. NAME OF DECEDENT—FIRST (GIVEN) THELMA	1B. MIDDLE FAY	1C. LAST (FAMILY) WOLFENBERGER	2. DATE OF BIRTH MONTH DAY YEAR Apr. 6, 1917	3. DATE OF DEATH MONTH DAY YEAR Sep. 27, 92	4. SEX F
5A. CITY OF DEATH Modesto		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Stanislaus	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT John Wolfenberger - Husband 2621 Prescott Rd., #212 Modesto, Ca. 95350		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Allen Mortuary 247 No. Broadway, Turlock, Ca. 95380		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 432	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 15376 of the Health and Safety Code, and was authorized pursuant to Section 71002 of the Health and Safety Code.		8B. DATE SIGNED 9-29-92			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL POSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 SEP 29 1992	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>W.E. Foney mo. p</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Stanislaus Co. Health Dept. 820 Scenic Dr., Modesto, Ca. 95350	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA N/A		

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 type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE	<input type="checkbox"/> 1. 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 N/A	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Allen Mortuary-Crematory 247 No. Broadway, Turlock, Ca. 95380	12B. DATE CREMATED 9-29-92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Lacey Brown</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 EXACT PLACE AND DISTRICT OF DISPOSITION Return to Husband's Address: 2621 Prescott Rd., #212, Modesto, Ca. 95350	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM DATE.

COPY 3

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR
The original of this form was not supplied to Mt. Hope Cemetery.

VS 9 (REV. 6/91)

E12176

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) John	1B. MIDDLE -	1C. LAST (FAMILY) Wolfenberger	2. DATE OF BIRTH MONTH, DAY, YEAR 08/17/1913	3. DATE OF DEATH MONTH, DAY, YEAR 04/19/1995	4. SEX M
5A. CITY OF DEATH Encinitas		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Ray Wolfenberger - Son 4764 Chickasaw Ct. San Diego CA 92117		
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—Person taking permit <i>Billie Little</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 04/25/1995			

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 \$7.00	9B. DATE PERMIT ISSUED 04/25/1995 <i>Little</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505672
	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 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 Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 12/7/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Little</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium, Inc. 571 'J' Crane St. Lake Elsinore CA 92530	12B. DATE CREMATED 4/27/95	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>Little</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.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-21-95

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

of BALANCER, JEROME L. ♂

in a Ash Vault Vault/Urner Funeral, date, time Later Date

Church, Chapel, Graveside witness only : 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. Rubie f. Jackson

War time veteran _____

Lot 5 Grave 6 Row _____ Section 2 Division/Bless 12

Grave space & Care Fund 300.00

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 3.85

Total Due 568.85

Paid receipt number _____

Balance due _____

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

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

Signature of recorded holder of deed _____

Rubie f. Jackson
Signature
4889 OCEAN VIEW BLVD
Address
SAN DIEGO CA 92113
City Zip Code
262-1227
Telephone

Work Order # E

PY-583 (Rev. 8-92)

12177

Invoice # _____

When insurance
check comes in,
burial will
take place.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-24-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bell, William Howard

In a Top of double depth Vault/Urner Funeral, date, time Weed 4-26: 1:00 P.M.

Church, Chapel, Graveside Church #65 : 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. X Inez Bell

War time veteran YES

Lot 154 Grave 8 Row IR-4493 Section 1 Division/Block 11

Grave space & Care Fund 375.00

Additional spaces and care fund 375.00

Opening/Closing & Setup E-5680

Burial Container E-5680

Handling Fees E-5680

Flower vases late arrival fee date fee 150.00

Recording and filing fee paid 5-5-95 45.00

Sales tax E-5680

PAID

APR 24 1995

Total Due 420.00

Paid receipt number R-46152 420.00

Balance due 281.50

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

X Inez Bell
Signature

X 25050 payment
Address

X San Diego Ca. 92113
City Zip Code

X 619-239-1714
Telephone

Invoice # 253028

Acct. # 085042

Work Order # E 12178

PY-593 (Rev. 8-92)

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) William		1B. MIDDLE Howard Taft		1C. LAST (FAMILY) Bell		2. DATE OF BIRTH MONTH DAY, YEAR 03/04/1909		3. DATE OF DEATH MONTH DAY, YEAR 04/19/1995		4. SEX M	
5. PLACE 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 Inez C. Bell - Wife 250 S. Payne St. San Diego, CA 92113							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 04/21/1995			
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 \$7.00		9B. DATE PERMIT ISSUED 04/21/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505505			
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 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 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA				11B. DATE BURIED 4/26/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal non-sealer				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 N/A				13B. DATE RECEIVED		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 N/A				14B. DATE SHIPPED		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 N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		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

32 E-12178

Make Remittance Payable to
CITY TREASURER
P.O. Box 2289
San Diego, California 92112

Please Return YELLOW Copy with Your Payment

INEZ BELL
250 S PAYNE ST
SAN DIEGO CA 92113
SAN DIEGO CA 92113

ACCT NO
085042

TREASURERS USE ONLY

PAYMENT DATE 5-5-95

BY: CA CK IF MD

PAYMENT REF NO 91-313368107 AMT PAID: \$150.00

INVOICE DATE
04/27/95

PAYMENT DUE
05/27/95

PERIOD COVERED
MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-12178
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527-3400

DESCRIPTION OF CHARGES

AMOUNT

WILLIAM HOWARD TAFT BELL SVCS
LATE ARRIVAL FEE

150.00

TOTAL DUE 150.00

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. 253028

253028 04/27/95 085042 INEZ BELL
E-12178 100 072

05/05/95 CA 213133681
77183 000072

150.00
150.00

150.00

0.00
PAID IN FULL

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46152

Date: 4-24, 1995From: Irving Bell Address: 250 2. Highway St., No. 92113four hundred twenty two & 20/100 Dollars (\$ 420.00)In _____ Payment of Interment of Wm. Howard BellLot 154 Grave 8 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-12178BALANCE DUE 2NOT 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	<u>375.00</u>
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	<u>45.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

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

AC-212 (Rev. 5-94)

4102

ISSUED BY

TOTAL PAID \$ 420.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-24-95

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

of WILDER, DOROTHY

in a DBL DEPTH CRYPT Funeral, date, time THUR 4/27 11AM

Church, Chapel, Graveside CHAPEL + GRAVESIDE Ragsdale Mortuary.

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

War time veteran NO

✓ Lot 101 Grave 8 Row Section 2 Division/Block 12

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

Recording and filing fee 45.00

Sales taxes 26.60

Total Due 2041.60

Paid receipt number R-46162 510.00

Balance due 1531.60

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

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

Signature of recorded holder of deed

Evelyn L. Bean
Signature
337 Redcrest Drive
Address
San Diego cal 92114
City
4698639
Telephone

Invoice # 253088

Acct. # 085045

Work Order # E

PY-593 (Rev. 8-92)

12179

5/30/95

Ms. Bran called - said she did not
receive the ins. # yet. She'll call
Mr. Rogsdale to see if she can get
ins. co. number to speed up
payment. Jane

E12179

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) Dorothy		1B. MIDDLE Jean		1C. LAST (FAMILY) Wilder		2. DATE OF BIRTH MONTH DAY YEAR 12/18/1941		3. DATE OF DEATH MONTH DAY YEAR 04/20/1995		4. SEX F	
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 Evelyn Bean, Mother 337 Recrest Dr. San Diego, CA 92114					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA						7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 04/25/1995	
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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 04/25/1995 <i>[Signature]</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505609	
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			
COMPLETE ALL APPLICABLE ITEMS		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA				11B. DATE BURIED 4/27/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealer				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 N/A				13B. DATE RECEIVED		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 N/A				14B. DATE SHIPPED		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 N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

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

MT. HOPE CEMETERY

W.O. # E-12179

NOTE

1531-60 San Diego, California April 24 1995

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 thirty one ^{60/100} DOLLARS with interest from 27 May 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 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 EVELYN L. BEAN SIGNATURE X Evelyn L. Bean
ADDRESS X 337 REDCREST DRIVE - SAN DIEGO CALIF 92114
CALIFORNIA DRIVER LICENSE NUMBER X N5681534 SSN # X 429 44 0619

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46162

Date: 4-27, 1995
 From: Ragdale mortuary Address: 5050 Federal, San Diego 92102
Five hundred ten & 20/100 Dollars (\$ 510.00)

 In part Payment of Interment of Dorothy Wilder

 Lot 101 Grave 8 Row _____ Section 2 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12179

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

6697

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
90% Sales of Lots	100	<u>510</u>	<u>00</u>
Opening/ Closing	77181		
Burial Containers	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>510</u>	<u>00</u>

This service
arrived at
3:36 P.M.

Jane K. Rauch
Michelle L. Clark
✓ Babeking

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-24-94

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

in a DBL DEPTH CRYPT Vault/Liner Funeral, date, time THUR 4/27 11:30

Church, Chapel, Graveside CHURCH, GRAVESIDE BAGSDALE 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 Clercy A Norman

War time veteran YES

Lot 1780 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-8171 0

Additional spaces and care fund _____ -

Opening/Closing & Setup E-8171 0

Burial Container E-8171 0

Handling Fees E-8171 0

Flower vases - Marker setting fee _____ 0

Recording and filing fee E-8171 0

Sales taxes E-8171 0

Total Due 0

Paid receipt number _____

Balance due _____

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 Clercy A Norman
Signature
X 5011 HILLTOP DR
Address
X SAN DIEGO, CA 92102
City Zip Code
619-2648782
Telephone

Work Order # E

PY-593 (Rev. 8-92)

Invoice # _____

Acct. # _____

12180

E 12180

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) Robert		1B. MIDDLE Leonard		1C. LAST (FAMILY) Norman, Sr.		2. DATE OF BIRTH MONTH, DAY, YEAR 01/07/1922		3. DATE OF DEATH MONTH, DAY, YEAR 04/22/1995		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 Clersey Norman - Wife 5011 Hilltop Dr. San Diego, CA 92102							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-2329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Norman</i>				8B. DATE SIGNED 04/25/1995			
* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.				THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 04/27/1995 <i>William</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505749	
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													
<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													
11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA													
11B. DATE BURIED 4/27/95													
11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Walt</i>													
12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealer													
12B. DATE CREMATED													
12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION													
13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A													
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 N/A													
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 N/A													
15B. DATE OF DISPOSITION													
15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION													
15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE													

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47260

Date: 4/4 19 76

From: Clercy A. Norman Address: 5011 Hilltop Dr. San Diego, CA 92109

One hundred fifty eight and 10/100 Dollars (\$ 158.78)

In full Payment of Installation of galvanized flower vase and

Installation of VA marker for Robert L. Norman

Lot 1780 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12180

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.

CREDIT	67007	
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	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$ 158	70

ISSUED BY: [Signature]

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-25-95

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

of Henderson, Essie

in a Full Death Crypt Funeral, date, time Fri 4/28 1:30

Church, Chapel, Graveside Church, G.S. : Ragdale 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 Willi H Henderson

War time veteran NO

Lot 3314 Grave Row Section Division/Block 10

Grave space & Care Fund E-3348 6

Additional spaces and care fund -

Opening/Closing & Setup 375.00

Burial Container 380.00

Handling Fees 320.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 26.60

Total Due 1146.60

Paid receipt number R-46156 8287.00

Balance due 859.60

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

Work Order #

PY-593 (Rev. 8-92)

12181

x Willi H Henderson

Signature

x 962 Alamo St

Address

x San Diego CA 92114

City

x 262-7091

Telephone

Zip Code

Invoice # 253125

Acct. # 085050

MT. HOPE CEMETERY

W.O. # E-12181

NOTE

\$ 859.60 San Diego, California April 2 1995

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 fifty-nine & 60/100 — DOLLARS with interest from 28 May 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 X Willie H Henderson SIGNATURE X Willie H Henderson

ADDRESS X 962 Alvin St. SD 92114

CALIFORNIA DRIVER LICENSE NUMBER X A 180 5820 SSN # X 425-12-1747

at 6-22-96

E12181

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) Essie	1B. MIDDLE Lee	1C. LAST (FAMILY) Henderson	2. DATE OF BIRTH MONTH DAY YEAR 02/11/1918	3. DATE OF DEATH MONTH DAY YEAR 04/22/1995	4. SEX F
5. 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 Willie H. Henderson - Husband 962 Alvin St. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	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 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8B. DATE SIGNED
04/25/1995

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 \$7.00	9B. DATE PERMIT ISSUED 04/25/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505636
	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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 4/28/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal non sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS 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 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 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.



CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER

P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

WILLIE H HENDERSON

962 ALVIN ST

SAN DIEGO CA 92114

SAN DIEGO

CA 92114

ACCT NO

085050

TREASURERS USE ONLY

PAYMENT DATE

BY: CA CK IF

PAYMENT REF NO

1130

AMT PAID:

859.60

INVOICE DATE

05/01/95

PAYMENT DUE

05/31/95

PERIOD COVERED

APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12181

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

ESSIE LEE HENDERSON SERVICES

OPENING/CLOSING

375.00

DOUBLE DEPTH CRYPT

380.00

HANDLING FEES

320.00

TAX ON CRYPT

26.60

RECORDING FEE

45.00

LESS PAYMENT ON R-46156

287.00-

TOTAL DUE

859.60

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. 253125

AC-22 (Rev. 7/92)

White - Customer Copy • Yellow - Remittance Copy

WILLIE H HENDERSON
ESSIE L HENDERSON
962 ALVIN (619) 282-7041
SAN DIEGO, CA 92114

CA 81865820
46-22-96

1130

16-58/1220
171

8-4-96

859.60

Pay to the
Order of City Treasurer
Eight hundred Fifty Nine and 60/100 Dollars
Willie H Henderson

Bank of America

National City Branch #0171

235 East 8th Street

National City, CA 91950

(619) 887-3220

⑆ 1220006611: 1130 00104701 0033336 ⑈

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46156

Date: 4-25, 1995
 From: Willie H. Henderson Address: 962 Alvin
Two hundred eighty-seven & 20/100 Dollars (\$ 287.00)

 In part Payment of Interment of Essie Henderson

 Lot 3314 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-12181

BALANCE DUE _____

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181	<u>287</u>	<u>00</u>
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>287</u>	<u>00</u>

253125 05/01/95 085050 WILLIE H HENDERSON

E-12181

100 072
100 072
100 072
100 072
60101

77181 000072
77182 000072
77183 000072
77185 000072
78390

05/08/95

1130

859.60
88.00
380.00
45.00
320.00
26.60

859.60 PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-25-95

FERNANDEZ

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

of CORONA-FERNANDEZ, Mario A. PA1179020

In a Liner Funeral, date, time Wed 5/3: 11:00 A.M.

Church, Chapel, Graveside delivered only: Mayer Mortuary.

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

will be applied and billed to undersigned.

War time veteran

✓ Lot 37 Grave 10 Row 1 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 8

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 # 253450

Acct. # 000952

Work Order # E 12182

PY-593 (Rev. 8-92)

Kathryn
Howard

Paid in full
6-9-95

E12182

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) Alberto	1B. MIDDLE Mario	1C. LAST (FAMILY) Corona-Fernandez	2. DATE OF BIRTH MONTH DAY YEAR 08/27/1968	3. DATE OF DEATH MONTH DAY YEAR 12/26/1994	4. SEX M
5A. CITY OF DEATH Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator-K. Howard 5201-A Ruffin Rd. San Diego, CA 92123			
7. NAMED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA		7B. CALIF. LICENSE NUMBER IF APPLICABLE 1424	8A. SIGNATURE OF APPLICANT—Funeral Home, etc. <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 05/02/1995		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 05/02/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		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 Mt. Hope Cemetery, 3751 Market St. San Diego, CA	11B. DATE BURIED 5/3/95	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 IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT 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

F12182

GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER

P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

TREASURER'S USE ONLY

6-9-95

PAYMENT DATE

BY: CA ☒ IF

04-833699

386.00

PAYMENT REF NO

AMT PAID:

INVOICE DATE
05/03/95PAYMENT DUE
06/02/95PERIOD COVERED
APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12182

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

SERVICES FOR MARIO CORONA-
FERNANDEZ PA#1179020

LOT 37 GRAVE 10 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.

At-NEED

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4/25/95

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

of Sabina Porrata 5

in a Lines Funeral, date, time FRI - 4/15/95 @ 11AM

Church, Chapel, Graveside CHAPET GRAVESIDE - CABURIAL 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 Maria E Noroa

War time veteran no

Lot 182 Grave 4 Row - Section 1 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 MAY 19 1995

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1563.30

Paid receipt number VISA 391.00

Balance due 1172.30

I hereby certify I am the Daughter of the above named decedent

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

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

Signature of recorded holder of deed

X Maria E Noroa
Signature 817 E 4th St #901
Address National City Ca 91950
City 263-3210 Zip Code
Telephone

Work Order # E

PY-593 (Rev. 8-92)

12183

Invoice # 253507

Acct. # 085112

Paid in full

✓

MT. HOPE CEMETERY

W.O. # E-12183

NOTE

\$ 1172.30 San Diego, California May 1 1995
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 Twenty Two & 30/100 DOLLARS
with interest from June 5, 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 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 MARIA NOVOA SIGNATURE Maria E Novoa
ADDRESS 817 E TA St #901 National City CA 91950
CALIFORNIA DRIVER LICENSE NUMBER C0595262 SSN # 119-28-9721
(28)

marion L

Blank

683-5 DIV 8

E12183

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURERACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORMCUSTOMER ACCOUNT NO. 085112

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE

5-19-95

PAID BY (CIRCLE ONE):

CA

☒ CH

NF

PAYMENT REFERENCE NUMBER

1001

AMOUNT PAID

\$1173.30

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME

Maria Novoa

PAYOR NAME

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

REMARKS

CASHIER

INV. NO.

253507

E 12183

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) Gabina		1B. MIDDLE -	1C. LAST (FAMILY) Porrata		2. DATE OF BIRTH MONTH DAY YEAR 07/18/1913	3. DATE OF DEATH MONTH DAY YEAR 04/30/1995	4. SEX F
5A. PLACE 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 Maria Novoa—Daughter 817 Eta Street National City, CA 91950			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 05/03/1995	
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 \$7.00	9B. DATE PERMIT ISSUED 05/03/1995 Kyle Chase	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506024
	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"/> 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 Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 5/5/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - metal non seal	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 <i>[Signature]</i>
	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 <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 -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>	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.

253507 05/05/95 085112

MARIA NOVOA

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

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

05/19/95 CK 1001

1,172.30
375.00
190.00
45.00
245.00
145.00
13.30
159.00

1,172.30

0.00
PAID IN FULL

E-12183

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date April 25, 95

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

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 13 Grave 9 Row - Section 1 Division/Block 12

Grave space & Care Fund 995.00

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 995.00

Paid receipt number Rec 46159 274.00

Balance due \$ 721.00

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

X Arthur Howard
Signature
X 6104 New castle pl
Address
X San Diego CA 92114
City Zip Code
X (619) 266-4010
Telephone

Work Order # E
PY-593 (Rev. 8-92)

12184

Invoice # _____

Acct. # _____

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12784** Pre-need Lot

Howard, Arthur

6104 New Castle Place

San Diego, CA 92114

(13-9-1-12)

Month and Day Due Indicated Below

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

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



\$ 30.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12184 Pre-Need Lot

Howard, Arthur

6104 New Castle Place

San Diego, CA 92114

(13-9-1-12)

Month and Day Due Indicated Below

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

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



\$ 30.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12184 Pre-Need Lot

Howard, Arthur

6104 New Castle Place

San Diego, CA 92114

(13-9-1-12)

Month and Day Due Indicated Below

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

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

\$ 30.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ 30.00

NAME ARTHUR R HOWARD

ADDRESS 6104 NEWCASTLE PL.

CITY SAN DIEGO STATE CA ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12184**

Pre-need Lot

Howard, Arthur

6104 New Castle Place

San Diego, CA 92114

(13-9-1-12)

Month and Day Due Indicated Below

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

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



\$ **30.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

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

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12184 Pre-Need Lot**

Howard, Arthur

6104 New Castle Place


San Diego, CA 92114

(13-9-1-12)

Month and Day Due Indicated Below

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

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

 \$ **30.00**

Amount due if paid more than _____ days
after due date above.

 \$ _____

\$ _____

NAME **ART HOWARD** Amount Received \$ **30.00**

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. **E-12184**

Pre-used Lot

Howard, Arthur

6104 New Castle Place

San Diego, CA 92114

(13-9-1-12)

Month and Day Due Indicated Below

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

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



\$ **30.00**

Amount due if paid more than _____ days after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12184** Pre-Need Lot
Howard, Arthur
6104 New Castle Place
San Diego, CA 92114
(13-9-1-12)

Month and Day Due Indicated Below

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

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

 \$ **30.00**

Amount due if paid more than _____ days
after due date above.

 \$ _____

\$ _____

NAME **ART HOWARD** Amount Received \$ **30.00**
ADDRESS **6104 NEWCASTLE PL**
CITY **SAN DIEGO** STATE **CA** ZIP **92114**

☐ check (✓) if this is new address

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46576

Date: 9-5, 19 95
 From: Arthur Howard Address: 6104 New Belle Pl., SD 92114
Thirty & no/100 Dollars (\$ 30.00)

 In _____ Payment of pre-need lot

 Lot 13 Grave 9 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12184

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

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	30	00
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	30	00

ISSUED BY

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46.75

Date: 12/5, 1995

From: Arthur Howard Address: 6104 Newwood Pl San Diego, Ca 92114

Thirty 00/100 Dollars (\$ 30.00)

In part Payment of Pre Need Lot & Trust

Lot 13 Grave 9 Row Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 18184

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

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	30.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	30.00

ISSUED BY

Karyn Bork

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46780

Date: 11-6, 1995From: Arthur Howard Address: 6104 New Castle Pl. SD 92114Thirty & no/100 Dollars (\$ 30.00)In _____ Payment of Pre need lotLot 13 Grave 9 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12184

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

MO

83762262870

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY: J. Raush

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>30</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>30</u>	<u>00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46503

Date: 8-7, 1995From: Arthur Howard Address: 6104 New Bottle Pl. SD 92114Thirty & no/100Dollars (\$ 30.00)In part Payment of pre-need lotLot 13 Grave 9 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12184

BALANCE DUE _____

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

AC-212 (Rev. 5-84)

mo

83500278257

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

ISSUED BY

J. Ranch

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184	<u>30</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63003		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>30</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46335

Date: 7-3, 1995From: Arthur Howard Address: 4184 New Castle Pl., SD 92114Thirty & no/100 Dollars (\$ 30.00)In cash Payment of pre-need lotLot 13 Grave 9 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12184BALANCE DUE 631.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AG-212 (Rev. 5-94)

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>30</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>30</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46327

Date: June 9, 1995
 From: Arthur Howard Address: 6104 New Castle Rd S.D. 92114
Shurty & Inc Dollars (\$ 30.00)

 In _____ Payment of Pre-Need Lot

 Lot 13 Grave 9 Row _____ Section 1 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12184BALANCE DUE \$661.00Pre-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	100	<u>30</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>30</u>	<u>00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46159

Date: April 25, 1995From: Charles Howard Address: 6104 New Castle Pl. S.D. 92114Two Hundred & 74/100 Dollars (\$ 274.00)In _____ Payment of Pre-Need LotLot 13 Grave 9 Row - Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12184BALANCE DUE \$ 721.00Pre-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

Jim Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>274.</u>	<u>00</u>
Opening/Closing	77184		
Burial	100		
Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	63033		
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID	\$	<u>274.</u>	<u>00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46183

Date: May 4, 19 95From: Arthur Howard Address: 6104 New Castle Pl. S.D. 92114Thirty & 00/100 Dollars (\$ 30.00)In _____ Payment of Pre-Need LotLot 13 Grave 9 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12184BALANCE DUE \$691.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AO-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	<u>30</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		
	80101		
	78390		
TOTAL PAID	\$	<u>30</u>	<u>00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46649

Date: 10-3, 1995From: Arthur Howard Address: 6104 New Castle Pl., S.D. 92114
Thirty & no/100 Dollars (\$) 30.00
In part Payment of pre-need lot
 Lot 13 Grave 9 Row 2 Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12184BALANCE DUE 1541.00Pre-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.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>30.00</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>30.00</u>

E-12184



NAME Howard, Arthur

ACCT.NO.

ADDRESS 6104 New Castle Pl. S.D. 92114

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
4-25-95	Opened Pre-Need Lot				
	Lot: 13-9-1-12	995.00			995.00
4-25-95	Downpayment Rec# 46159			274.00	721.00
5/4/95	Coupon 1 Rec# 46183			30.00	691.00
6/9/95	Coupon #2 Rec# 46327			30.00	661.00
7/3-95	NO CPN - R-46385			30.00	631.00
8/7-95	CPN #4 R-46503			30.00	601.00
9/5-95	CPN #5 R-46576			30.00	571.00
10/3-95	CPN 6 R-46649			30.00	541.00
11/6-95	CPN 7 R-46780			30.00	511.00
12/8-95	CPN 8 R-46875			30.00	481.00

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and ForfeitureTo Arthur HowardAddress 6104 New Castle Pl. San Diego, 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 13, Grave 9, Row , Section 1, ~~Block~~/Division 12 in Mt. Hope Cemetery, entered into on April 25, 1996, by and between Mt. Hope Cemetery and Arthur Howard 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 28 day of August, 1996.CITY OF SAN DIEGO
Mt. Hope CemeteryBy: Catina Turgeon
Clerical Assistant II

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 25 day of April, 19 95, between ARTHUR HOWARD, 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 13, Grave 9, Row -, Section 1, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of \$ 995.00, payable as follows: \$ 274.00 cash herewith, the receipt of which is hereby acknowledged; \$ 30.00 on the 10th day of May, 19 95; and the balance in installments of \$ 30.00 or more, payable at the office of Mt. Hope Cemetery, on the 10th 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

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.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

WITNESS our hands this day and year above written.

Deed to be issued to:

\$ 995.00
\$ 274.00 downpayment
\$ 721.00 balance
23 payments @ \$30.00
24th (last) payment
@ \$31.00

X Arthur Wendell Howard

Name

X 6104 Newcastle Place

Address

X San Diego, Ca. 92114

PURCHASER

ARTHUR W HOWARD

Print Name

X Arthur Howard

Signature

6104 Newcastle Place

Street Address (Mail)

San Diego, Ca. 92114

City

State

Zip Code

CITY OF SAN DIEGO

Mt. Hope Cemetery

By: M. Clark

SLW:st(62-1)
1-23-90

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-26-95

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

of HANIFEN MICHAEL 95-0634 PA#1178962

in a Linex Funeral, date, time Thurs 4/27 3:00 PM

Church, Chapel, 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 33 Grave 6 Row 1 Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 1165.00

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 0

Balance due

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

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

Signature of recording holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E 12185

PY-593 (Rev. 8-92)

Invoice # 253089

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER

P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE

6-9-95

BY: CA



IF

PAYMENT REF NO

04-833699

AMT PAID:

386.00

INVOICE DATE
04/28/95

PAYMENT DUE
05/28/95

PERIOD COVERED
MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12185

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527-3400

DESCRIPTION OF CHARGES

AMOUNT

MICHAEL HANIFEN PA 1178962 SVC

LOT 33 GRAVE 6 SEC 1 DIV 12

OPENING/CLOSING

LINER

RECORDING FEE

126.00

165.00

50.00

45.00

TOTAL DUE

386.00

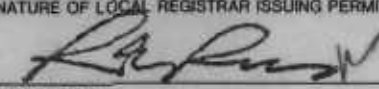
NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT
MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO
AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE
SUBJECT TO A COLLECTION FEE OF 10% OR \$10,
WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

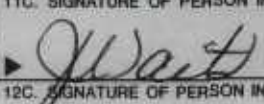
E 12185

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Michael	1B. MIDDLE D	1C. LAST (FAMILY) Hanifen	2. DATE OF BIRTH MONTH DAY YEAR 08/26/1957	3. DATE DATE OF DEATH MONTH DAY YEAR 03/31/1995	4. SEX M
5A. CITY OF DEATH Oceanside		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT San Diego County Medical Examiner 5555 Overland Avenue San Diego, California 92123		
7A. *TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-941	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED Karen Warrant 04/27/1995		
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 \$7.00	9B. DATE PERMIT ISSUED 04/27/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— CO. OF SAN DIEGO 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		

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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4/27/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL 
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A wood	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED RE- MAINS 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

Container size:

City of San Diego

~~14" square~~ 21.5" long
11.5" wide
7.25 deep

Date 4-26-95

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

of Jane/John Doe 94-1040; PA#1178407

In a NONE Vault/Liner Funeral, date, time Thurs 4/27/95 11:00 AM

Church, Chapel, Graveside Conrad Mortuary 11/85

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 5 Grave 7L Row Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 165.00

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 336.00

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

12186

Invoice # 253127

Acct. # 000952

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) John/Jane		1B. MIDDLE 		1C. LAST (FAMILY) Doe		2. DATE OF BIRTH MONTH DAY YEAR Unknown		3. DATE OF DEATH MONTH DAY YEAR 08/05/1994		4. SEX Unk.			
5. 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 San Diego County Medical Examiner 5555 Overland Avenue San Diego, California 92123									
7. PRINTED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-941		8A. SIGNATURE OF APPLICANT—Person taking permit Karen Warrant						8B. DATE SIGNED 09/27/1995	
ACKNOWLEDGEMENT 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 7106 of the Health and Safety Code.											
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 \$7.00		9B. DATE PERMIT ISSUED 04/27/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]					
AUTHORIZATION OF LOCAL REGISTRAR		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— CO. OF SAN DIEGO 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									
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.													
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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102		11B. DATE BURIED 5/1/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]						
	CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A		12B. DATE CREMATED wood-cloth covered		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]						
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]						
	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 [Signature]						
	DISPOSITION AT SEA OR POSITION 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 [Signature]		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE				

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



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER

P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT
00095

TREASURERS USE ONLY

PAYMENT DATE

6-9-95

BY: CA ☒ IF

PAYMENT REF NO

04-833644

AMT PAID:

336.00

INVOICE DATE
05/01/95

PAYMENT DUE
05/31/95

PERIOD COVER
APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT

JOANN WAITS

REF NO: E-12186

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 34

DESCRIPTION OF CHARGES

AMOUNT

JOHN/JANE DOE ME 94-1040
PA 1178407

LOT 5 GRAVE 7L SEC 1 DIV 12

126.00

OPENING/CLOSING

165.00

RECORDING FEE

45.00

TOTAL DUE

336.00

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/26/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Matthew Albert Chope 10:30 PM

in a liner Funeral, date, time Fri 4/28/95 @ 4:30 PM

Church Chapel, Graveside Chapel & graveside (Charmont) 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 Stephen P. Chope

War time veteran yes

Lot 80 Grave 3 Row - Section 3 Division/Side 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 45.00

Recording and filing fee 13.30

Sales taxes 1563.30

Total Due 1563.30

Paid receipt number VISA 781.65

Balance due 781.65

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

X Stephen P. Chope
Signature
26839 Dixboro Rd.
Address
South Lyon MI 48178
City
619 578 1452
Telephone

Invoice # 253124

Acct. # 085051

Work Order # E 12187

MT. HOPE CEMETERY

W.O. # E-12187

NOTE

\$ 781.65 San Diego, California April 26 1995

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 Eighty One & 65/100 DOLLARS with interest from May 28, 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 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

Nenita B. Chope

SIGNATURE

X Nenita B. Chope

ADDRESS

8008 Peach Point Ave San Diego, CA 92126

CALIFORNIA DRIVER LICENSE NUMBER

N 21, 252, 809

SSN #

550-33-7702

Military ID

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) MATTHEW		1B. MIDDLE ALBERT	1C. LAST (FAMILY) CHOPE	2. DATE OF BIRTH MONTH DAY, YEAR 03/05/1948	3. DATE OF DEATH MONTH DAY, YEAR 04/21/1995	4. SEX M
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 NANCY CHOPE: DAUGHTER 10730 CAMINITO ALVAREZ SAN DIEGO, CA 92126		
7. NAMED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIREMONT MORTUARY: 4256 MT. ABERNATHY AVE., SAN DIEGO, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1126		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	
					8B. DATE SIGNED 04/26/1995	

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 7.00	9B. DATE PERMIT ISSUED 04/27/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Victoria Meza 9505775
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 P.O. BOX 85222 SAN DIEGO, CA 92186-5222		
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 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: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/28/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <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	13B. DATE RECEIVED	13C. SIGNATURE OF 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.

253124 05/01/95 085051 NENITA B CHOPE
100 072
100 072
100 072
E-12187

05/03/95 CK 54561
77181 000072
77182 000072
77183 000072

781.65
375.00
190.00
45.00

781.65 0.00
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-26-95

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

in a Liner Funeral, date, time FRI 4/28 10AM

Church, Chapel, Graveside Graveside only: Guadalupe Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
OR BEFORE 10:30
will be applied and billed to undersigned. + Estela Mejia

War time veteran NO

Lot 102 Grave 12 Row 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 13.30

Recording and filing fee 1563.30

Sales taxes 410.00

Guadalupe (Roni) Total Due 1563.30
Will bring checks for Paid receipt number Rec# 4611a5 410.00
8410.00 Balance due 153.30

I hereby certify I am the + Sister 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

+ Estela Mejia
Signature 12425 oak Knoll Rd
Address PO Box 9204
City 486-6904
Telephone 253123

Work Order # E
PY-593 (Rev. 8-92)

12188

Invoice # 085052

E12189

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) SERGIO	1B. MIDDLE -	1C. LAST (FAMILY) CALVARIO	2. DATE OF BIRTH MONTH DAY YEAR 11/24/1961	3. DATE OF DEATH MONTH DAY YEAR 04/24/1995	4. SEX M
5A. CITY OF DEATH Coeur d' Alene		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE Kootenai		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Antonia Avalos Sanabria—Mother 4160 Willamette Ave San Diego, Ca, 92117	
7. PRINTED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVE, SAN DIEGO, CA, 92102			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-14285		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 04/28/1995		

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 \$7.00	9B. DATE PERMIT ISSUED 04/28/1996	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505822
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA ---	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA VITAL RECORDS, P.O. BOX 852222 SAN DIEGO, CALIFORNIA, 92108-5222		

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 MOUNT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA, 92102	11B. DATE BURIED 4/28/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cloth - Non Sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER 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

49876


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

MOUNT HOPE CEMETERY

527-3400

Date: 4/1/98, 1998From: Victoria Larios Address: 4160 Willamette San Diego CA 92117One hundred twenty five ⁰⁰/₁₀₀ Dollars (\$ 125.00)In Full Payment of Settling Fee for marker for Sergio LariosLot 102 Grave 12 Row _____ Section 3 Division Block 14

Invoice No. _____

Acct. No. _____

W.O. E 12188

BALANCE DUE _____

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

CREDIT	57007	
20% Sales Care	77184	
50% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	<u>125</u>
Pre-Need	85033	<u>00</u>
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>125 00</u>

ISSUED BY Yanga Balle

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46165

Date: April 28, 1995
 From: Guadalupe and Address: 2601 Imperial Ave S.D. 92102
Four Hundred Ten Dollars & 00/100 Dollars (\$ 410.00)

 In _____ Payment of Interment of Sergio Calvario

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

Invoice No. _____

Acct. No. _____

W.O. E-12188BALANCE DUE \$ 1153.30Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

4392

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

ISSUED BY

M. Clark

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>410.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>410.00</u>

MT. HOPE CEMETERY

W.O. # E-12188

NOTE

\$ 1153.30 San Diego, California April 28 1995

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 fifty three and 39/100 DOLLARS with interest from May 28, 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 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 Antonia Avalos SIGNATURE Antonia Avalos
ADDRESS 4160 Wilmette Ave San Diego CA 92117
CALIFORNIA DRIVER LICENSE NUMBER A3357466 SSN # 606-12-6174
(CA. I.D. ↑)

253123 05/01/95 085052 ANTONIA AVALOS

E-12188

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

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

05/19/95 CK 219968622

1,153.10
374.93
189.97
44.99
225.96
144.97
13.30
158.98

1,153.30

0.20
PARTIAL PAYMENT

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4/26/95

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

In a Liner Funeral, date, time TUE 5/2 11AM
Church, Chapel, Graveside Church & GS : CA Burial 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. X July L. Smith

War time veteran NO

✓ Lot 39 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 galvanized 23.70 ✓

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1587.00

Paid receipt number Per # 46163 1397.00

\$1587.00
Balance due 190.00

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

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

Signature of recorded holder of deed

X July L. Smith
Signature
X July L. Smith
Address
5065 ST. RITA PL. S.D. CA
City
266-2826
Telephone
92113
Zip Code

Work Order # E

PY-593 (Rev. 8-92)

✓
12189

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY

W.O. # E-12189

NOTE

\$ 1190.00 San Diego, California April 26 1995

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 ninety & no/100 DOLLARS with interest from 2 June 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 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 Tracy R. Smith SIGNATURE X TRACY Smith

ADDRESS X 5069 ST. RITA PL. S.D. CA 92113

CALIFORNIA DRIVER LICENSE NUMBER X CA N450452 SSN # X 511-02-6768

E12189

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) Tammie	1B. MIDDLE e Rochalle	1C. LAST (FAMILY) Harris	2. DATE OF BIRTH MONTH DAY YEAR 01/24/1959	3. DATE OF DEATH MONTH DAY YEAR 04/25/1995	4. SEX F
5A. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Tracy Smith - Sister 5069 St. Rita Place San Diego, CA 92113			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER—IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Heather 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. **04/27/1995**

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 \$7.00	9B. DATE PERMIT ISSUED 05/01/1995 <i>Heather Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505890
	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:

<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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 5/2/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. Wait</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <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 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 2 IS RETAINED BY 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

MOUNT HOPE CEMETERY

527-3400

46163

Date: April 27, 19 95From: Lacy R Smith Address: P.O. Box 740310 S.D. CA 92174Fifteen Hundred Eighty Seven & 00/100 Dollars (\$ 1587.00)In _____ Payment of Interment of Lammie Harris &
one galvanized flower can.Lot 39 Grave 2 Row — Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12189BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

1921

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

ISSUED BY

m clark

CREDIT	67007	<u>157</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>636</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>375</u>	<u>00</u>
Closing	77181		
Burial	100	<u>200</u>	<u>00</u>
Containers	77182		
	100	<u>158</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>14</u>	<u>00</u>
	78390		
TOTAL PAID	\$	<u>1587</u>	<u>00</u>

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 4/26/95

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

of Willie L. Thompson (F)

in a dd. Chapel liner Funeral, date, time Mon. May 1 @ 1pm

Church, Chapel, Graveside Church : Ragdale Mortuary.

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

will be applied and billed to undersigned. X Charlene Baker

War time veteran X

Lot 105 Grave 12 Row - Section el Division/Block 12

Cave space & Care Fund Pr. m. E-700 0

Additional spaces and care fund paid m 3/23/95 1

Opening/Closing & Setup 375.00

Burial Container 190.00 300.00

Handling Fees 145.00 320.00

Flower vases - Marker setting fee 1

Recording and filing fee 45.00

Sales taxes 13.30 26.60

Total Due 768.30 1146.00

Paid receipt number R-46168 6300.00

Balance due 4468.30

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

Address

X 5039 Lyon St

City

X L.A. 92102

Telephone

X 619-262-8841

Invoice #

253126

Acct. #

085059

Work Order # E

PY-593 (Rev. 8-92)

12190

8

MT. HOPE CEMETERY

W.O. # E-12190

NOTE

\$ 468.30
859.60 San Diego, California June 1 1995

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 fifty nine & ⁴⁹/₁₀₀ DOLLARS with interest from April 27, 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 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

Charlene Baker

SIGNATURE

Charlene Baker

ADDRESS

5039 Lyon St - San Diego Cal 92102

C

ER

60647083

SSN #

546-50-1712

468.30

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) Willie	1B. MIDDLE Louise	1C. LAST (FAMILY) Thompson	2. DATE OF BIRTH MONTH DAY YEAR 12/14/1918	3. DATE OF DEATH MONTH DAY YEAR 04/26/1995	4. SEX F
5. 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 Charlene Baker, Daughter 5039 Lion St. San Diego, CA 92102	
7. PERMITS NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>Diffie Walker</i>		
			8B. DATE SIGNED 04/28/1995		

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 \$7.00	9B. DATE PERMIT ISSUED 05/01/1995 <i>Sublman</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505893
AUTHORIZATION OF LOCAL REGISTRAR	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 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 5/1/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal non-sealer	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 N/A	13B. DATE RECEIVED	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 N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
	DISPOSING AT SEA OR DISPOSITION 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 <i>[Signature]</i>
			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

E12190

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112

Please Return YELLOW Copy with Your Payment

CHARLENE BAKER
5039 LYON ST
SAN DIEGO CA 92102
SAN DIEGO CA 92102

ACCT NO
085059

TREASURERS USE ONLY

PAYMENT DATE 5/23/95
BY: CA CK IF
Hand delivered
PAYMENT REF NO #2712

CASH 200.00
C.R. 2108.30
AMT PAID: \$ 4108.30

INVOICE DATE 05/01/95 PAYMENT DUE 05/31/95 PERIOD COVERED APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-12190
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES AMOUNT

WILLIE L THOMPSON SERVICE	PAID MAY 23 1995 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF	375.00
OPENING/CLOSING		190.00
LINER		145.00
HANDLING FEE		13.30
TAX ON LINER		45.00
RECORDING FEE		300.00-
LESS PAYMENT ON R-46100		

TOTAL DUE 468.30

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

TINV NO. 253126

OFFICIAL RECEIPT



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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46168

Date: 5-1, 1995From: Anderson - Ragsdale Address: 5050 Federal Bl., L.A. CA 92102
Three hundred & no/100 Dollars (\$ 300.00)
In cash Payment of interment of Mrs. Willie Thompson
 Lot 105 Grave 12 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12190BALANCE DUE \$468.30Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

6751

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

ISSUED BY

Rauch

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>300.00</u>
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>300.00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4/26/95

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

of Mario Corona-Fernandez, PA # 1179020

in a liner Funeral, date, time Fri 4/28/95 @ 1 PM

Church, Chapel, Graveside delivery only: Mayoral (Jim) 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 12191

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 4-27-95

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

of LONGFIELD, HATTY MAE 4/28 1PM

in a Liner Funeral, date, time FRI 4/28 3PM MEM

Church, Chapel, Graveside delivery only Mayer Mortuary.

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

will be applied and billed to undersigned.

War time veteran

✓ Lot 108 Grave 10 Row 3 Section 3 Division/Block 12

Grave space & Care Fund E-11337 8

Additional spaces and care fund

Opening/Closing & Setup E-11337

Burial Container E-11337

Handling Fees E-11337

Flower vases - Marker setting fee

Recording and filing fee E-11337

Sales taxes E-11337

Mark Hostetter Total Due 8

694-2953 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

12192

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) Hattie	1B. MIDDLE May	1C. LAST (FAMILY) Longfield	2. DATE OF BIRTH MONTH DAY YEAR 02/24/1908	3. DATE OF DEATH MONTH DAY YEAR 04/22/1995	4. SEX F
5. CITY OF DEATH San Diego		5B. COUNTY OF DEATH—OUTSIDE CALIF. STATE San Diego		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator-M. Hostetter	
7A. PRINTED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA			7B. CALIF. LICENSE NUMBER IF APPLICABLE 1424		
			8A. SIGNATURE OF APPLICANT— <i>(Signature)</i>		8B. DATE SIGNED 04/27/1995

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10316 of the Health and Safety Code, and was authorized pursuant to Section 7300 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 04/27/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT James Hale
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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		
		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <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)
--	--	---

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery, 3751 Market St., San Diego, CA	11B. DATE BURIED 4/27/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>(Signature)</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY wood casket covered	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 4/28/95

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

of Margarita C. Lopez Wed 5/3

In a T.S. Vault Funeral, date, time Mon 5/1/95 @ 11

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 \$ 150.00

will be applied and billed to undersigned. X RMT C

War time veteran no

✓ Lot 1026 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 17.50

Total Due 1867.50

Paid receipt number PA VISA 467.00

Balance due 1400.50
Rec # 46169 1400.50

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 RMT C

350 BAY LEAF DR

Address CHULA VISTA CA 91912

City 422-6934 Zip Code

Telephone

Invoice #

Acct. #

Work Order # E 12193

MT. HOPE CEMETERY

W.O. # E-12193

NOTE

\$ 1400.50 San Diego, California April 28 19 95

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 fifty \$950 DOLLARS with interest from June 1, 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 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

ROBERT C. LOPEZ

SIGNATURE

Rob C Lopez

ADDRESS

350 BAY LEAF DR. CHULA VISTA CA 91910

CALIFORNIA DRIVER LICENSE NUMBER

E0009346 CA.

SSN #

548-86-4567

E12193

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) MARGARITA	1B. MIDDLE CASTAÑARES	1C. LAST (FAMILY) LOPEZ	2. DATE OF BIRTH MONTH, DAY, YEAR 02/22/1918	3. DATE OF DEATH MONTH, DAY, YEAR 04/27/1995	4. SEX F
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 Robert Lopez-Son 350 Bay Leaf Chula Vista, CA 91910	
7A. PRINTED 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 P-964		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 <i>[Signature]</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 \$7.00	9B. DATE PERMIT ISSUED 05/02/1995
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 5/3/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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

MOUNT HOPE CEMETERY

527-3400

46169

Date: May 1, 19 95
 From: Robert C Lopez Address: 350 Bay Leaf Dr. Chula Vista 91910
Fourteen Hundred Twenty four & 20/100 Dollars (\$ 1,424.20)

 In _____ Payment of Interment of Margarita Lopez &
galvanized flower can

 Lot 10210 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12193BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

594

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

ISSUED BY

m. black

CREDIT	67007	<u>199</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>329</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>375</u>	<u>00</u>
Closing	77181		
Burial	100	<u>260</u>	<u>00</u>
Containers	77182		
	100	<u>198</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>18</u>	<u>20</u>
	78390		
TOTAL PAID	\$	<u>1,424</u>	<u>20</u>

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 4-28-95

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

of JOHNSON, JR, GEORGE

In a Liner Funeral, date, time Wed 5/3 1:00

Church, Chapel, Graveside Chapel - Grandview Rosedale Mortuary.

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

will be applied and billed to undersigned. X Sharon Gannera

War time veteran NO

✓ Lot 125 Grave 10 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund -

Opening/Closing & Setup 375.00

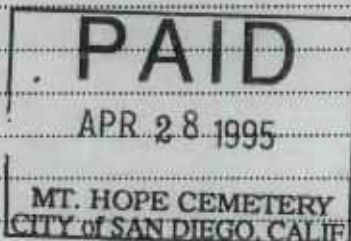
Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee -

Recording and filing fee 45.00

Sales taxes 13.30



Total Due 1563.30

Paid receipt number R-46166 1563.30

Balance due 0

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

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

Signature of recorded holder of deed

X Sharon Gannera
Signature
X 4128 1/2 52nd St.
Address
X San Diego Ca. 92105
City
X 281-7376
Telephone

Invoice # _____

Acct. # _____

Work Order # E
PY-593 (Rev. 8-92)

12194

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) George OF DEATH	1B. MIDDLE -	1C. LAST (FAMILY) Johnson, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 09/02/1946	3. DATE OF DEATH MONTH DAY YEAR 04/26/1995	4. SEX M
5A. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego			6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Sharon L. Johnson - Daughter 4128 1/2 52nd St. San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		

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

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 \$7.00	9B. DATE PERMIT ISSUED 05/01/1995 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9505924
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 <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 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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BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 5/3/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal non-sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46166

Date: 4-28, 1995From: Sharon Johnson Address: 4128 1/2 52nd St., SD 92105Fifteen hundred six, three & 30/100 Dollars (\$ 1563.30.)In Full Payment of Interment of George Johnson, Jr.Lot 125 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12194BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-04)

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184	159	00
80% Sales	100	636	00
of Lots	77184		
Opening/	100	375	00
Closing	77181		
Burial	100	190	00
Containers	77182		
	100	145	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	13	30
	78390		
TOTAL PAID	\$	1563	30

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 1, 1995

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

in a lines Funeral, date, time Thurs 5/4/95 @ 9:00

☒ Church ☐ Chapel ☐ Graveside Church/graveside CA Burial Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00
or after 10:30am James Odom

War time veteran ☐

Lot 255 Grave 3 Row Section 2 Division/Bless 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 45.00

Recording and filing fee 13.30

Sales taxes 1563.30

Total Due 400.00

Paid receipt number 46175

Balance due 1163.30

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

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

Signature of recorded holder of deed

James Odom

Address 4123 SYCAMORE Dr.

SAN DIEGO, CA. 92105

City 280-1581 Zip Code

Telephone

Invoice # 253471

Acct. # 085097

Work Order # E 12195

NOTE

\$ 1163.30 San Diego, California May 4 19 95

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 Three & 30/100 DOLLARS with interest from June 4, 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 JAMES ODOM SIGNATURE James Odom

ADDRESS 4123 SYCAMORE Dr. SD CA 92105

CALIFORNIA DRIVER LICENSE NUMBER C2024711 SSN # 547-98-558



CITY OF SAN DIEGO
CALIFORNIA

OFFICIAL RECEIPT

DEPARTMENT/DIVISION NAME

Treas Call

DATE

7-27-95

AMOUNT:

One thousand two hundred ninety-six 08/100 DOLLARS CENTS

\$1296.08

RECEIVED FROM:

ADDRESS:

James Edom

IN PAYMENT OF:

Id # 823161



CHECK



CASH

RECEIVED BY:

[Signature]
FOR ABOVE NAMED DEPARTMENT

DEPARTMENT

ORGANIZATION

ACCOUNT

JOB ORDER

FACILITY

AMOUNT

DISTRIBUTION:

WHITE - CUSTOMER
PINK - TREASURER
YELLOW - RETAIN
GREEN - AUDITOR

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46175

Date: 5-3, 1995From: James Odum Address: 4123 SYCAMORE DR. S.D. CA 92105four hundred Dollars (\$ 400.00)In part Payment of interment of Crystal OdumLot 255 Grave 3 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 12195BALANCE DUE 1163.30Pre-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 Balotsky

CREDIT	67007		
20% Sales Care	77184		
60% Sales	100	<u>200</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>400</u>	<u>00</u>

E12195

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) Crystal	1B. MIDDLE Nicole	1C. LAST (FAMILY) Odom	2. DATE OF BIRTH MONTH DAY YEAR 11/15/1976	3. DATE OF DEATH MONTH DAY YEAR 04/29/1995	4. SEX F
5A. COUNTY 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 James Odom—Father 4123 Sycamore Drive San Diego, CA 92105		
7A. PRINTED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1357	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 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code		8B. DATE SIGNED 05/02/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 05/03/1995 Kyle Chase	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506008
	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"/> 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 Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 5/4/95	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 SUFFI- CIENT 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 RE- MAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

PRE-NEED

Date 5-1-95

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

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 69 Grave _____ Row _____ Section 1 Division/BW 8

Grave space & Care Fund E-1621 _____ 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 _____ 13.30

Total Due _____ \$768.30

Paid receipt number R-46202 768.30

Balance due 0

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

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

Signature of recorded holder of deed _____

X Shane Susan Ford
Signature
X 4181 Lois Street
Address
X La Mesa, CA 91941
City Zip Code
X 619-299-4770 - H - 463-2912
Telephone

Work Order # E 12196

PY-593 (Rev. 8-92)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46202

Date: 5/8, 1995

From: Ilene S. Ford Address: 4181 Lois St., La Mesa CA 91941

Seven hundred sixty-eight & 30/100 Dollars (\$ 768.30)

In Full Payment of Pre-Need Trust portion for MILDRED NOYES

Lot 69 Grave Row Section 1 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-12196

BALANCE DUE -0-

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	768	30
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	768	30

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

9751

ISSUED BY

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-2-95

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

of Miller, Patricia Lake PA 1179039

in a Liner Funeral, date, time _____

Church, Chapel, Graveside Delivery only: Mayer Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

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

Grave space & Care Fund _____ 126.00

Additional spaces and care fund _____ -

Opening/Closing & Setup _____ 165.00

Burial Container _____ 50.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due 386.00

Paid receipt number _____

Balance due _____

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

12197

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

5-12-95
Date 5-3-95

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

of CASTEEL, WAYNE P.A. 11787331:30PM

In a Funeral Funeral, date, time TUE 5/16 10:30
John

Church, Chapel, Graveside delivery only: Mayez 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 1 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 0

Balance due

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

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

Signature of recorded holder of deed

Signature

Address

City

Zip Code

Telephone

Work Order # E

12198

PY-593 (Rev. 8-92)

Invoice # 254035

Acct. # 000952

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) Wayne	1B. MIDDLE Edgar	1C. LAST (FAMILY) Casteel	2. DATE OF BIRTH MONTH DAY YEAR 12/15/1931	3. DATE OF DEATH MONTH DAY YEAR 05/14/1995	4. SEX M
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 Public Administrator - L. Jamme 5201-A Ruffin RD. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Av. San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1424	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 05/15/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 05/15/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		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 Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5/16/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY wood	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 <i>[Signature]</i>
	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 <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT 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 RE- MAINS 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

E 12198

GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER

P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

6-9-95

BY: CA ☒ IF

PAYMENT REF NO

04-833699

AMT PAID:

386.00

INVOICE DATE

05/23/95

PAYMENT DUE

06/22/95

PERIOD COVERED

APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOHANN WAITS

REF NO: E-12198

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

WAYNE CASTEEL PA #1178733 SVCS

LOT 81 GRAVE 6 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

AC 22 (Rev. 12/92) ABOVE White - Customer Copy • Yellow - Remittance Copy NO. 254035

254035 05/23/95 000952 COUNTY OF SAN DIEGO

E 12198

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184 000072

06/09/95 CK 04-833699

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 May 3, 1995

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

in a liner Funeral, date, time MON 5/8/95 10:30
Church, Chapel, Graveside, chapel & graveside : Paris-Fredrick 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 Mary Braidot

War time veteran _____

☒ Lot 79 Grave 5 Row _____ Section 3 Division/Block 12

Grave space & Care Fund PAID - Plot E-11462 Bal: 320.00

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 13.30

Total Due 1088.30

Paid receipt number REC # 46192 272.00

Aux Inv. Balance due 816.30

I hereby certify I am the X Mary Braidot of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability 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 Braidot
Signature
2152 1/2 Bacon St
Address
San Diego CA 92107
City
(619) 224-5419 Zip Code
Telephone

Work Order # E

12199

Invoice # 253573

Acct. # 085129

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE NEED LOT

COUPON

1

Robert Culver

E-11462

435 E. Renette Ave.

E 12199

El Cajon, Ca. 92020

Month and Day Due Indicated Below

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

AMOUNT

DUE

\$ 25.00

\$

☐ Check (✓) if you have a new address and please attach.

TOTAL

RECEIVED

\$ 25.00

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE NEED LOT**

COUPON

4

Robert Culver

E-11462

435 E. Renette Ave.

El Cajon, Ca. 92020

Month and Day Due Indicated Below

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

**AMOUNT
DUE**

\$ 25.00

\$

☐ Check (✓) if you have a new address and please attach

**TOTAL
RECEIVED**

\$ 25.00

coupon with each remittance

DO NOT MAIL ENTIRE BOOK

PRE NEED LOT

COUPON

5

Robert Culver

E-11462

435 E. Renette Ave.

E12199

El Cajon, Ca. 92020

Month and Day Due Indicated Below

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

AMOUNT
DUE

\$ 25.00

\$

☐ Check (✓) if you have a new address and please attach.

TOTAL

RECEIVED

\$ 25.00

Send or bring one coupon with each remittance.

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE NEED LOT**

COUPON

6

Robert Culver

E-11462

435 E. Renette Ave.

E12199

El Cajon, Ca. 92020

Month and Day Due Indicated Below

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

**AMOUNT
DUE**

\$ 25.00

\$

☐ Check (✓) if you have a new address and please attach.

**TOTAL
RECEIVED \$**

Send or bring one coupon with each remittance DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE NEWS LOT** **COUPON** **7**

Robert Culver E-11462

435 E. Renette Ave.

El Cajon, Ca. 92020

E12199

Month and Day Due Indicated Below

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

AMOUNT
DUE

\$ 25.00

\$ 25.00

☐ Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$

25.00

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE NEED LOT

COUPON

9

Robert Culver E-11462

435 E. Renette Ave.

El Cajon, Ca. 92020

12/19/81

Month and Day Due Indicated Below

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

AMOUNT
DUE

\$ 25.00

☐ Check (✓) if you have a new address and please attach.

TOTAL
RECEIVED \$

Send or bring one coupon with each remittance. DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PNE NEED NOT COUPON 10**

Robert Culver E-11462

435 ~~St.~~ Renette Ave.

El Cajon, Ca. 92020 E12199

Month and Day Due Indicated Below

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

**AMOUNT
DUE**

\$ 25.00

\$

☐ Check (✓) if you have a new address and please attach.

**TOTAL
RECEIVED \$**

25 00

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **PRE NEED LOT**

COUPON

11

Robert Culver

E-11462

435 E. Renette Ave.

El Cajon, Ca. 92020

11/2/99

Month and Day Due Indicated Below

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

**AMOUNT
DUE**

\$ 25.00

\$

☐ Check (✓) if you have a new address and please attach.

**TOTAL
RECEIVED \$**

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pro Head Int E-11604*

Elizabeth & David King E-1177

3356 Steel St.

San Diego, Ca. 92113

(5038 - 10)

Month and Day Due Indicated Below

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

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

14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. *Pen Need Inc E-11604*

Elmhurst & David King E 12197

3356 Steel St.

San Diego, Ca. 92113

(5038 - 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.



\$ *31.00*

Amount due if paid more than _____ days
after due date above.



\$ *12*

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (☒) if this is new address

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) ROBERT		1B. MIDDLE G.	1C. LAST (FAMILY) CULVER		2. DATE OF BIRTH MONTH DAY YEAR 09/14/1925	3. DATE OF DEATH MONTH DAY YEAR 05/01/1995	4. SEX M
5A. CITY OF DEATH CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARY BRAIDOT - DAUGHTER 2152 1/2 BACON STREET SAN DIEGO, CA 92107			
7A. FULL NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PARIS-FREDERICK MORTUARY 374 N. MAGNOLIA AVE., EL CAJON, CA 92020		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-795		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Sandra Heath</i>		8B. DATE SIGNED 05/04/1995	
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 05/04/1995 SANDRA HEATH		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506114	
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 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 3751 MARKET STREET SAN DIEGO, CA 92102		11B. DATE BURIED 5/8/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>Metal Center</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

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

MT. HOPE CEMETERY

W.O. # E-12199

NOTE

\$ 816.30 San Diego, California May 5 19 95

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 Sixteen & 30/100 DOLLARS with interest from June 8, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME MARY BRAIDOT SIGNATURE Mary Braidot
ADDRESS 2152 1/2 BACON ST SAN DIEGO, CA 92107
CALIFORNIA DRIVER LICENSE NUMBER N3329721 SSN # 566-17-4367

E-12109
E-11462

NAME Culver, Robert

ACCT. NO.

ADDRESS 435 E. Renette Ave., El Cajon 92020

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
4-15-94	Opened Pre-need Lot.				
	Lot 79; Grave 5; Section <u>3</u> ; Division 12	\$795.00			\$795.00
4-15-94	Receipt #44862			\$ 200.00	595.00
	20% = \$159				
6-27-94	Coupon 1, Rec # 45169			25.00	570.00
7-26 94	Coupon 2; Rec # 45210			25.00	545.00
8-10 94	Coupon 3; Rec # 45346			25.00	520.00
9-6 94	Coupon #4, R. # 45405			25.00	495.00
10/4 94	Coupon 5 R # 45528			25.00	470.00
11/9 94	Coupon 6 R # 45645			25.00	445.00
12/7 94	Coupon 7 R # 45725			25.00	420.00
1-11-95	" 8 R # 45814			25.00	395.00
2-9-95	" 9 " 45914			25.00	370.00
3-16-95	Coupon 10 Rec # 46031			25.00	345.00
4-6 95	Coupon 11 R-46100			25.00	320.00

AUXILIARY INVOICE - PAYMENT FORM

F12199

CUSTOMER ACCOUNT NO.

085129

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE

5/31/95

(mailed)

PAID BY (CIRCLE ONE):

CA

EK

NF

PAYMENT REFERENCE NUMBER

1563

AMOUNT PAID

816.30

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME

Mary Braidot

PAYOR NAME

Same

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

2152 1/2 Bacon St.

San Diego, CA 92107

REMARKS

Michelle L. Clark

CASHIER

INV. NO.

253573

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45916

Date: 02/10, 19 95From: Elizabeth & David King Address: 3351a Steele St. S.D. 92113Sixty Two \$ 00/100 Dollars (\$ 62.00)In _____ Payment of Pre Paid LotLot 5038 Grave - Row - Section - Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-11604BALANCE DUE \$ 311.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

3303

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

ISSUED BY

M. Clark

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>62.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	

TOTAL PAID \$ 102.00

OFFICIAL RECEIPT


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

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

45169

E12199

 Date: 6-29, 19 74
 From: Robert Calver Address: 435 F. Linette Ave, El Cajon 92020
Twenty-five and 11/100 Dollars (\$ 25.00)
 In _____ Payment of Pre-Need Lot

 Lot 49 Grave 5 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-11462

BALANCE DUE _____

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE
Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒
82259495351
 AC-212 (Rev. 1-91)
1140 (T. J. ...)
ISSUED BY [Signature]

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	<u>25.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	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

MOUNT HOPE CEMETERY

527-3400

45405

E12199

Date: Sept 6, 19 94From: Robert C. Lee Address: 435 E. Pennington Ave. E1 Cor. 93020Twenty-five and 00/100 Dollars (\$ 25.00)In cash Payment of Balance dueLot 70 Grave 3 Row 3 Section 3 Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-11462BALANCE DUE 405.00NOT 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>25.00</u>
Burial Containers	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	63033	
	9022	
	80101	
	78390	

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

AC-212 (Rev. 5-94)

ISSUED BY [Signature]TOTAL PAID \$ 25.00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

45914

Date: 2-9, 1995From: Robt. CulverAddress: 435 E Rosette Ave, P.O. Box 90020
Twenty-five & 20/100 Dollars (\$ 25.00)
In part Payment of pre-need lot
 Lot 79 Grave 5 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-11462BALANCE DUE \$370.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

184

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

ISSUED BY

J. Ranch

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	25	00
of Lots	77184		
Opening/	100		
Closing	77184		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78399		
TOTAL PAID	\$	25	00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

 E 1219 9
 45528
Date: Oct 4, 19 61
 From: Robert Culver Address: 435 E. Pacific Ave. El Cajon 92020
Twenty-five and 00/100 Dollars (\$) 25.00
In Part Payment of Interment lot
 Lot 79 Grave 5 Row 5 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-1462BALANCE DUE 270.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-64)

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	<u>25.00</u>
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 \$ 25.00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E 12109
45645Date: 11-9, 1994From: Robert Culver Address: 435 E Renette Ave E Dg 9202In part Payment of Twenty five Dollars (\$ 25.00)for pre-need lot
Culver, RobertLot 79 Grave 5 Row 3 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 11462BALANCE DUE 245.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒ISSUED BY V. Delablan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>25</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

 E 12/19/99
 45725
Date: Dec 7, 1999From: ROBERT OLIVER Address: 435 E. RENETTE AVE. EL CAYON, CA 92020
Twenty-five \$ 00/100 Dollars (\$ 25.00)
In part Payment of Pre-need lot
 Lot 79 Grave 5 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-11462BALANCE DUE \$ 420.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>25.00</u>
Opening/Closing	77184	
Burial	100	
Containers	77182	
Handling Fee	100	
Recording & Misc. Fees	77185	
Pre-Need Trust	83033	
Sales Tax	9022	
	60101	
	78390	

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

AC-212 (Rev. 5-94)

152

ISSUED BY

Maria FreshTOTAL PAID \$ 25.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

 F 2189
 46031
Date: March 16, 1995From: Robert Culver Address: 435 E. Remette Ave. El Cajon 92020
County fee \$ 00/100 Dollars (\$ 25.00)
In _____ Payment of Pre-Need Lot
 Lot 79 Grave 5 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-11462BALANCE DUE \$ 345.00NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

ISSUED BY

M. Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>25</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
	8022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>25</u>	<u>00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

 E 12 199
 46100

Date: 4-6, 1995

 From: Robert G Culver Address: 435 E. Penette Ave., El Cajon, 92030
 Twenty-five & no/100 Dollars (\$ 25.00)

In Payment of pre-need lot

Lot 79 Grave 5 Row Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-11462

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

204

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

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	25.00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	25.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46192

Date: May 5, 19 95
 From: Mary L. Braidot Address: 2152.5 Bacon St. S.D. 92107
Two Hundred Twenty Two & 00/100 Dollars (\$ 272.00)

 In _____ Payment of Statement of Robert Braidot

 Lot 79 Grave 5 Row — Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12199BALANCE DUE \$ 816.30Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

#553

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	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>272</u>	<u>00</u>

253573 05/09/95 085129 MARY BRAIDOT

100 072
100 072
100 072
100 072
100 072
60101

77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390

05/31/95 CK 1563

816.30
375.00
190.00
45.00
48.00
145.00
13.30

816.30

0.00
PAID IN FULL

E-12199

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-4-95

20
chairs
PER FAMILY
REQUEST

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

In a Liner Funeral, date, time Sat 5-6: 10:00 AM

Church, Chapel, Graveside Chap + 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. Marvin Fisher

War time veteran NO

Lot 175 Grave _____ Row _____ Section 100F Division/Block 10

Grave space & Care Fund _____ A-2015 Q

Additional spaces and care fund _____

Opening/Closing & Setup _____ E-10907 Q

Burial Container _____ E-10907 Q

Handling Fees _____ E-10907 Q

Flower Vase _____ Saturday OT Fees 600.00

Recording and filling fee _____ E-10907 Q

Sales taxes _____ E-10907 Q

MAY - 4 1995

Total Due 600.00

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Paid receipt number R-H6185 600.00

Balance due Q

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

Work Order # E

PY-593 (Rev. 8-92)

Invoice # _____

Acct. # _____

12200

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46185

Date: 5-4, 1995From: Marsie Fisher Address: 3003 Luna Ave, #2 92117Six hundred & no/100 Dollars (\$ 600.00)In _____ Payment of OT fee (Sat) interment of Sarah JonesLot 175 Grave _____ Row _____ Section 100F Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12200BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AG-212 (Rev. 5-94)

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77181	
	100	
Handling Fee	77182	
Recording & Misc. Fees	100	
Pre-Need Trust	77185	
Sales Tax	100	
	63033	
	9022	
	80101	
	78390	
TOTAL PAID	\$	<u>600.00</u>

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) SARAH		1B. MIDDLE JEWEL		1C. LAST (FAMILY) JONES		2. DATE OF BIRTH MONTH DAY YEAR 09/19/1900		3. DATE OF DEATH MONTH DAY YEAR 05/04/1995		4. SEX F			
5. 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 MARVIN FISHER: SON-IN-LAW 3003 LINA AVENUE SAN DIEGO, CA 92117							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: 1-805 & IMPERIAL AVENUE, SAN DIEGO, CA						7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>				8B. DATE SIGNED 05/05/1995	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16376 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 05/05/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Victoria Meza</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 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"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA				11B. DATE BURIED 5/6/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Walt</i>					
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>Copier / 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>5</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				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER					
SCATTERING AT SEA OR DISPOSITION OTHER 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 May 4, 1995

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

in a liner Funeral, date, time Tues @ 11:30am 5/4/95

Church, Chapel Graveside Church & graveside CA Burial Mortuary.

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

will be applied and billed to undersigned. X Rhonda Thomas

War time veteran _____

✓ Lot 95 Grave 8 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 13.30

Total Due 1563.30

Paid receipt number Rec # 46184 100.00

Balance due 5163.30

I hereby certify I am the X daughters of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Rhonda Thomas
X 130 N. Benson St.
X SD HENSON 92114
X (619) 263-1828 26 Code 92114
Telephone

Work Order # E 12201

PY-593 (Rev. 8-92)

Invoice # 253632

Acct # 085141

MT. HOPE CEMETERY

W.O. # E-12201

NOTE

\$ 563.30 San Diego, California May 4 19 95

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Five Hundred Sixty Three & 34/100 DOLLARS with interest from June 9, 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 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 ~~Joseph~~ (Rhonda Thomas) SIGNATURE Rhonda Thomas *gt*

ADDRESS 130 N. Nason St. SD 92104

CALIFORNIA DRIVER LICENSE NUMBER C4283548 SSN # 554-08-7548

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46184

Date: May 4, 19 95From: Rhonda Thomas Address: 130 Henson St. S.D. CA 92104One Thousand dollars & 00/100 Dollars (\$ 1000.00)In _____ Payment of Interment of Mary BraunLot 95 Grave 8 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-12201BALANCE DUE \$563.30Pre-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	67007		
20% Sales Care	77184	<u>159</u>	<u>00</u>
80% Sales	100	<u>636</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>205</u>	<u>00</u>
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	8022		
Sales Tax	80101		
	78360		
TOTAL PAID	\$	<u>1000.</u>	<u>00</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-12201

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

1A. NAME OF DECEDENT—FIRST (GIVEN) Mary	1B. MIDDLE Pearline	1C. LAST (FAMILY) Brown	2. DATE OF BIRTH MONTH DAY YEAR 01/20/1940	3. DATE OF DEATH MONTH DAY YEAR 05/02/1995	4. SEX F
5A. PLACE 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 Rhonda Thomas-Daughter 130 Henson Street San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1357		8A. SIGNATURE OF APPLICANT—Person taking 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 10326 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED 05/05/1995			

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 \$7.00	9B. DATE PERMIT ISSUED 05/05/1995 Kyle Chase	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9500192
	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 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 Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 5/9/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>W. J. [Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - Metal - Sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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
CITY TREASURER

E-12201

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 085141

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 5-12-95

PAID BY (CIRCLE ONE):

GA
\$363.30

CH
\$1960

NP

PAYMENT REFERENCE NUMBER

AMOUNT PAID \$563.30

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME RHONDA THOMAS

\$200.00

\$363.30

PAYOR NAME WILLIE SHIPLEY & RHONDA THOMAS
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 130 Hemm St.

SD 92114

REMARKS

CASHIER

INV. NO.

253632

1960

90-4134
3222

May 07 1995

WILLIE C. SHIPLEY, JR.
P. O. BOX 152532 290-4807
SAN DIEGO, CA 92195

PAY TO THE MT. HOPE

\$ 200.00

00 00 DOLLARS

Two-hundred and 00 00

SAN DIEGO MUNICIPAL

CREDIT UNION

5555 Midland Street

P.O. Box 110086

San Diego, CA 92171-9086

MEMO

Will Shipley Jr.

1:322281549:00000081066422# 1960

E-12201

253632 05/10/95 085141 RHONDA THOMAS
E-12201
100 072
100 072
100 072
100 072
60101

77181 000072 05/12/95
77182 000072
77183 000072
77185 000072
78390

563.30
170.00
190.00
45.00
145.00
13.30

563.30 PAID IN FULL C.00

MT. HOPE-CEMETERY INTERMENT ORDER

City of San Diego

PRE-
NEED

Date 5-4-95

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

of CHURCH, Ahma + William

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 _____

Lot 118 Grave 5 Row - Section 1 Division/Block 11

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 - Monument Galvanized 23.70

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1687.00

Paid receipt number VISA 422.00

Balance due 1265.00

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 _____

John A. Church
Signature
6346 Caminito Basilio
Address
SAN Diego, CA 92111
City
619.565.4454
Telephone
Zip Code

Work Order # E 12202

Invoice # _____

Acct. # _____

$$\$52 \times 23 = 1196$$

#69 last

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12202 (Pre Need Lot &
Alma, Wm. Church Trust)

6346 Caminito Basilio

San Diego CA 92111

Lot 118 Gr.5 Sec.1, Div. 11

Month and Day Due Indicated Below

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

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



\$52.00

Amount due if paid more than _____ days
after due date above:



\$ _____

EXTRA PMT \$ 52
~~52~~

\$ 52.00

Amount Received

\$ 104.00

NAME _____

ADDRESS _____

CITY _____



ALMA CHURCH

6346 CAMINITO BASILIO
SAN DIEGO CA 92111-7209

☐ check (✓) if this is new address

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

2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12202 (Pre Need Lot &
Alma, Wm. Church Trust)

6346 Caminito Basilio

San Diego CA 92111

Lot 118 Gr.5 Sec.1, Div. 11

Month and Day Due Indicated Below

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

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



\$ 52.00

Amount due if paid more than _____ days
after due date above.



\$ _____

extra pmt

\$ 52. -

Amount Received

\$ 104. 00

NAME

ADDRESS

CITY



ALMA CHURCH
6346 CAMINITO BASILIO
SAN DIEGO CA 92111-7209

Send or bring one coupon with each remittance

COUPON

3

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12202 (Pre Need Lot & Alma, Wm. Church Trust)**

6346 Caminito Basilio

San Diego CA 92111

Lot 118 Gr.5 Sec.1, Div. 11

Month and Day Due Indicated Below

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

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



\$ **52.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

EXTRA Pmt

\$ **52.**

Amount Received

\$

104.00

NAME

A. K. CHURCH

ADDRESS

6346 CAMINITO BASILIO

CITY

SAN DIEGO CA 92111

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-12202 (Pre Need Lot & Alma, Wm. Church Trust)**

6346 Caminito Basilio

San Diego CA 92111

Lot 118 Gr.5 Sec.1, Div. 11

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.

\$ 52.00

Amount due if paid more than _____ days
after due date above.

\$ _____

extrapmt

\$ 52. -

Amount Received

\$ 104. -

NAME _____

ADDRESS _____

A. K. CHURCH

CITY _____

6346 CAMINITO BASILIO
☐ check ☒ if this is new address
SAN DIEGO, CA 92111

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

5

DO NOT MAIL ENTIRE BOOK

**ACCOUNT No. E-12202 (Pre Need Lot &
Alma, Wm. Church Trust)
6346 Caminito Basilio
San Diego CA 92111
Lot 118 Gr.5 Sec.1, Div. 11**

Month and Day Due Indicated Below

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

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



\$ **52.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12202 (Pre Need Lot & Alma, Wm. Church Trust)**

6346 Caminito Basilio

San Diego CA 92111

Lot 118 Gr.5 Sec.1, Div. 11

Month and Day Due Indicated Below

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

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



\$ **52.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

+ EXTRA PMT

\$ **52.00**

Amount Received

\$ **104.00**

NAME

A. K. CHURCH

ADDRESS

6346 CAMINITO BASILIO

CITY

SAN DIEGO CA 92111



check () ☐ I am changing my address

Send or bring one coupon with each remittance

COUPON

7

DO NOT MAIL ENTIRE BOOK

**ACCOUNT No. E-12202 (Pre Need Lot &
Alma, Wm. Church Trust)
6346 Caminito Basilio
San Diego CA 92111
Lot 118 Gr.5 Sec.1, Div. 11**

Month and Day Due Indicated Below

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

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



\$52.00

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. **E-1202 (Pre Need Lot & Alma, Wm. Church Trust)**

6346 Caminito Basilio

San Diego CA 92111

Lot 118 Gr.5 Sec.1, Div. 11

Month and Day Due Indicated Below

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

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

\$ 52.00

Amount due if paid more than _____ days
after due date above.

\$ _____

extra amt

\$ **52.-**

AKS
~~52.00~~ **104.00**

Amount Received

\$ **104.00**

NAME

A. K. CHURCH

ADDRESS

6346 CAMINITO BASILIO

CITY

SAN DIEGO, CA 92111

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

9

DO NOT MAIL ENTIRE BOOK

**ACCOUNT No. E-12202 (Pre Need Lot &
Alma, Wm. Church Trust)
6346 Caminito Basilio
San Diego CA 92111
Lot 118 Gr.5 Sec.1, Div. 11**

Month and Day Due Indicated Below

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

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

\$52.00

Amount due if paid more than _____ days
after due date above.

\$ _____

EXTRA Pmt

\$52.00

Amount Received

\$104.00

NAME

A. K. CHURCH

ADDRESS

6346 CAMINITO BASILIO

CITY

SAN DIEGO, CA 92111

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. **E-12202 (Pre Need Lot &**

Alma, Wm. Church Trust)

6346 Caminito Basilio

San Diego CA 92111

Lot 118 Gr.5 Sec.1, Div. 11

Month and Day Due Indicated Below

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

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

\$ 52.00

Amount due if paid more than _____ days
after due date above.

\$ _____

EXTRA PNT

\$ 52.00

Amount Received **\$ 104.00**

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. **E-12202 (Pre Head Lot &
Alma, Wm. Church Trust)**
6346 Caminito Basilio
San Diego CA 92111
Lot 118 Gr.5 Sec.1, Div. 11

Month and Day Due Indicated Below

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

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



\$ **52.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

EXTRA PMT

\$ **52.00**

Amount Received

\$ **104.00**

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. **E-12202 (Pre Need Lot & Alma, Wm. Church Trust)**

6346 Caminito Basilio

San Diego CA 92111

Lot 118 Gr.5 Sec.1, Div. 11

Month and Day Due Indicated Below

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

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

\$ **52.00**

Amount due if paid more than _____ days
after due date above.

\$ _____

extra payment

\$ **52.-**

Amount Received

\$ **104.-**

NAME

ADDRESS

A. K. CHURCH

CITY

6346 CAMINITO BASILIO

STATE

ZIP

SAN DIEGO, CA 92111

Address of card is new address

Send or bring one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12202 (Pro Need Lot &
Alma, Wm. Church Trust)**
6346 Caminito Basilio
San Diego CA 92111
Lot 118 Gr.5 Sec.1, Div. 11

Month and Day Due Indicated Below

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

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

\$ **52.00**

Amount due if paid more than _____ days
after due date above.

\$ _____

extra pmt.

\$ **69.00**

Amount Received

\$ **121.00**

NAME

A. K. CHURCH

ADDRESS

6346 CAMINITO BASILIO

CITY

SAN DIEGO

STATE

ZIP

CA 92111

☐ check (✓) if this is new address

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47252

Date: 4-4, 1996From: Alma Church Address: 6346 Caminito Basilio S.D. 92111One Hundred Four Dollars (\$ 104.00)In part Payment of Pre Need Lot & TrustLot 118 Grave 5 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-12202BALANCE DUE 121.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

11032

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

ISSUED BY

S. Shickler

CREDIT	67007	
20% Sales Care	77164	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77186	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>104 00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47140

Date: 3-5, 1996From: Alma Church Address: 6346 Caminito Basilio S.D. 92111One Hundred Four Dollars (\$ 104.00)In part Payment of Pre-Need Lot + TrustLot 118 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12202BALANCE DUE 225.00Pre-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	67007	
20% Sales Tax	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	104 00
Trust	9022	
Sales Tax	60101	
	78390	

ISSUED BY

D. Shickston

TOTAL PAID

\$

104 00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47051

From:

Alma Church

Address:

6346 Camenito Road, SD 92111

Date:

2/2 96

In

Payment of

pre-lot & trust

Dollars (\$

104.00

Lot

118

Grave

5

Row

Section

1

Division
Block

11

Invoice No.

Acct. No.

W.O.

E-12202

BALANCE DUE

329.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

ISSUED BY

J. Weisner

CREDIT

20% Sales Care 57007

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 80101

78390

TOTAL PAID

\$

104.00

104.00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46965

Date: 1/3, 1996From: Alma Church Address: 6346 Caminito Basilio, SD 92111One Hundred & Four Dollars (\$ 104.00)In Part Payment of Pre-Need Lot & TrustLot 118 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12202BALANCE DUE \$433.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

10977

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

ISSUED BY

J. Weisner

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77186	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	<u>104.00</u>
Sales Tax	60101	
	78380	
TOTAL PAID	\$	<u>104.00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46867

Date: 12/5, 1995From: Alma Church Address: 6346 Cammie Pl, San Diego, CA 92111In one hundred & four Dollars (\$ 104.00)In part Payment of Pre Need Lot 1 TrustLot 118 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 19204

BALANCE DUE _____

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

CREDIT	67007	
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	77185	
Sales Tax	100	
	63033	
	9022	
	60101	
	78390	
TOTAL PAID	\$	<u>104.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46776

Date: 11-6, 1995
 From: Alma Wm. Church Address: 6346 Camino to Basilio SD 92111
One hundred four & no/100 Dollars (\$ 104.00)

 In _____ Payment of Pre need lot & trust

 Lot 118 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12202

BALANCE DUE _____

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

AC-212 (Rev. 5-04)

10921

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

ISSUED BY

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	<u>104.00</u>
Sales Tax	80101	
	78380	
TOTAL PAID		<u>104.00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46671

Date: 10-6, 1995From: Alma Church Address: 6346 Boninito Basilis SD 92111One hundred four & no/100 Dollars (\$ 104.00)In part Payment of Pre-need lot & trustLot 118 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12202

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

10898

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	46 00
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	58 00
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	104 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46604

Date: 9-12, 1995From: Alma 15 Church Address: 6346 Caminito Basilio, SD 92111One hundred four & no/100 Dollars (\$ 104.00)In _____ Payment of Pre-need lot & trustLot 118 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12202

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

10878

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

ISSUED BY

CREDIT	67007	104	00
20% Sales Cars	77184		
80% Sales of Lots	77184		
Opening/Closing	77181		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	9022		
	80101		
	78390		
TOTAL PAID		104	00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46502

Date: 8-7, 1995From: Alma Church Address: 16346 Caminito Basilio, SD 92111One hundred four & no/100 Dollars (\$ 104.00)In part Payment of Pre-need trust & lotLot 118 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12202

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

10860

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

ISSUED BY

CREDIT	87007	
20% Sales Com	77184	18 00
80% Sales	100	
of Lots	77184	86 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	104 00

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CASH..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46403

Date: 7-7, 1995

From: Alma Church Address: 6346 Camino Basilio, S.D. 92111

One hundred four 00 Dollars (\$ 104.00)

In: Payment of Pre-need Lot & Trust

Lot 118 Grave 5 Row Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12802

BALANCE DUE _____

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

AC-212 (Rev. 5-84)

10841

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

ISSUED BY

Carolyn

CREDIT	67007		
20% Sales Tax	77184	104	00
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		
	77185		
	100		
	77183		
	63033		
	9022		
	60101		
	78390		
TOTAL PAID	\$	104	00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46326

Date: June 8, 19 95From: Alma & William Chack Address: 6346 Caminito Basilio S.D. 92111One Hundred four dollars & 00/100 Dollars (\$ 104.00)In _____ Payment of Pre-Paid Lot & Trust; o/c; fees;
Handling fee, Recording fee, tax on liner.Lot 118 Grave 5 Row _____ Section 1 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-12203BALANCE DUE 1164.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

#10820

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	100	<u>104</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78360		
TOTAL PAID	\$	<u>104</u>	<u>00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47375

Date: 5-8, 1996From: Alma Church Address: 6346 Caminito Basilio SD 92111One Hundred Twenty One Dollars (\$ 121.00)In full Payment of Pre-Need Lot & TrustLot 118 Grave 5 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12202BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

11062

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

ISSUED BY

S. Huchette

CREDIT	87007		
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	89033	121	00
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID		121	00

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date May 4, 1995

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

of Miriam Starovic

in a dbl crypt Funeral, date, time WED 5/10/95 @ 11 AM

Church, Chapel, Gravestone Mortuary, St. Joseph's

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. Suzanne P. Starovic

War time veteran

Lot 3647 Grave Row Section Division/Block 10

Grave space & Care Fund PAID Pre-Paid D-9234 D

Additional spaces and care fund E

Opening/Closing & Setup PAID 375.00

Burial Container 380.00

Handling Fees MAY - 9 1995 330.00

Flower vases - Marker setting fee E

Recording and filing fee MT. HOPE CEMETERY 45.00

Sales taxes CITY OF SAN DIEGO, CALIF 26.60

Total Due 1446.60

Paid receipt number REC# 46184 287.00

Balance due 859.60

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 Suzanne P. Starovic

Address 3316 "B" St

City SD, CA Zip Code 92115 02

Telephone 239-2617

Work Order # E 12203

Invoice #

Acct #

MT. HOPE CEMETERY

W.O. # E-12203

NOTE

\$ 859.60 San Diego, California May 4 19 95

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 fifty nine & 60/100 DOLLARS with interest from June 10, 1995 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

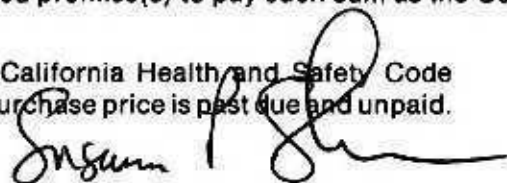
Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions 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

SUSANNA STARCEVIC

SIGNATURE



ADDRESS

3316 "B" ST SD CA 92102

CALIFORNIA DRIVER LICENSE NUMBER

NO 614684

SSN #

554.06.0252

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46209

Date: 5-10, 1995
 From: Stanley Davis Stracovich Address: _____
eight hundred fifty nine and 60/100 Dollars (\$ 859.60)

 In full Payment of interment of
Marian Starcevic

 Lot 3647 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12203BALANCE DUE QPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1121

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

ISSUED BY

J. Balaban

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100	<u>88</u>	<u>00</u>
	77181		
Handling Fee	100	<u>380</u>	<u>00</u>
Recording & Misc. Fees	77182		
Pre-Need Trust	100	<u>320</u>	<u>00</u>
Sales Tax	77185		
	100	<u>45</u>	<u>00</u>
	77183		
	63033		
	9022		
	60101	<u>26</u>	<u>60</u>
	78390		
TOTAL PAID	\$	<u>859</u>	<u>60</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46186

Date: May 4, 19 95From: Susanne Stancovic Address: 3316 E B ST. SD. 92102Two Eighty Seven & 00/100 Dollars (\$ 287.00)In _____ Payment of Interment of Susanne StancovicLot 31647 Grave — Row — Section — Division 10

Invoice No. _____

Acct. No. _____

W.O. E-12203BALANCE DUE \$ 859.60Pre-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

CREDIT	57007	
20% Sales Com	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	<u>287.00</u>
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	
Sales Tax	60101	
	78360	
TOTAL PAID	\$	<u>287.00</u>

ISSUED BY M. Clark

1119

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-12203

1A. NAME OF DECEDENT—FIRST (GIVEN) MIRIAM		1B. MIDDLE KREVANS		1C. LAST (FAMILY) STARCEVIC		2. DATE OF BIRTH MONTH DAY YEAR 02/20/1920		3. DATE OF DEATH MONTH DAY YEAR 05/04/1995		4. SEX F	
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 Susanna P. Starcevic - Daughter 1225 Madison Avenue San Diego CA 92116					
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—Person taking permit: <i>Judith E. Long</i>				8B. DATE SIGNED 05/09/1995	
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18375 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 \$7.00		9B. DATE PERMIT ISSUED 05/09/1995 <i>DEXING</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506284			
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 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			
COMPLETE ALL APPLICABLE ITEMS		BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102		11B. DATE BURIED 5/10/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>J. Wait</i>			
		CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>wood</i>		12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
		SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
		TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
		SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPIY 2 IS RETAINED BY 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 May 5, 1995

(2) Pre-Paid
Lots & Trusts

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

of Viola & Gottmarie Richardson

In a lines 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 415/Gottmarie

Lot 97 Grave 11 & 12 Row Division/Block 12

Grave space & Care Fund PAID \$795 1590.00

Additional spaces and care fund

Opening/Closing & Setup MAY - 5 1995 \$375 750.00

Burial Container 2 x \$190 380.00

Handling Fees MT. HOPE CEMETERY CITY OF SAN DIEGO CALIF \$175 290.00

Flower vases - Marker setting fee

Recording and filing fee 2 x \$45 90.00

Sales taxes 2 x \$13.30 26.60

Total Due 3126.60

Paid receipt number Rec # 46190 3126.60

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. (3848 HEMLOCK)

Signature of recorded holder of deed

Viola Richardson
Gottmarie Richardson
3848 HEMLOCK ST.
SAN DIEGO CA 92113
619 264 5279

Work Order # E 12204

Invoice #

Acct. #

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46190

Date: May 5, 19 95From: Viola & Johnnie Richardson Address: 3848 Hemlock ST. S.D. CA 92113Thirty One Hundred Twenty Six & 60/100 Dollars (\$ 3126.60)In _____ Payment of Pre-Paid Lots (2) and Trusts (2); (2) O/C;
(2) liners; (2) Handling fees; (2) Lic. fees; & (2) Tax on liners.Lot 97 Grave 11 & 12 Row — Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12204BALANCE DUE 0Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

#2644

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

ISSUED BY

Jr. Clark

CREDIT	67007	<u>318</u>	<u>00</u>
20% Sales Com	77184		
80% Sales	100	<u>1272</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033	<u>1536</u>	<u>60</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>3126</u>	<u>60</u>

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102

264-3151
527-3400

E-122.04

5-1-95

Date

97 11&12 3 12
Lot Gr. Row Sec. Blk/Div

Opening and Closing

Vault Liner Double Crypt/Ash Vault

Recording and Filing Fee

Marker Setting Fee

Flower Vase and Installation

Miscellaneous Charges Tax

HANDLING FEES

TOTAL

\$795 x 2 = 1590

\$375 x 2 = 750

\$190 x 2 = 380

\$45 x 2 = 90

\$

\$

\$1330 x 2 = 2660

\$145 x 2 = 290

\$

\$1563.30 x 2 = 3126.60

V. B. B. B. B.

Estimate Given By:

**The above charges are an estimate only. The figures shown reflect the current prices and are subject to change without notice.



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

12002



OWNERSHIP AND INTERMENT PRIVILEGES

TO Viola & Johnnie Richardson for the sum of \$ 1590.00 (DOLLARS)

LEGAL DESCRIPTION Lot 97; Graves 11 & 12; Section 3; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-12204

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

Johnnie Waits
Cemetery Manager

J. T. Jones
Real Estate Assets Director

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date MAY 5, 1995

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

of McBRIDE, JOHNNY

In a liner Funeral, date, time Mon 5/8 1:00

Church, Chapel, Graveside Chapel, graveside A 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. [Signature]

War time veteran NO

✓ Lot 91 Grave 4 Row Section 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 13.30

Total Due 1563.30

Paid receipt number 391.00

Balance due 1172.30

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

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

Signature of recorded holder of deed

[Signature]
Signature

1560 Elmwood AVE
Address

Pasadena Ca 91768
City

6231173
Telephone

Zip Code

Work Order # E 12205

PY-583 (Rev. 8-92)

Invoice #

Acct. #

5/8 Cancelled for
today, 1PM
Jane
people to bring
in 2579
Jane

MT. HOPE CEMETERY

W.O. # E-12205

NOTE

\$ 1172.30 San Diego, California may 5 1995

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^{30/100} DOLLARS with interest from 8 JUNE 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 Johnny McBride SIGNATURE X

ADDRESS X 11560 Elwood Ave Pomona Ca 91768

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X 457-72-7485

BARBARA

909-6231173

457-72-7485

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

*D.I.P.
1977*

Date 5/8/95

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

of W. BEET RITCHIEY **FR 5/12 2:00**

in a Liner Funeral, date, time Thurs, 5/11

Church, Chapel, Graveside Graveside Roxdale 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 4857 Grave - Row - Section - Division 10

Grave space & Care Fund Pre-Need (D-8228) 4

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 13.30

Sales taxes 768.30

Total Due 768.30

Paid receipt number R-46218 768.30

Balance due 0

*Rego date to bring
checks.*

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**

12206

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46218

Date: 5-11, 1995
 From: W. Bert Ritchey - Andrews Address: 348 Olive St., Pal 92103
Seven hundred sixty-eight & 30/100 Dollars (\$ 768.30)

 In _____ Payment of Interment of W. Bert Ritchey

 Lot 4857 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12206BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

8094

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

ISSUED BY

CREDIT			
20% Sales Care	77184		
80% Sales of Lots	77184		
Opening/Closing	100	375	00
Burial Containers	77181	190	00
Handling Fee	100	145	00
Recording & Misc. Fees	77182	45	00
Pre-Need Trust	77183		
Sales Tax	63033		
	9022	13	30
	80101		
	78390		
TOTAL PAID		\$	768 30

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) William		1B. MIDDLE Bert	1C. LAST (FAMILY) Ritchey	2. DATE OF BIRTH MONTH DAY YEAR 05/18/1908	3. DATE OF DEATH MONTH DAY YEAR 05/07/1995	4. SEX M
5A. CITY OF DEATH El Cajon		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Diane Ritchey-Andrews - Niece 1476 Cactus Ridge St. San Diego, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragdale Mort.; 5050 Federal Blvd. San Diego, CA				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		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 05/10/1995		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 05/12/1995 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506491
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222			

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		FOR CORONER'S USE ONLY <input type="checkbox"/> 1. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<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	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 5/12/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>metal non-sealer</i>	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 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 SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	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

De-Need Lot

Date *May 8, 1995*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of *Darlene Myers (mr. Patricia)*

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 *106* Grave *11* 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 *4-2-96* _____

Recording and filing fee _____

Sales taxes _____

Total Due *795.00*

Paid receipt number *46193* *200.00*

Balance due *595.00*

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

Darlene P. Myers
Signature
2710 Raven St
Address
S.D.
City
92102
Zip Code
2627723
Telephone

Work Order # *E*

12207

Invoice # _____

Acct. # _____

MARKER IS 12X30 FOR A
DOUBLE DEPTH. WHEN TRUST IS
PURCHASED IT MUST BE FOR A
DOUBLE DEPTH.

E-12207

Send or bring one coupon with each remittance**COUPON****2****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. **E-12207**

Pre-Need Lot

Darlene Myers

710 Raven St.

San Diego, Ca. 92102

(106-11-3-12)

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.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new addressSend or bring one coupon with each remittance**COUPON****1****DO NOT MAIL ENTIRE BOOK**ACCOUNT No. **E-12207**

Pre-Need Lot

Darlene Myers

710 Raven St.

San Diego, Ca. 92102

(106-11-3-12)

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.

\$ 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****4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12207** Pre-Need Lot**Darlene Myers****710 Raven St.****San Diego, Ca. 92102****(106-11-3-12)**

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 addressSend or bring one coupon with each remittance**COUPON****3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12207** Pre-Need Lot**Darlene Myers****710 Raven St.****San Diego, Ca. 92102****(106-11-3-12)**

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.\$ **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**0**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12207** Pre-Need Lot**Darlene Myers****710 Raven St.****San Diego, Ca. 92102****(106-11-3-12)**

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 _____

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. **E-12207** Pre-Need Lot**Darlene Myers****710 Raven St.****San Diego, Ca. 92102****(106-11-3-12)**

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.\$ **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****8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12207** **Pre-Need Lot****Darlene Myers****710 Raven St.****San Diego, Ca. 92102****(106-11-3-12)****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.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new addressSend or bring one coupon with each remittance **COUPON****7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12207** **Pre-Need Lot****Darlene Myers****710 Raven St.****San Diego, Ca. 92102****(106-11-3-12)****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.\$ **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

MOUNT HOPE CEMETERY

627-3400

46193

Date: May 8, 1995From: Dorlene P. Myers Address: 710 Raven St. S. D. CA 92102Two Hundred & 00/100 Dollars (\$ 200.00)In _____ Payment of Pre-Need LotLot 106 Grave 11 Row — Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12207BALANCE DUE \$595.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AG-212 (Rev. 5-94)

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

ISSUED BY

M. Clark

CREDIT	67007	
20% Sales Com	77184	
80% Sales of Lots	100	<u>200.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
Handling Fee	100	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	
	9022	
Sales Tax	60101	
	76390	
TOTAL PAID	\$	<u>200.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47220

Date: 3-25, 1996From: Darlene Myers Address: 710 Raven St S.D. 92102In Three Hundred Dollars (\$ 300.00)In part Payment of Pre-Need LotLot 106 Grave 11 Row _____ Section 3 Division 13
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12207BALANCE DUE 95.00Pre-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 Tax	77184	
80% Sales	100	
of Lots	77184	300 00
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78380	
TOTAL PAID		300 00

ISSUED BY

L. Mitchell

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47264

 From: Daylene Myers Address: 710 KAVEN ST. S.D., CA 92102
NINETY FIVE and Dollars (\$ 95.00)

 In full Payment of pre-paid lot

 Lot 106 Grave 11 Row _____ Section 3 Division 12 Block

Invoice No. _____

Acct. No. _____

W.O. 12207BALANCE DUE 0Pre-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	100	
of Lots	77184	<u>95</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID		<u>95</u>

ISSUED BY

Cristina M. Jung

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46285

Date: June 1, 19 95
 From: Darlene Myers Address: 70 Raven St. SD 92102
Two Hundred & 00/100 Dollars (\$ 200.00)

 In _____ Payment of Pre-Paid Lot

 Lot 106 Grave 11 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12207BALANCE DUE 395.00Pre-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

14473

ISSUED BY

M. Clark

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	77184	<u>200</u>	<u>00</u>
Opening/Closing	100		
Burial Containers	77182		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	80101		
	78380		
TOTAL PAID	\$	<u>200</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date

5/8/95

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

in a liner Funeral, date, time Mon 5/15/95 @ 10:30 am

~~Church, Chapel, Grave site~~ delivery only: Mayer (JM) Mortuary.

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

will be applied and billed to undersigned.

✓ War time veteran

Lot 41 Grave 3 Row Section 1 Division 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 139.00

Burial Container 50.00

Handling Fees 140.00

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 500.00

Paid receipt number R-46336 500.00

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 #

PY-583 (Rev. 8-92)

12208

Claim Typed 5/28/95

Estate Case Claim
Creditor's Howard
Katherine

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46336

Date: 6-12, 1995From: County of San Diego Address: 5201-A Buffin Rd., SD 92123Five hundred & no/100 Dollars (\$ 500.00),In full Payment of Interment of Robert LaneLot 41 Grave 3 Row _____ Section 1 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-12208BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

136030

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

ISSUED BY

J. Rauch

CREDIT	77007		
20% Sales Care	77184		
80% Sales	100	136	00
of Lots	77184		
Opening/	100	139	00
Closing	77181		
Burial	100	50	00
Containers	77182		
Handling Fee	100	140	00
Recording &	77185		
Misc. Fees	100	45	00
Pre-Need	77183		
Trust	63033		
Sales Tax	9022		
	60101		
	78360		
TOTAL PAID		\$	500 00

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) Robert		1B. MIDDLE -	1C. LAST (FAMILY) Lane	2. DATE OF BIRTH MONTH DAY YEAR 11/02/1911	3. DATE OF DEATH MONTH DAY YEAR 04/28/1995	4. SEX M
5A. CITY OF DEATH La Mesa		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Public Administrator-K. Howard 5201-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA				7B. CALIF. LICENSE NUMBER IF APPLICABLE 1424		
* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person in charge [Signature]		
				8B. DATE SIGNED 05/11/1995		

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 <div style="text-align: center; font-size: 1.2em;">\$7.00</div>	9B. DATE PERMIT ISSUED <div style="text-align: center; font-size: 1.2em;">05/11/95</div>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <div style="text-align: center; font-size: 1.2em;">[Signature]</div>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS				
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <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 </div> <div style="width: 45%;"> <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 </div> </div>				
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 Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED <div style="text-align: center; font-size: 1.2em;">5/15/95</div>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <div style="text-align: center; font-size: 1.2em;">[Signature]</div>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <div style="text-align: center; font-size: 1.2em;">wood no cover</div>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

P.A. #
1179713

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 8, 1995

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

of Salvador Murino-Pelayo

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____; Park-Crest 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 ML Hope Cemetery harmless from
any liability 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 12209

PY-583 (Rev. 9-92)

Invoice # _____

Acct. # _____

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date May 8, 1995

ME 95-0558

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

of PAT. 1179713 Salvador Marino-Pelayo

In a Final Funeral, date, time Wed 4-20 1:00 P.M.

Church, Chapel, Graveside Delivery Mortuary Park Crest

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 38 Grave 1 Row 1 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

Address

Signature of recorded holder of deed

City Zip Code

Telephone

Work Order # E 12210

Invoice # 259382

Acct. # 000952

55605
Oct. 2, 1995

Rebecca Barr

PAID
MAR 13 1996
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF



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

E-12210

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

3-5-90

BY: CA (CK) IF

PAYMENT REF NO

04-0219810

AMT PAID:

\$386.00

INVOICE DATE
10/04/95

PAYMENT DUE
11/03/95

PERIOD COVERED
SEPTEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JANE RAUCH

REF NO: E-12210

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

SALVADOR MERINO-PELAEZ SERVICE

PA 1179713

LOT 38 GRAVE 2 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. 259382

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) Salvador	1B. MIDDLE —	1C. LAST (FAMILY) Merino-Pelaez	2. DATE OF BIRTH MONTH DAY YEAR 03/18/1955	3. DATE OF DEATH MONTH DAY YEAR 03/21/1995	4. SEX Male
5A. CITY OF DEATH Escondido		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT San Diego Co Public Administrator 5201A Ruffin Road San Diego, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Park Crest Funeral Home 2441 University Ave San Diego CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-14507		

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code. 88. DATE SIGNED
09/28/1995

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 \$ 7.00	9B. DATE PERMIT ISSUED 09/29/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 SD 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 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
--	---

FOR CORONER'S USE ONLY

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St S.D. CA 92102	11B. DATE BURIED 1/1/95	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
			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 May 9, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marion Blankinship (MT. L)

In a X Lines Funeral, date, time THUR 5/11/95 @ 9 am

Church, Chapel Graveside Chapel & witness McNamee Family (HEMET) 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

War time veteran X

<input checked="" type="checkbox"/> Lot <u>1683</u>	Grave <u>—</u>	Row <u>—</u>	Section <u>5</u>	Division/Block <u>8</u>
Grave space & Care Fund	<u>Pre-Paid R-4047</u>			
Additional spaces and care fund	<u>0</u>			
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>0</u>			
Recording and filing fee	<u>45.00</u>			
Sales taxes	<u>13.30</u>			
<u>Service will arrive around 11am.</u>				Total Due <u>768.30</u>
<u>Met At # 909 658-9497 Fax # 658-5288</u>				Paid receipt number <u>R# 46214</u> <u>768.30</u>
				Balance due <u>0</u>

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.

(see attached)

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

Signature of recorded holder of deed

X Signature
X Address
X City
X Telephone
Zip Code

Work Order # E

12211

PY-593 (Rev. 8-92)

Invoice #

Acct. #

MT HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date May 9, 1995

MT-09-95 THE 09:54 10:MT HOPE CEMETERY TEL NO:

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARION BLANKINSHIP (MT. L)

in a X single Funeral date, time THURSDAY 11/95 @ 9 am

Church Chapel Graveside Chapel Witness Marianne Family (HEMET) 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

War time veteran X

Lot 1083 Grave — Row — Section 5 Division Block 8

Grave space & Care Fund Pre-Paid B-4-4-7 0

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 90.00

Handling Fees 45.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 13.30

Service will arrive around 11 am Total Due 768.30

Met at # 909 458-9497 Fax # 458- Paid receipt number Rec # 410214 768.30

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 record number of deed

X Marion Blankinship
Signature
X PO Box 275
Address
X CLINTON, MT 59523
X 406-357-3872 Zip Code
Telephone

Work Order # E 1221

PY-503 (Rev. 8-92)

Invoice #

Acc #

#724 P01

E-12211

E-12211

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46214

Date: May 11, 1995
 From: McWane Family Funeral Address: 350 N. San Jacinto St. Apt 92543
Seven Hundred Sixty Eight & 30/100 Dollars (\$ 768.30)

 In _____ Payment of interment of Marion Blankenship

 Lot 683 Grave — Row — Section 5 Division 8 Block 8

Invoice No. _____

Acct. No. _____

W.O. E-12211BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

1271NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

M. Clark

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	<u>375</u>	<u>00</u>
Closing	77181		
Burial	100	<u>190</u>	<u>00</u>
Containers	77182		
	100	<u>145</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>13</u>	<u>30</u>
	78380		
TOTAL PAID	\$	<u>768</u>	<u>30</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

#736298

1A. NAME OF DECEDENT—FIRST (GIVEN) Marion		1B. MIDDLE L.	1C. LAST (FAMILY) Blankinship	2. DATE OF BIRTH MONTH DAY YEAR 02/22/1907	3. DATE OF DEATH MONTH DAY YEAR 05/08/1995	4. SEX F
5A. CITY OF DEATH Riverside		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE Riverside		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Stuart G. Blankinship, Son P.O. Box 265 Chinoock, MT. 59523		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH McHane Family Funeral Home 350 N. San Jacinto St., Hemet, CA 92543		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD998		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 05/09/1995
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 108778 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 7.00	9B. DATE PERMIT ISSUED 05/09/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Bradley P. Gilbert, M.D. BY: [Signature]
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 7600, Riverside, CA 92513	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. Box 5222, San Diego, CA 92186		

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 Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 5/11/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date May 9, 1995

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

In a lines Funeral, date, time Sat 5/13 1PM

Church, Chapel, Graveside Kranzle Ragdale 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. Wilhelmsen & Sells

War time veteran NO

✓ Lot 137 Grave 1 Row 1 Section 1 Division/Block 12

Grave space & Care Fund 845.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

~~Flower vase - Market setting fee~~ Saturday fee 600.00

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 2263.30

Paid receipt number R-46222 600.00

Balance due 1163.30

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

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

Signature of recorded holder of deed

X Wilhelmsen & Sells
Signature 7328 formative 637
Address 7.0. City 90059-1730
City 213 564 9748 Zip Code
Telephone

Work Order # E

12212

Invoice # 253966

Acct. # 085243

=====

CITY OF SAN DIEGO
TREASURER'S DEPARTMENT

REG/RCPT : 02-58298 C:06-21-1995
CASHIER ID : J 02:39 PM A:06-22-1995

=====

5000 INVOICE \$1,663.30
253966 E-12212

TOTAL DUE \$1,663.30
RECEIVED FROM:
W BELTON

CHECK \$150.00
CHECK \$1,513.30

TOTAL TENDERED \$1,663.30

CHANGE DUE \$0.00

=====

MT. HOPE CEMETERY

W.O. # E-12212

NOTE

\$ 11663.30 San Diego, California 5-10 1995

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 Eighteen hundred sixty-three & ³⁰/₁₀₀ DOLLARS with interest from 16 June 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 X Wilhelmina Belton SIGNATURE X Wilhelmina Belton

ADDRESS X 11328 Zamora Ave 637 L.A. CA 90059-1730

CALIFORNIA DRIVER LICENSE NUMBER X E0443331 SSN # X 559-66-0691

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46222

Date: 5-15, 1995
 From: Anderson-Ragsdale Address: 5050 Federal Bl, #2 92102
Six hundred & no/100 Dollars (\$ 600.00)

 In part Payment of Interment of Gladys Woods

 Lot 137 Grave 1 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12212BALANCE DUE \$1663.30Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

6815

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

ISSUED BY

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>600.00</u>
Opening/Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77186	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	83093	
	9022	
Sales Tax	80101	
	78080	
TOTAL PAID	\$	<u>600.00</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-12212
73

1A. NAME OF DECEDENT—FIRST (GIVEN) Gladys		1B. MIDDLE Lee		1C. LAST (FAMILY) Woods		2. DATE OF BIRTH MONTH, DAY, YEAR 10/09/1921		3. DATE OF DEATH MONTH, DAY, YEAR 05/06/1995		4. SEX F	
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 Loyce Stevenson - Niece 3729 Teak St. San Diego, CA 92113					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 05/11/1995	
* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10379 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 DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 05/12/1995 <i>[Signature]</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506490	
		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"/> B. CREMATION <input type="checkbox"/> C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY <input type="checkbox"/> D. SCIENTIFIC USE						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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA				11B. DATE BURIED 5/13/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A				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 N/A				13B. DATE RECEIVED		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 N/A				14B. DATE SHIPPED		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 SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		15D. LICENSE NUMBER OF CREMATED RE- MAINS 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

032

Make Remittance Payable to
CITY TREASURER
 P.O. Box 2289
 San Diego, California 92112

Please Return YELLOW Copy with Your Payment

E-12212

WILHELMINA BELTON
 11328 ZAMORA AVE #637
 LOS ANGELES CA 90059-1730
 LOS ANGELES CA 90059

ACCT NO
 085243

TREASURERS USE ONLY

hard delivered
 PAYMENT DATE June 20, 1995

BY: CA (CK)

IF

2481 1/4

PAYMENT REF NO

1943

AMT PAID:

\$1663.30

INVOICE DATE
 05/22/95

PAYMENT DUE
 06/21/95

PERIOD COVERED
 APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12212

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

GLADYS WOODS SERVICES

LOT 137 GRAVE 1 SEC 1 DIV 12

895.00

OPENING/CLOSING

375.00

LINER

190.00

TAX ON LINER

13.30

HANDLING FEE

145.00

RECORDING FEE & SAT FEE (600)

645.00

PAYMENT RECEIVE

600.00-

MT HOPE CEMETERY

CITY OF SAN DIEGO, CALIF

TOTAL DUE

1,663.30

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. 253966

E-12212

253966 05/22/95 085243

E-12212

WILHELMINA BELTON

100 072
100 072
100 072
100 072
100 072
601C1
67007

06/20/95 CK 2481 1943

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

1,663.30
375.00
190.00
645.00
116.00
145.00
13.30
179.00

1,663.30

0.00
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 9, 1995

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

In a liner Funeral, date, time FRI @ 11AM 5/12/95

Church, Chapel, Graveside Chapel & graveside: Ragdale Mortuary 150.00

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 Valerio Daniels

War time veteran no

Lot 92 Grave 4 Row — Section 3 Division/Block 12

Grave space & Care Fund 495.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1563.30

Paid receipt number VISA 500.00

Balance due 1063.30

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

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

Signature of recorded holder of deed

X Valerio Daniels
Signature 8951 JAMAICA ROAD
Address Spring Valley CA 91977
City CA 91977 Zip Code
X 613-5330
Telephone

Invoice # 253962

Acct. # 085252

Work Order # E 12213

PY-593 (Rev. 8-92)

ms. Smith

ID#

MT. HOPE CEMETERY

W.O. # E-12213

NOTE

1063.30 San Diego, California May 9 1995

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Sixty Three & 3/100 DOLLARS with interest from June 12, 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 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 JESIE R. BROWN SIGNATURE Jesie R. Brown
ADDRESS 423 E. FOREST RD. LANDOVER, MD. 20785
MILITARY I.D.
CALIFORNIA DRIVER LICENSE NUMBER N 21,446,071 SSN # 555-520535

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) Willie		1B. MIDDLE HIE	1C. LAST (FAMILY) Woods	2. DATE OF BIRTH MONTH, DAY, YEAR 12/14/1919	3. DATE OF DEATH MONTH, DAY, YEAR 05/06/1995	4. SEX M
5A. CITY OF DEATH LOS ANGELES		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE LOS ANGELES		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT FRANCIS WOODS, DAUGHTER 5150 WHITEMAN STREET SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD SAN DIEGO, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert C. Ragdale</i>		
8B. DATE SIGNED 5/11/95						

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 7.00		9B. DATE PERMIT ISSUED 05/10/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Robert C. Ragdale</i>	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA 313 N. FIGUEROA ST. L.A. CA 90012		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92138-5222			

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)	
---	--	--	--	--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA	11B. DATE BURIED 5/12/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</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	15D. LICENSE NUMBER OF CREMATED RE- MAINS 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.



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department
527-3400

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

E-12213

2775		16-497 1220
July 10, 19 95		
ANDERSON-RAGSDALE MORTUARY 819-263-3141 FAX 819-263-1507 5050 FEDERAL BLVD. SAN DIEGO, CA 92102		
PAY TO THE ORDER OF		
Mt. Hope Cemetery		
Interment balance for		
Willie Hue Woods		
DOLLARS		
\$ 1,063.30		
MP		
THE CITY OF SAN DIEGO		
THIS CHECK IS DELIVERED FOR PAYMENT ON THE ACCOUNT LISTED		
11002775 112200049640150009251		

7/12/95

Check received from
Anderson Ragsdale on
July 11, 1995.

Has been sent to the
Treasurer's Collections
Department, Mrs. Smith,
at 533-3800.

Jane K. Rauch
Jane Rauch



DIVERSITY
BRINGS US ALL TOGETHER

E-12213

7/11/95

JoAnn, this check came in today. The account was turned over to collections on 7/4/95, but Mark (Ragsdale) called Treas on 7/3 and they said Ragsdale could send us the check.

Both Mark and Mr. Ragsdale are hoping we will accept this check. Mark said the family does not have the money and they are doing them a favor.

Jane

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 9, 1995

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

in a liner Funeral, date, time FRI @ 11AM 5/12/95

Church Chapel Graveside Chapel & graveside Ragsdale Mortuary 150.00

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 Velma Daniels

War time veteran no

Lot 92 Grave 4 Row - Section 3 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1563.30

Paid receipt number VISA 500.00

Balance due 1063.30

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

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

Signature of recorded holder of deed

X Velma Daniels
Signature 8451 JAMACH ROAD
Address Spring Valley CA 91977
City 616-3-5330 Zip Code

Telephone

Invoice # 253962

Acct. # 085252

Work Order # E

12213

PY-593 (Rev. 8-92)

M.S. 606-C

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-9-95

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

of Ritchey, William

In a Liner Funeral, date, time Fri-5/12 2pm

Church, Chapel, Graveside Graveside Ragsdale Mortuary.

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

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 12214

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date May 10, 1995

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

of Beatrice Hogue

In a liner Funeral, date, time MON 5/15/95 @ 1PM

Church, Chapel Graveside Chapel & graveside Pacific Beach 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 John Allan

War time veteran no

Lot 249 Grave 2X Row _____ Section GAR Division/Block 2

Grave space & Care Fund PR-TRID E-4829 0

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

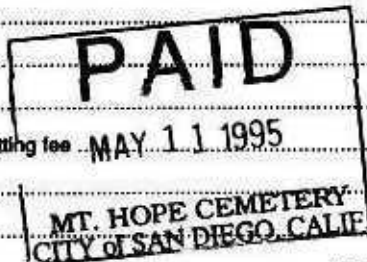
Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee MAY 11 1995 0

Recording and filing fee 45.00

Sales taxes 13.30



Total Due 768.30

Paid receipt number REC #46215 768.30

Balance due 0

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

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

Signature of recorded holder of deed

X John Allan
Signature
13104 Coronado Way
Address
POWAY CA 92064
City
419 486 3054
Telephone
Zip Code

Work Order # E 12215

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46215

Date: May 11, 1995
 From: JOANN Allan (daughter) Address: 13104 Corona Way, Poway 92064
Seven Hundred Stry Eight & 30/100 Dollars (\$ 768.30)

 In _____ Payment of Interment of Beatrice Hogue

 Lot 249 Grave 1 Row — Section GHR Division Block 2

Invoice No. _____

Acct. No. _____

W.O. E-12215BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

#5537

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY Jo Clark

CREDIT	67007	
20% Sales Tax	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	100	
	63033	
	8022	
	80101	<u>13.30</u>
	78390	
TOTAL PAID	\$	<u>768.30</u>

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) BEATRICE		1B. MIDDLE NATHALIE		1C. LAST (FAMILY) HAGUE		2. DATE OF BIRTH MONTH, DAY, YEAR 05/30/1915		3. DATE OF DEATH MONTH, DAY, YEAR 05/09/1995		4. SEX F	
5A. CITY OF DEATH POWAY				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT MARSHA JO ANN ALLAN - DAUGHTER 13104 CORONA WAY POWAY, CA 92064					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PACIFIC BEACH MORTUARY 4710 CASS STREET, SAN DIEGO, CA 92109						7B. CALIF. LICENSE NUMBER —IF APPLICABLE 815		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Marcella Hansen</i>		8B. DATE SIGNED 05/10/1995	
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 \$7.00		9B. DATE PERMIT ISSUED 05/11/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>R. R. R.</i>			
ANY CHANGE IN DISPOSITION REQUIRES A NEW TO SHOW FINAL POSITION.		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)			
BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102				11B. DATE BURIED 5/15/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>White</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				13B. DATE RECEIVED		13C. SIGNATURE OF 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 May 10, 95

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

of Aurtis Slipson

in a liner Funeral, date, time Fri @ 11 AM 5/12/95

Church Chapel Graveside Chapel & graveside CA Burial Mortuary CA

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

will be applied and billed to undersigned. Cynthia L. Martin

War time veteran no

✓ Lot 159 Grave 12 Row - Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1663.30

Paid receipt number 46207 850.00

Balance due 813.30

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

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

Signature of recorded holder of deed

Cynthia L. Martin
Signature
6919 Benson Ave
Address
San Diego
City
262-8419
Telephone
921K
Zip Code

Work Order # E 12216
PY-593 (Rev. 8-92)

Invoice # 253963
Acct. # 085249

E-12216

=====

CITY OF SAN DIEGO
TREASURER'S DEPARTMENT

REG/RCPT : 02-58300 C:06-21-1995
CASHIER ID : J 02:41 PM A:06-22-1995

=====

5000 INVOICE \$813.30
253963

TOTAL DUE \$813.30
RECEIVED FROM:
CASH PAYER

CASH \$813.30

TOTAL TENDERED \$813.30

CHANGE DUE \$0.00

=====

MT. HOPE CEMETERY

W.O. # E-12216

NOTE

\$ 813.30 San Diego, California May 10 1995

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 Thirteen & 30/100 DOLLARS with interest from June 12, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME

Cynthia R. Martin

SIGNATURE

Cynthia R. Martin

ADDRESS

6919 Benson Ave. S.D. 92114

CALIFORNIA DRIVER LICENSE NUMBER

A-3019384 Exp 1-96

SSN #

554-08-8482



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

E-12216

CYNTHIA R MARTIN
6919 BENSON AVE
SAN DIEGO CA 92114
SAN DIEGO

CA 92114

ACCT NO

08249

-----TREASURERS USE ONLY-----

PAYMENT DATE

6-21-95

BY: CA CK IF

PAYMENT REF NO

AMT PAID:

813.30

INVOICE DATE

05/22/95

PAYMENT DUE

06/21/95

PERIOD COVERED

APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12216

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

CURTIS GIPSON SERVICES

LOT 159 GRAVE 11 SE 1/4 1/2

OPENING/CLOSING

LINER

HANDLING FEE

TAX ON LINER

RECORDING FEE

LESS PAID ON R-4

PAID
JUN 21 1995
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

895.00

375.00

190.00

145.00

13.30

45.00

850.00-

TOTAL DUE

813.30

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 White - Customer Copy • Yellow - Remittance Copy ENY NO. 253963

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-12216
54

1A. NAME OF DECEDENT—FIRST (GIVEN) Curtis	1B. MIDDLE Lee	1C. LAST (FAMILY) Gipson	2. DATE OF BIRTH MONTH DAY YEAR 10/31/1940	3. DATE OF DEATH MONTH DAY YEAR 05/07/1995	4. SEX M
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 Eunice Gipson-Wife 6919 Benson Avenue San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1357		
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.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 05/10/1995		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 05/10/1995 Kyle Chase	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506392
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records—P.O. Box 85222 San Diego, CA 92186-52222		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"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<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	

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 5/12/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Vital-Non-San Diego	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 SUFFI- CIENT 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 RE- MAINS 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

MOUNT HOPE CEMETERY

627-3400

46207

Date: May 10, 1995From: Cynthia R. Martin Address: 1919 Benson Ave S.D. 92114
Eight Hundred fifty \$ 00/100 Dollars (\$ 850.00)
In _____ Payment of Interment of Curtis Simpson
 Lot 159 Grave 12 Row _____ Section 2 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-12216BALANCE DUE \$ 813.30Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☒\$ 800\$ 50#1171

AC-212 (Rev. 5-94)

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

ISSUED BY

M. Clark

CREDIT	57007	
20% Sales Care	77184	<u>134 00</u>
80% Sales	100	<u>716 00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	75360	
TOTAL PAID	\$	<u>850 00</u>

E-12216

253963 05/22/95 085249

E12216

CYNTHIA R MARTIN

100 072
100 072
100 072
100 072
60101
67007

77181 000072
77182 000072
77183 000072
77185 000072
78390
77184

06/21/95 CA

813.30
375.00
190.00
45.00
145.00
13.30
45.00

813.30

PAID IN FULL 0.00

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-10-45

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BARBARA G. MELLON

In a Liner #7 Funeral, date, time Fri 5-12:1 PM

Church, Chapel, Graveside Church + Graveside Ragsdale Mortuary.

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

War time veteran NO

✓ Lot 45 Grave 6 Row _____ Section 2 Division/Block 11

Grave space & Care Fund (TREE) 895.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container Liner #7 220.00

Handling Fees 145.00

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 15.40

Total Due 1695.40

Paid receipt number B-46211 \$424.00

Balance due \$1271.40

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 _____

Anita Chalmers - Green
Signature
4910 Ocean View Blvd #3
Address
San Diego, Ca 92113
City
(619) 266-8389 Zip Code
Telephone

Work Order # E 12217

Invoice # 253964

Accl # 085247

Amount remaining

not paid Mr. Nathan

8/4/99 Treas.

MT. HOPE CEMETERY

W.O. # E-12217

NOTE

\$ 1271.40 San Diego, California MAY 10 1995

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 seventy-one ^{40/100} DOLLARS with interest from 12 JUNE 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 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 Anita CHATMAN-Green SIGNATURE Anita Chatman-Green
ADDRESS X 4910 Ocean View Blvd #3 S.D. Ca. 92113
CALIFORNIA DRIVER LICENSE NUMBER X B5396916 SSN X 553-04-1859

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46211

Date: MAY 10, 1995From: Anita Chatman-Green Address: 4910 Ocean View Bl #3 SD 92113Four hundred twenty-four & no/100 — Dollars (\$ 424.00)In part Payment of Interment of Barbara G. MellonLot 45 Grave 6 Row _____ Section 2 Division 11

Invoice No. _____

Acct. No. _____

W.O. E-12217BALANCE DUE \$1271.40Pre-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

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>424 00</u>
Opening/ Closing	77181	
Burial Containers	100	
	77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100	
	77183	
Pre-Need Trust	80033	
	8022	
Sales Tax	80101	
	78380	
TOTAL PAID	\$	<u>424 00</u>

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-12217
52

1A. NAME OF DECEDENT—FIRST (GIVEN) Barbara	1B. MIDDLE Jean	1C. LAST (FAMILY) Mellon	2. DATE OF BIRTH MONTH DAY YEAR 04/07/1943	3. DATE OF DEATH MONTH DAY YEAR 03/07/1993	4. SEX F
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 Anita Green - Daughter 4910 Oceanview Blvd. Apt. 3 San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit, <i>[Signature]</i> 8B. DATE SIGNED 05/11/1995		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16376 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 05/12/1995 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 9506472
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 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 5/12/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <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 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 2 IS RETAINED BY 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 5-10-95

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

of Woods Gladys L.

In a _____ Funeral, date, time Sat. 5/13 1 PM

Church, Chapel, Graveside Granville Roadside 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

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 12218

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-12-95

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

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____: Berge-Roberts Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

Lot _____ 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** 12219

5/12/95 Friday:

Jerry of Berge-Roberts called, said the family had \$1200 for this burial, for what amount can we do it? I said I'd have to ask and call him back. I called the County and learned that there was actually \$1400. I told Mark at the County's office I was shocked. Very soon after this call, Jerry called back and said he was sorry, he'd made a mistake, that there was \$1400 for the burial. I told him we'd need \$1000 for the burial. He said he'd call back, but has not called back by 2:00 p.m. 5/12/95.

Jane

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-12-95

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

of GIVNEY Russell PA 1179691
In a Liner #7 Funeral, date, time Mon 5/15: 12:30 noon

Church, Chapel, Graveside Del only : Regis-Colonial Mortuary.

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

War time veteran _____

✓ Lot 41 Grave 12 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup 165.00

Burial Container average 400 lbs #7 50.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 386.00

Kernan 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 # 253970

Acct. # 000952

Work Order # E

12220



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

E-12220-

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE

7-17-95

BY: CA ☒ IF

PAYMENT REF NO 04-859568

AMT PAID:

386.00

INVOICE DATE
05/22/95PAYMENT DUE
06/21/95PERIOD COVERED
APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12220

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

RUSSELL GIVNEY PA 1179691 SVCS
LOT 41 GRAVE 12 SEC 1 DIV 12
OPENING/CLOSING
LINER
RECORDING FEE126.00
165.00
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, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE.

ACCT NO. 12220

White - Customer Copy • Yellow - Remittance Copy

INV NO. 253970

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) RUSSELL		1B. MIDDLE E.	1C. LAST (FAMILY) GIVNEY	2. DATE OF BIRTH MONTH DAY YEAR 11/05/1930	3. DATE OF DEATH MONTH DAY YEAR 05/07/1995	4. SEX M
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 KEVIN JUDKINS—PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480	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 163276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 05/12/1995			

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.	8A. AMOUNT OF FEE PAID \$7.00	8B. DATE PERMIT ISSUED 05/12/1995	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	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"/> 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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5/15/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>wooden slabs, w/preserved</i> N/A <i>cardboard over the top.</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-12-95

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

of ADAMS, MARY PA 1179519

in a LINER Funeral, date, time TUE MAY 16 11AM

Church, Chapel, Graveside AYD : 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 87 Grave 6 Row Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 1165.00

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 0

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E 12221

PY-593 (Rev. 5-92)

Invoice # 354043

Acct # 000952



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

E-12221

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGOACCT NO
000952

CA 92123

-----TREASURERS USE ONLY-----

PAYMENT DATE

6-9-95

BY: CA ☒ CK IF

PAYMENT REF NO

04-833699

AMT PAID:

386.00

INVOICE DATE

05/23/95

PAYMENT DUE

06/22/95

PERIOD COVERED

APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12221

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

MARY ADAMS PA#1179519 SERVICES

LOT 87 GRAVE 6 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.

ACCT NO: 254043

White - Customer Copy • Yellow - Remittance Copy

NO. 254043

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) MARY		1B. MIDDLE MATILDA	1C. LAST (FAMILY) ADAMS	2. DATE OF BIRTH MONTH DAY YEAR 04/08/1943	3. DATE OF DEATH MONTH DAY YEAR 05/02/1995	4. SEX F
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 Don Jaime - Public Administrator 5201-A Ruffin Road San Diego CA 92123		
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—Person taking permit <i>Judith E. King</i>
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Sections 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 05/15/1995		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS 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 \$7.00	9B. DATE PERMIT ISSUED 05/15/1995 <i>King</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506535
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records P.O. Box 85222 San Diego CA 92186-5222			

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	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 5/14/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>West</i>
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	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 N/A	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 SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15D. LICENSE NUMBER OF CREMATED RE- MAINS 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.

[- 12221

254043 05/23/95 000952 COUNTY OF SAN DIEGO
100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

06/09/95 CK 04-833699

386.00
165.00
50.00
45.00
126.00

386.00 0.00
PAID IN FULL

Pre-Need

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-12-95

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

of James & Lucila Hunter

In a Double-depth 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 5156 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Transferred on E-12032 ~~0~~

Additional spaces and care fund _____

Opening/Closing & Setup X2 = 750.00

Burial Container _____ 380.00

Handling Fees * paid in full * 320.00

Flower vases - Marker setting fee 5-5-97 _____

Recording and filing fee X2 90.00

Sales taxes _____ 26.60

Total Due _____ 1566.60

Paid receipt number R-46220 300.60

Balance due 266.00

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 _____

X James Hunter
Decedent
X 3904 Florence St
Address
X San Diego Cal. 92113
City Zip Code
X 619-262-7966
Telephone

Work Order # E 12222

PY-583 (Rev. 8-92)

Invoice # _____

Acct. # _____

NAME JAMES & LEOLA HUNTER,

E-12222

E-12222

ACCT. NO.



ADDRESS 3904 Florence St., SD 92113

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
5/12/1995	Opened Pre-Need Trust for the above: 2 Openings/closings @ 375 ea; dbbule depth crypt; handling fee, 2 recording fees & tax (Lot 5156 Div 10)				1 5 6 6 60
5/12/1995	Receipt 46220			300.60	1266.00
6-5-95	Rec # 46298 coup # 1			53.00	1213.00
7-10-95	R-46428 CPN #2			53.00	1160.00
8-7-95	R-46428 CPN #3			53.00	1107.00
9-5-95	R-46577 CPN #4			53.00	1054.00
10-6-95	R-46672 CPN 5			53.00	1001.00
11-6-95	R-46770 Chai 6			53.00	951.00
12-6-95	R-46881 11 7			53.00	898.00
1-5-96	R-46986 11 8			53.00	845.00
2-5-96	R-47054 9			53.00	792.00
3-4-96	R-47107 11			53.00	739.00

NAME

E-12222

ACCT. NO.

ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
4-3 96	R-47249 coupon 10			✓ 53.00	108.00
5-7 96	R-47366 coupon 12			✓ 53.00	163.00
6-4 96	Coupon # 11, Acc # 47466			✓ 53.00	590.00
7-5 96	" 14 R-47573			✓ 53.00	537.00
8-7 96	" 15 R-47686			✓ 53.00	474.00
9-6 96	" 16 R-47784			✓ 53.00	421.00
10-4 96	" 17 R-47874			✓ 53.00	368.00
11-5 96	" 18 R-47991			✓ 53.00	315.00
12-9 96	" 19 R-48094			✓ 53.00	262.00
1-6 97	" 20 R-48165			✓ 53.00	209.00
2-4 97	" 21 R-48258			✓ 53.00	156.00
3-5 97	" 22 R-48342			✓ 53.00	103.00
4-4 97	" 23 R-48435			✓ 53.00	50.00
5-5 97	" 24 R-48530			47.00	3.00

PAID

MAY 05 1997

MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

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

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-1222 (Pre-Need Trust)

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div 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.



\$ _____

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-1222 (Pre-Need Trust)

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div 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:

▶ \$ 53.00

Amount due if paid more than _____ days
after due date above:

▶ \$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

☐ check (✓) if this is new address

Bring one coupon with each remittance **COUPON**

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12222 (Pre-Need Trust)

James & Leola Hunter

3904 Florence St.


San Diego CA 92113

(Lot 5156 Div. 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.

 \$ **53.00**

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. E-1222 (Pre-Need Trust)

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div 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.



\$ 53.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12222 (Pre-Need Trust)

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div. 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.



\$ **53.00**

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. **E-1222 (Pre-Need Trust)**

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div 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

▶ \$ 53.00

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. **E-12222 (Pre-Need Trust)**

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div. 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.



\$ **53.00**

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. E-1222 (Pre-Need Trust)

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div 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.



\$ 53.00

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. E-12222 (Pre-Need Trust)

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div. 10)

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.



\$ **53.00**

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. E-1222 (Pre-Need Trust)

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div 10)

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



\$ 53.00

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. E-12222 (Pre-Need Trust)

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div. 10)

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



\$ **53.00**

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



\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Attaching one coupon with each remittance

COUPON

13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-1222 (Pre-Need Trust)**

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div 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.



\$ 53.00

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. E-12222 (Pre-Need Trust)

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div. 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.



\$ **53.00**

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. E-1222 (Pre-Need Trust)

James & Lenla Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div 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.



\$ 53.00

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. **E-12222-(Pre-Need Trust)**

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div. 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.

\$ **53.00**

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. **E-1222 (Pre-Paid Trust)**

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div 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



\$ **53.00**

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. E-12222 (Pre-Need Trust)

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div. 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.



\$ **53.00**

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. **8-1222 (Pre-Paid Trust)**

James & Leola Hunter

3904 Florence St.


San Diego CA 92113

(Lot 5156 Div 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.

 \$ **53.00**

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. **5-12272 (Pre-Need Trust)**

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div. 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.



\$ **53.00**

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

21

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-1111 (FIDUCIARY TRUST)

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div 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.



\$ 53.00

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. 2-12272 (Pre-Paid Trust)

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div. 10)

Month and Day Due Indicated Below

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

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



\$ **33.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

23

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

James E. Laola Huber
3904 Florence St.
San Diego CA 92113
(Lot 5156 Div 10)

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.

► \$ 5-300

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.

12222 (Pre-Paid Trust)

James & Leola Hunter

3904 Florence St.

San Diego CA 92113

(Lot 5156 Div. 18)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					18						

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

\$ ~~23.00~~ 47.00

Amount due if paid more than 21 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

MOUNT HOPE CEMETERY

527-3400

E-12222 47606

From:

James + Gertrude Hunter

Address:

3904 Florence St

Date:

8-7

1996

Dollars (\$

53.00

In

part

Payment of

Pre-Need Trust

Lot

5156

Grave

Row

Section

Division

10

Invoice No.

Acct. No.

W.O.

E-1222

BALANCE DUE

474.00

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

CREDIT

20% Sales Com

67007

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

Trust

9022

Sales Tax

60101

76390

Pre-Need Lot

☐

At Need

☐

On Acct

☐

Pre-need Trust

☐

Cash

☒

Check

☐

ISSUED BY

D. Nicholson

TOTAL PAID

\$

53

00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3499

43435

Date: 4/4/ 1997From: James Leda Hunter Address: 3904 Florence St San Diego, Ca 92113In Part Payment of Fifty Three 00/100 Dollars (\$ 53.00)
Pre Need TrustLot 5156 Grave — Row — Section — Division 10
 Block —Invoice No. —Acct. No. —W.O. E-12222BALANCE DUE \$ 50.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 5-85)

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

ISSUED BY

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>53 00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>53 00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48342

From:

James Luis Hunter

Address:

3904 Florence St San Diego Ca 92113

Date:

3/5 19 97

In

part

Payment of

Fifty three 60/100
The Need Trust

Dollars (\$ 53.00)

Lot

5156

Grave

Row

Section

Division

Block 10

Invoice No.

Acct. No.

W.O.

E-12222

BALANCE DUE

\$103.00

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

CREDIT	87007
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. Fee	77183
Pre-Need	83033
Trust	9022
Sales Tax	80101
	78380

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

ISSUED BY

Kanyak

TOTAL PAID

\$

53 00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

40258

From:

James Hunter

Address:

3404 Florence St

Date:

2-4

19

97

92 113

Dollars (\$

53.00

In

part

Payment of

Pre Need Trust

Lot

5156

Grave

Row

Section

Division
Block

10

Invoice No.

Acct. No.

W.O.

E- 12222

BALANCE DUE

156.00

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

CREDIT

20% Sales Cars

67007

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

Trust

9022

Sales Tax

80101

78390

53 00

53 00

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

ISSUED BY

J. Schubert

TOTAL PAID

\$

53 00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48163

 From: James Hunter Address: 3904 Florence St San Diego 92113
Giftly three Date: 1-6 1997
 Dollars (\$ 53.00)

 In part Payment of Pre need Trust
James & Beola Hunter
 Lot 5156 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE 209.00Pre-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 S. Mitchell

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	53	00
Trust	8022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	53	00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47991

 From: James Hunter Address: 3904 Florence St. San Diego 92113
Tilly Three
 In: part Payment of Pre-Need Trust Dollars (\$ 53.00)

 Lot 5156 Grave 1 Row 1 Section 1 Division 10
Invoice No. 1Acct. No. 1W.O. E-12222BALANCE DUE 315.00Pre-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. Mitchell

CREDIT	87007	
20% Sales Tax	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	53.00
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	53.00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3498

47074

From: James Hunter Address: 3904 Florence St. San Diego 92113
Fifty three and 10/100 Dollars (\$ 53.10)
 In part Payment of Pre-need trust

Lot 5150 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE 368.10Pre-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

Catrina Aragon

CREDIT	67007		
20% Sales Com	77184		
50% Sales of Lots	100		
Opening/Closing	77184		
Burial	100		
Containers	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	63033	<u>53</u>	<u>00</u>
Sales Tax	8022		
	60101		
	78390		
TOTAL PAID	\$	<u>53</u>	<u>00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47466


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

MOUNT HOPE CEMETERY

527-3400

Date: 6-4, 1996From: Mrs + Leola Hunter Address: 3904 Florence St. # 9213Fifty-three Dollars (\$ 53.00)In Pre-Need Trust Payment ofLot 5156 Grave 1 Row 1 Section 10 Division 10

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE \$580.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	87007	
20% Sales Tax	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Assoc. Fees	77183	
Pre-Need	83033	<u>53.00</u>
Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>53.00</u>

ISSUED BY [Signature]

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47573


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

MOUNT HOPE CEMETERY

527-3400

Date: 7-5, 1996
 From: James + Leola Hunter Address: 3904 Florence St, SD 92113
Fifty three Dollars (\$ 53.00)

 In part Payment of Pre-Need Trust

 Lot 5156 Grave 1 Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E- 12222BALANCE DUE 527.00Pre-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.

ISSUED BY

S. Schiller

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>53.00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>53.00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47366

Date: 5/7, 19 90From: James & Leola Hunter Address: 3904 Florence St. S.D., Ca. 92113Fifty three and no/100 Dollars (\$ 53.00)In part Payment of pre-need trust for James & Leola HunterLot 5150 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE 1033.00Pre-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	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>53</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID		<u>53</u> <u>00</u>

ISSUED BY

Catrina Jurgon

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47249

Date: 4/3, 19 90
 From: Kimes + Leole Hunter Address: 3904 Florence St. S.D., CA 92113
Fifty three and no/100 Dollars (\$ 53.00)

 In _____ Payment of pre-need trust

 Lot 5156 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE \$1080.00Pre-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	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>53</u>	<u>00</u>
Trust	8022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>53</u>	<u>00</u>

ISSUED BY: Catrina M. Jung

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47137

Date: 3/4, 1996From: James Hunter Address: 3904 Florence St, San Diego
Fifty-three 00/100 Dollars (\$ 53.00)
In _____ Payment of Pre Need Trust
 Lot 5156 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE 739.00Pre-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.

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	53	00
Trust	9022		
Sales Tax	60101		
	78390		

ISSUED BY

TOTAL PAID

\$ 53 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47054

From: James HunterAddress: 3904 Florence St. San Diego 92113Date: 2.5, 1996
 In part Payment of Pre-Need Trust James & Leola Hunter

 Lot 5156 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE 792.00Pre-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.ISSUED BY S. Shubert

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	
	63033	53 00
	9022	
	80101	
	78390	
		53 00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46986

From: James Hunter Address: 3904 Florence St. Date: 6-5, 1996
Fifty-Three Dollars (\$ 53.00)
 In part Payment of Pre-need Trust

Lot 5156 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE 845.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

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

ISSUED BY

J. Weisner

CREDIT	67007	
20% Sales Care	77184	
80% Sales	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>5300</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>5300</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46881

From:

James Hunter

Address:

30904 Florence St. SD 92113

Date:

12-6, 1995

In

Payment of

Fifty-Three Pre-need Trust for James & Lola Hunter

Dollars (\$

53.00)

Lot

5156

Grave

Row

Section

Division

Block

10

Invoice No.

Acct. No.

W.O.

E-12222

BALANCE DUE

898.00

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

CREDIT

20% Sales Care

67007

77184

60% 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

Trust

8022

Sales Tax

60101

78390

5300

TOTAL PAID

\$

5300

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

AC-212 (Rev. 5-94)

ISSUED BY

J. Weiner

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46770

From: James Hunter Address: 3904 Florence St. SD 92113 Date: 11-6 1995
Fifty-three Dollars (\$ 53.00)
 In part Payment of Pre-need Trust for
James & Peola Hunter
 Lot 5156 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE 951.00Pre-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. Weesner

CREDIT	87007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77186	
Recording &	100	
Misc. Fees	77183	
Pre-Need	83033	<u>53.00</u>
Trust	8022	
Sales Tax	80101	
	78390	
TOTAL PAID		<u>53.00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46672

Date: 10/6, 1995From James Hunter - Address: 39047 Lorence St. SD 92113
Fifty-three & no/100 Dollars (\$ 53.00)
In part Payment of Pre-need Trust
 Lot 5156 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE \$1001.00Pre-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	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>53</u>	<u>00</u>
Trust	9022		
Sales Tax	80101		
	78390		
TOTAL PAID	\$	<u>53</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46500

Date: 8/7, 1995From: James Hunter Address: 3904 Florence St. 5092113Fifty-Three Dollars (\$ 53.00)In Payment of Pre-need for James & Leola
Hunter (Trust)Lot 5156 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12222

BALANCE DUE _____

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

AC-212 (Rev. 5-04)

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

ISSUED BY

J. Weisner

CREDIT	67007		
20% Sales Tax	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>53</u>	<u>00</u>
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>53</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46298

Date: 6-5, 19 95From: James Hunter Address: 3904 Florence St S.D. 1A 92113In fifty three Dollars (\$ 53.00)In part Payment of pre-need trust
for James and Leola HunterLot 5156 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE 1223.00Pre-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. Baloblu

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>53</u>	<u>00</u>
Trust	9022		
Sales Tax	80101		
	78380		
TOTAL PAID	\$	<u>53</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46220

Date: 5-12, 1995
 From: JAMES HUNTER Address: 3904 Florence St., #10 92113
Three hundred & 60/100 Dollars (\$ 300.60)

 In cash Payment of pre need trust

 Lot 5156 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE \$1266.00
 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

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>300.60</u>
Trust	9022	
Sales Tax	60101	
	78380	

TOTAL PAID \$ 300.60

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46577

Date: 9-5, 1995
 From: James Hunter Address: 3904 Florence St., SD 92113
Fifty-three & no/100 Dollars (\$ 53.00)
 In past Payment of pre-need trust.

 Lot 5156 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12222

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.

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	53033	<u>53 00</u>
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>53 00</u>

ISSUED BY

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47784

From: James Hunter Address: 3904 Florence St. S.D. CA 92113
Fifty three and no/100 Dollars (\$ 53.00)
 In part Payment of Pre-need trust

Lot 5150 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE 421.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☒ Check ☐

AG-212 (Rev. 5-84)

 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	83033	<u>53</u>
Trust	8022	<u>00</u>
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>53 00</u>

ISSUED BY

Catrina Dungen

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

43094

From:

James Hunter

Address:

3704 Florence St

Date:

12-9

19

96

San Diego 92113

Dollars (\$

53.00

In

part

Payment of

Pre Need Trust

Lot

5156

Grave

Row

Section

Division

10

Invoice No.

Acct. No.

W.O.

E-12222

BALANCE DUE

262.00

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

CREDIT

90% Sales Care

57007

90% Sales

77184

of Lots

100

Opening/

77184

Closing

100

Burial

77181

Containers

100

Handling Fee

77182

Recording &

100

Misc. Fees

77183

Pre-Need

83033

Trust

8022

Sales Tax

80101

78360

TOTAL PAID

\$

53 00

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

ISSUED BY

J. Shultz

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48530

From: James Hunter Address: 3904 Florence St. San Diego 92113
Forty Seven and 10/10 Dollars (\$ 47.00)
 In full Payment of Pre-need trust for
James and Leola Hunter

Lot 5150 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12222BALANCE DUE 2Pre-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 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	
Pre-Need	83033	<u>47</u>
Trust	9022	<u>00</u>
Sales Tax	80101	
	78380	
TOTAL PAID		<u>47</u> <u>00</u>

ISSUED BY: Catrina Morgan

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-12-95

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

In a Liner Funeral, date, time FRI 5/19 1100

Church, Chapel, Graveside Church & Graveside CA Burial Mortuary.

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

will be applied and billed to undersigned.

War time veteran

✓ Lot 105 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 13.30

Total Due 1563.30

Paid receipt number 46241 390.00

Balance due 8173.30

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

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

Signature of recorded holder of deed

Work Order # E

PY-593 (Rev. 6-92)

12223

Invoice # 254049

Acct. # 085287

Shelia Capdee
Signature
X 3146 Clay St.
Address
X San Diego 92113
City Zip Code
X 531-8956
Telephone

MT. HOPE CEMETERY

W.O. # E-12223

NOTE

\$ 1173.30 San Diego, California 19 May 1995

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 ³⁰/₁₀₀ DOLLARS with interest from 19 JUNE 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 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 Sheli Cammell SIGNATURE X Sheli Cammell
ADDRESS X 3146 Clay Ave
CALIFORNIA DRIVER LICENSE NUMBER X NONE SSN # X 565-92-7326

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46241

Date: 5-19, 1995From: CA Burial Address: 5880 El Cajon Bl., SD 92115Three hundred ninety & 20/100 Dollars (\$ 390.00)In part Payment of Interment of Deekawon SmithLot 105 Grave 2 Row _____ Section 3 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-12223BALANCE DUE \$1173.30Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

8558

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

ISSUED BY

J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>390</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>390</u>	<u>00</u>

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) Deshawn		1B. MIDDLE Maurice		1C. LAST (FAMILY) Smith		2. DATE OF BIRTH MONTH DAY YEAR 12/04/1977		3. DATE OF DEATH MONTH DAY YEAR 05/12/1995		4. SEX M	
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 Sheila Campbell—Legal Guardian 3146 Clay Avenue San Diego, CA 92113							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Kyle Chase</i>		8B. DATE SIGNED 05/18/1995			
*ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 100725 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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/18/1995 Kyle Chase		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506732			
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 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 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 Mount Hope Cemetery, San Diego, CA				11B. DATE BURIED 5/19/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal sealed				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 <i>[Signature]</i>			
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 <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 -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		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 5-12-95

P.A.
You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROBLES, JULIO PA 1127400 1:45 PM
in a Liner Vault/Liner Funeral, date, time TUE 5/16 11:15
Church, Chapel, Graveside delivery only: Mayer 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

Lot 93 Grave 6 Row Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 1165.00

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 0

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E 12224

PY-593 (Rev. 8-92)

Invoice # 254036

Acct. # 000952

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-12224

20

1A. NAME OF DECEDENT—FIRST (GIVEN) Julio	1B. MIDDLE Cesar	1C. LAST (FAMILY) Robles	2. DATE OF BIRTH MONTH/DAY/YEAR 04/08/1974	3. DATE OF DEATH MONTH/DAY/YEAR 02/12/1995	4. SEX M
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 Public Administrator - L. Jamme	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary 2859 Adams Ave. San Diego, CA 92116		7B. CALIF. LICENSE NUMBER —IF APPLICABLE 1424		8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT 5201-A Ruffin Rd. San Diego, CA 92123	
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 05/15/1995		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS 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 7.00	9B. DATE PERMIT ISSUED 05/15/1995 John Mayer	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506566		
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				
AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS						
<table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <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 </td> <td style="width: 50%; vertical-align: top;"> <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 </td> </tr> </table>					<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 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)						

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 5/16/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
	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 SUFFI- CIENT 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 RE- MAINS DISPOSER —IF APPLICABLE			

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 2



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

E-12224

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

BY: CA (CK) IF

PAYMENT REF NO

AMT PAID: 386.00

INVOICE DATE
05/23/95PAYMENT DUE
06/22/95PERIOD COVERED
APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12224

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JULIO ROBLES PA #LL77400 SVCS
LOT 93 GRAVE 6 SEC 1 DIV 12
OPENING/CLOSING
LINER
RECORDING FEE126.00
165.00
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, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE.

AC-22 (Rev. 2/92)

White - Customer Copy • Yellow - Remittance Copy

INV NO. 254036

E-12224

254036 05/23/95 000952 COUNTY OF SAN DIEGO

100
100
100
100

072
072
072
072

77181 000072
77182 000072
77183 000072

06/09/95 CK 04-833699

386.00
165.00
50.00
45.00

386.00 0.00
PAID IN FULL

E12224

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MORRINO, RICCI A. DA 117877

In a Liner Funeral, date, time _____

Church, Chapel, Graveside Delivery only : Claremont 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 12225

PRE-
NEED

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-15-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROSIE D. ROSS

In a T.S. 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 NO

Lot 2150 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 17.50

Total Due 1867.50

Paid receipt number 467.00

Balance due 1400.50

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 _____

Work Order # E 12226

PY-593 (Rev. 3-92)

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Accl. # _____

VOID
did not return

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-15-95

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

of WILCOX, GLEN THURS 5/18/95 @ PM

In a Double Depth Cr Funeral, date, time THURS 5/18/95 1:00 PM

Church, Chapel, Graveside CHAPT 6-5 : Lakeside/Santa 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 C L H

War time veteran YES, WWII

Lot 1844 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund

Opening/Closing & Setup..... (ONE) 375.00

Burial Container..... 380.00

Handling Fees 320.00

Flower vases - Marker setting fee ONE GRV 23.70

Recording and filing fee 45.00

Sales taxes 26.60

Total Due 2165.30

Paid receipt number MASTER CARD 2165.30

Balance due 0

I hereby certify I am the X C L H 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

Patricia L. Hasty
Signature
9233 MARANDA DR
Address
Santee CA 92071
City
619-449-5784
Telephone
Zip Code

Work Order # E

12227

Invoice # _____

Acct # _____

12227

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) GLEN		1B. MIDDLE LEE		1C. LAST (FAMILY) WILCOX		2. DATE OF BIRTH MONTH DAY YEAR 01/16/1922		3. DATE OF DEATH MONTH DAY YEAR 05/12/1995		4. SEX M																											
5A. CITY OF DEATH SANTÉE				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT CARRIE HAVERTY (DAUGHTER) 9233 MARANDA DRIVE SANTÉE, CA. 92071																															
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LAKESIDE-SANTÉE F.C. 9840 MAINE AVE. LAKESIDE, CA.						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-997		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ma Houston</i>				8B. DATE SIGNED 05/16/1995																									
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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/18/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506722																											
ANY CHANGE IN DISPOSITION REQUIRES A NEW AND SHOW FINAL DISPOSITION.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA. 92186-5222				9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA																															
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS										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)																											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td rowspan="5" style="width: 10%; text-align: center; vertical-align: middle;">COMPLETE ALL APPLICABLE ITEMS</td> <td style="width: 10%; text-align: center;">BURIAL</td> <td style="width: 40%;">11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA.</td> <td style="width: 15%;">11B. DATE BURIED 5/18/95</td> <td style="width: 35%;">11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i></td> </tr> <tr> <td style="text-align: center;">CREMATION</td> <td>12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A</td> <td>12B. DATE CREMATED</td> <td>12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION</td> </tr> <tr> <td style="text-align: center;">SCIENTIFIC USE</td> <td>13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A</td> <td>13B. DATE RECEIVED</td> <td>13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY</td> </tr> <tr> <td style="text-align: center;">TRANSIT</td> <td>14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A</td> <td>14B. DATE SHIPPED</td> <td>14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER</td> </tr> <tr> <td style="text-align: center;">SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY</td> <td>15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION N/A</td> <td>15B. DATE OF DISPOSITION</td> <td>15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION</td> </tr> <tr> <td colspan="2"></td> <td colspan="2"></td> <td>15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE</td> </tr> </table>												COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA.	11B. DATE BURIED 5/18/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION					15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE
COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA.	11B. DATE BURIED 5/18/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>																																	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION																																	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY																																	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER																																	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA <u>DISTRICT</u> OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION																																	
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE																																	

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-15-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe 95-0643 PA 1180142

In a — Liner — Funeral, date, time MON 5/22/95 @ 1PM

Church, Chapel, Graveside — : Dunphy 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 149 Grave 5 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 Rebecca Barr of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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

12228

Invoice # 254052

Acct. # 000952



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

E-12228

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

7-17-95

BY: CA ☒ CK IF

PAYMENT REF NO

04-859568

AMT PAID: 386.00

INVOICE DATE

05/23/95

PAYMENT DUE

06/22/95

PERIOD COVERED

APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12228

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

#95-0642

JOHN DOE PA#1180142 SERVICES

LOT 149 GRAVE 5 SEC 1 DIV 12

OPENING/CLOSING

LINER

RECORDING FEE

126.00

165.00

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, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE.

White - Customer Copy • Yellow - Remittance Copy

INV NO. 254052

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-12228
UNIK

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

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN	1B. MIDDLE -	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH, DAY, YEAR Unknown	3. DATE OF DEATH MONTH, DAY, YEAR 04/01/1995	4. SEX M
5A. CITY OF DEATH Jamul		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rebecca Barr-Public Administrator 5201-A Ruffin Road San Diego CA 92123	
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		
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>Judith E. King</i>		
			8B. DATE SIGNED 05/16/1995		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT DOES NO HINT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/17/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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				FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<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				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 5/22/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>card board</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	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 5-15-95

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

of John Doe 95-0509 PA 1180169

In a — Liner — Funeral, date, time Mon 5/22/95 @ 1PM

Church, Chapel, Graveside — : Dunphy 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 163 Grave 108 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 0

I hereby certify I am the Rebecca Barr of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 12229

PY-593 (Rev. 9-92)

Invoice # 254051

Acct. # 000952



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

E-12229

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

6-9-95

BY: CA ☒ IF

PAYMENT REF NO

04-833699

AMT PAID:

386.00

INVOICE DATE

05/23/95

PAYMENT DUE

06/22/95

PERIOD COVERED

APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12229

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JOHN DUE PA#1180169 SERVICES

LOT 25 GRAVE 8 SEC 1 DIV 12

OPENING/CLOSING

LINER

RECORDING FEE

126.00

165.00

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, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT

AC 920412/95

ABOVE

White - Customer Copy • Yellow - Remittance Copy

INV NO. 254051

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) JOHN		1B. MIDDLE -	1C. LAST (FAMILY) DOE		2. DATE OF BIRTH MONTH, DAY, YEAR Unknown	3. DATE OF DEATH MONTH, DAY, YEAR 03/14/1995	4. SEX M
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 Rebecca Barr - Public Administrator 5201-A Ruffin Road San Diego CA 92123		
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 P-964		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith Etking</i>	
				8B. DATE SIGNED 05/16/1995			

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 \$7.00		9B. DATE PERMIT ISSUED 05/17/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</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.		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 Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 5/22/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>Card Land</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E-12229

254051 05/23/95 000952 COUNTY OF SAN DIEGO

E ~~12229~~

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

06/09/95 CK 04-833699

386.00
165.00
50.00
45.00
126.00

386.00

0.00
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-15-95

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

of John Doe 95-0368 PA 1180150

In a liner Funeral, date, time MON 5/22/95 @ 1PM

Church, Chapel, 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 76 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund _____

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

Total Due 386.00

Paid receipt number _____

Balance due ✓

Rebecca Barr

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

12230

Invoice # 254053

Acct. # 000952



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

E-12230

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE 6-9-95
BY: CA (CK) IFPAYMENT REF NO 04-833699 | AMT PAID: 386.00INVOICE DATE
05/23/95PAYMENT DUE
06/22/95PERIOD COVERED
APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOHANN WAITS

REF NO: E-12230

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JOHN DOE PA#1180150 SERVICES

LOT 76 GRAVE 4 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

AD-220 (Rev 12/92) ABOVE White - Customer Copy • Yellow - Remittance Copy NO. 254053

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) JOHN		1B. MIDDLE -	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH, DAY, YEAR Unknown	3. DATE OF DEATH MONTH, DAY, YEAR 02/22/1995	4. SEX M
5A. CITY OF DEATH Jamal			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Rebecca Barr - Public Administrator 5201-A Ruffin Road San Diego CA 92123		
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		
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.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Judith E. King</i>		8B. DATE SIGNED 05/16/1995

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 05 / 17 / 1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	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 Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 5/25/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A Cardboard	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ►
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ►
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ►
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	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-12230

14053 05/23/95 000952 COUNTY OF SAN DIEGO

E 12230

100 072
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67007

77181 000072
77182 000072
77183 000072
77184

06/09/95 CK C4-833699

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 5-15-95

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

in a Funeral, date, time Fri. 5/19 1PM

Church, Chapel, Graveside Bagdale 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 3253 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 #46232 68.00

Balance due 202.00

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. 6/1/95 - bal. #102.00

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

Signature of recorded holder of deed

X Barry Harris
Signature 4439 Ohio St #5
Address San Diego 92116
City 584-7986 Zip Code
Telephone

Invoice # 253977

Acct. # 085275

Work Order # E

PY-593 (Rev. 8-92)

12231

MT. HOPE CEMETERY

W.O.# E-12231

NOTE

202.00 San Diego, California 15 MAY 1995

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 Two hundred two & no/100 DOLLARS with interest from 19 JUNE 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 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 Bethany Harris SIGNATURE x Bethany Harris
ADDRESS x 4439 Ohio St #5 S.D. CA 92116
CALIFORNIA DRIVER LICENSE NUMBER x A8596540 SSN # x 552-08-5959

E-12231

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURERACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORMCUSTOMER ACCOUNT NO. 085275

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE

6/1/95

PAID BY (CIRCLE ONE):

CA

☒ CK

NF

Hand delivered

PAYMENT REFERENCE NUMBER

#1607

AMOUNT PAID

\$100.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME

Bethany Harris

PAYOR NAME

SAME

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

4439 OLIV ST #5S.D. CA. 92116

REMARKS

Nichole L. Clark

CASHIER

INV. NO.

253977

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-12231
still

1A. NAME OF DECEDENT—FIRST (GIVEN) DaNell		1B. MIDDLE Nathaniel	1C. LAST (FAMILY) Harris		2. DATE OF BIRTH MONTH DAY YEAR 05/11/1995	3. DATE OF DEATH MONTH DAY YEAR 05/11/1995	4. SEX M
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 Bethany Harris, Mother 4439 Ohio St. #5 San Diego, CA 92116			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Andershn-Ragsdale Mott.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>[Signature]</i> 05/15/1995			
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 \$7.00					
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW 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.		9B. DATE PERMIT ISSUED 05/16/1995 <i>[Signature]</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506601	
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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA		11B. DATE BURIED 5/19/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46232

Date: May 16, 19 95From: Kimberly Diggs Address: 1629 Pentecost Way #2 S.D. 92105
Sixty Eight & 2/100 Dollars (\$ 68.00)
 In _____ Payment of Interment of Danell Nathaniel Harris

 Lot 3253 Grave — Row — Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-12231BALANCE DUE 202 00Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

#685

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

ISSUED BY

M. Clark

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100	<u>68</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
Sales Tax	9022		
	80101		
	78360		
TOTAL PAID	\$	<u>68</u>	<u>00</u>

E-12231

253977	05/22/95	085275	BETHANY HARRIS		06/01/95	CK	1607	100.00	202.00	PARTIAL	102.00
			100	072	77181	000072		61.88			
			100	072	77183	000072		22.28			
			100	072	77184	000072		5.94			
			67007		77184			9.90			

E-12231

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-15-95

center
foot of the
grave.

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

In a Ash Vault Funeral, date, time Wed 5-17, 11:00 A.M.

Church, Chapel, Graveside Chap + 6 S : Lewis Colonial Mortuary

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

War time veteran _____

Lot 4211 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund C 9298

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 3.85

Total Due 268.85

Paid receipt number 46226 268.85

Balance due 0

I hereby certify I am the GRANDDAUGHTER of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold ML Hope Cemetery harmless from
any liability 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
Signature PO Box 219
Address BONITA 91908
City 619 475 7839 Zip Code
Telephone

Work Order # E 12232

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46226

Date: 5-15, 1995From: Sharon Asakawa Address: 3466 Malito Dr. Bonita, CA 91902In two hundred sixty eight \$5/100 Dollars (\$ 268.85)In full Payment of interment of Totita, LEILot 4211 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12232BALANCE DUE QPre-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. Beloblay

CREDIT	67007		
20% Sales Tax	77184		
60% Sales of Lots	100		
Opening/Closing	77184	<u>105</u>	<u>00</u>
Burial	100		
Containers	77181	<u>55</u>	<u>00</u>
	100		
Handling Fee	77182	<u>60</u>	<u>00</u>
Recording & Misc. Fees	100		
	77183	<u>45</u>	<u>00</u>
Pre-Need Trust	63093		
Sales Tax	9022		
	80101	<u>3</u>	<u>85</u>
	78390		
TOTAL PAID	\$	<u>268</u>	<u>85</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-15, 1995

 From: Sharon Asakawa Address: 3466 MALITO DR. BONITA CA. 91902
 twenty three and 70/100 Dollars (\$ 23.70)

 In full Payment of installation of galv. flower
 can for Tokyo kot

Lot 4211 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E 12232

BALANCE DUE 2

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

AC-212 (Rev. 5-84)

546

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

ISSUED BY

V. Baholden

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100	10	00
Containers	77182		
	100	13	02
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101		70
	78390		
TOTAL PAID	\$	23	70

E-12232

LEWIS COLONIAL
67550

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) KKI		1B. MIDDLE --	1C. LAST (FAMILY) TOKITA		2. DATE OF BIRTH MONTH DAY YEAR 09/23/1895	3. DATE OF DEATH MONTH DAY YEAR 05/14/1995	4. SEX F
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 ELISE HASHIMOTO - DAUGHTER P.O. BOX 219 BONITA, CA 91908		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Don Id</i>		8B. DATE SIGNED 05/15/1995
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 DOES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/15/1995		
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					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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102			11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY/MAUSOLEUM 3953 IMPERIAL AVE SAN DIEGO, CA 92113			12B. DATE CREMATED 5/16/95	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A T.S. Ash Vault			13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A			14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A			15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

*Pre-Need
Lot*

Date 5-15-95

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

of Juanita Atkins

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 NO

✓ Lot 95 Grave 10 Row _____ Section 2 Division Block 11

Grave space & Care Fund 895.00

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee

Sales taxes

1991 Total Due 895.00
credit
Paid receipt number R-46228 = 516.00
Balance due 309.00

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

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

Signature of recorded holder of deed _____

Gloria M. Atkins
Signature
Gloria M. Atkins
Address
Gloria M. Atkins
City
Gloria M. Atkins
Telephone

Work Order # E 12233
PY-593 (Rev. 9-92)

Invoice # _____
Acct. # _____

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12233

Pre-Need

Juanita M. Atkins

Lot

350 Las Flores Terrace

San Diego, Ca. 92114

(95-10-2-11)

Month and Day Due Indicated Below

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

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

\$ 20.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

NAME

Gloria Atkins

ADDRESS

Same

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-12233

Pre-Need Lot

Juanita M. Atkins

350 Las Flores Terrace

San Diego, CA 92114

(95-10-2-11)

Month and Day Due Indicated Below

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

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

\$ 20.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME Gloria Atkins

ADDRESS Same

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-12223****Pre-Need
Lot****Juanita M. Atkins
350 Las Flores Terrace
San Diego, Ca. 92114
(95-10-2-11)****Month and Day Due Indicated Below**

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

Amount due when paid on, or before,
due date above: \$ 20.00Amount due if paid more than _____ days
after due date above: \$ —\$ —Amount Received \$ 20—NAME Gloria AtkinsADDRESS 350 Las Flores Ter,CITY S.D. STATE CA ZIP 92114☐ check (✓) if this is new address

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46306

From: Gloria Atkins Date: 6/6, 1995
 Address: 350 Las Flores Terrace, S.B. 92114
Sixty dollars & 00/100 Dollars (\$ 60 00)
 In _____ Payment of Pre-Need Lot

Lot 95 Grave 10 Row _____ Section 2 Division 11
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12233BALANCE DUE \$ 410.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

#291

AG-212 (Rev. 5-94)

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100	<u>60</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		
	78380		
TOTAL PAID	\$	<u>60</u>	<u>00</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 16, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe (95-0313) PA# 1180185

In a lines Funeral, date, time 5/18/95 @ 10:30am Thurs

Church, Chapel, Graveside delivery only 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

Lot 41 Grave 5 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 0

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E 12234

PY-593 (Rev. 8-82)

Invoice # 254039

Acct. # 000952

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) JOHN	1B. MIDDLE -	1C. LAST (FAMILY) DOK	2. DATE OF BIRTH MONTH DAY YEAR UNKNOWN	3. DATE DEATH MONTH DAY YEAR 02/15/1995	4. SEX M
5A. CITY OF DEATH SOLANA BEACH		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LEE JAMES; PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GLAN ARREY MORTUARY; 3838 MONITA ROAD, MONITA, CA 91902			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1371		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victor M...</i>
			8B. DATE SIGNED 05/17/1995		

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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID: 7.00 9B. DATE PERMIT ISSUED: 05/17/1995 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: <i>[Signature]</i>
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 |
|--|--|

FOR CORONER'S USE ONLY

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY; 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 5/18/95	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.



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

E-12234

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE 6-9-95
BY: CA (CK) IFPAYMENT REF NO 04-833699 | AMT PAID: 386.00

INVOICE DATE 05/23/95 PAYMENT DUE 06/22/95 PERIOD COVERED APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-12234
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DUE PA#1180185 SERVICES	
LOT 41 GRAVE 5 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

ACCT NO. 254032 White - Customer Copy • Yellow - Remittance Copy

E-12234

254039 05/23/95 000952

COUNTY OF SAN DIEGO

E 102 24

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184
06/09/95 CK 04-833699

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 May 16, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe (95-0506) PA # 1180177

In a Cliner Funeral, date, time THURS 5/18/95 @ 10:30am

Church, Chapel, Graveside delivery only, 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

Lot 91 Grave 4 Row Section 3 Division/Block 12

Grave space & Care Fund 120.00

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 0

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E

12235

PY-593 (Rev. 8-92)

Invoice # 254042

Acct. # 000952

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) JOHN		1B. MIDDLE -	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH DAY YEAR UNKNOWN	3. DATE OF DEATH MONTH DAY YEAR 03/13/1995	4. SEX M
5A. CITY OF DEATH IMPERIAL BEACH			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT LEE JAMES; PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GLENN ARREY MORTUARY; 3838 BONITA ROAD, BONITA, CA 91902			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1371	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victor M...</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 05/17/1995			

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 05/17/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <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)
--	--	--	--	---

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY; 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5/18/95	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.



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

E-12235

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

6-9-95

BY: CA ☒ CK IF

PAYMENT REF NO

04-833699

AMT PAID:

386.00

INVOICE DATE

05/23/95

PAYMENT DUE

06/22/95

PERIOD COVERED

APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12235

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 612 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JOHN DOE PA#1180177 SERVICES

LOT 91 GRAVE 4 SEC 3 DIV 12

OPENING/CLOSING

LINER

RECORDING FEE

126.00

155.00

30.00

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, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT

LISTED ABOVE White - Customer Copy • Yellow - Remittance Copy BY NO. 254042

E-12235

254042 05/23/95 000952

COUNTY OF SAN DIEGO

~~E-12235~~

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

06/09/95 CK 04-833699

386.00
165.00
50.00
45.00
126.00

386.00

0.00
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 16, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA # # 1180193

In a liner Funeral, date, time THURS 5/18/95 @ 10:30am

Church, Chapel, Graveside delivery, only, Glen Abbey Mortuary J. & Greenwald

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 100 Grave 6 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

12236

Invoice # 254040

Acct. # 000952



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

E-12236

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

7-17-95

BY: CA (CK) IF

PAYMENT REF NO

04-859568

AMT PAID:

386.00

INVOICE DATE

05/23/95

PAYMENT DUE

06/22/95

PERIOD COVERED

APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12236

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JOHN DOE PA#1180193 SERVICES

LOT 100 GRAVE 6 SEC 1 DIV 12

OPENING/CLOSING

LINER

RECORDING FEE

126.00

165.00

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, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT

AC-22 (Rev. 2/92)

ABOVE

White - Customer Copy • Yellow - Remittance Copy

NO. 254040

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) JOHN		1B. MIDDLE -	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH DAY YEAR UNKNOWN	3. DATE OF DEATH MONTH DAY YEAR 03/23/1995	4. SEX M
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 LEE JAMES; PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GLEN ARNEY MORTUARY; 3838 BONITA ROAD, BONITA, CA 91902			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-943	8A. SIGNATURE OF APPLICANT—Person taking permit. <i>Victor M...</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 05/17/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 05/17/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <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 MOUNT HOPE CEMETERY; 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5/18/95	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 SUFFI- CIENT 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 May 16, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ricci Allen Marino PA# 1178717

in a liner Funeral, date, time ERI 5/19/95 @ 11AM

Church, Chapel, Graveside delivery only : cremation Mortuary.

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

will be applied and billed to undersigned.

War time veteran

✓ Lot 100 Grave 9 Row Section 1 Division/Block 12

Grave space & Care Fund 136.00

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 0

Kathryn Howard

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E 12237

PY-593 (Rev. 8-92)

Invoice # 253979

Acct. # 000952



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

E-12237

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

6-9-95

BY: CA (CK) IF

PAYMENT REF NO. 04-833699

AMT PAID:

386.00

INVOICE DATE

05/22/95

PAYMENT DUE

06/21/95

PERIOD COVERED

APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12237

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

RICCI A MARINO PA 1178717 SVCS

LOT 100 GRAVE 9 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

AD-22-00-1-1/95

LISTED ABOVE

White - Customer Copy • Yellow - Remittance Copy

INV NO. 253979

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) RICCI		1B. MIDDLE ALLEN	1C. LAST (FAMILY) MARINO	2. DATE OF BIRTH MONTH DAY YEAR 04/20/1959	3. DATE OF DEATH MONTH DAY YEAR 04/15/1995	4. SEX M
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 KATHERINE HOWARD: DEPUTY PA 5201-A HUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE., SAN DIEGO, CA				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1126		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victor M...</i>
				8B. DATE SIGNED 05/16/1995		

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.		9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 05/17/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</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 GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		
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"/> 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: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 5/19/95	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.

E-12237

253979 05/22/95 000952 COUNTY OF SAN DIEGO
E 12237 100 072
100 072
100 072
67007

06/09/95 CK 04-833699
77181 000072
77182 000072
77183 000072
77184

386.00
165.00
50.00
45.00
126.00

386.00 0.00
PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 16, 1995

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

of Mrs. Clyde Brown

In a T.S. 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 12 Grave 2 Row _____ Section 17 Division/Block 7

Grave space & Care Fund Pre-Paid D-7476 0

Additional spaces and care fund _____ 0

Opening/Closing & Setup _____ 375.00

Burial Container _____ 250.00

Handling Fees _____ 185.00

Flower vases - Marker setting fee _____ 0

Recording and filing fee _____ 45.00

Sales taxes _____ 17.50

Total Due 872.50

Paid receipt number R-46345 872.50

Balance due 0

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

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

Signature of recorded holder of deed

Work Order # E

PY-593 (Rev. 8-92)

12238

Invoice # _____

Acct. # _____

OVER

The total amount of \$872.50
was sent 6-7-95 in the form of a
Wells Fargo Cashiers check & personal
check.

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46345

Date: 6-15, 1995
 From: Mrs. Clyde M. Brown Address: 3714 1st Ave., Sd CA 92103
Eight hundred seventy-two & 50/100 Dollars (\$ 872.50)
 In full Payment of Pre-need Trust for Mrs. Clyde Brown

 Lot 12 Grave 2 Row _____ Section 17 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-12238BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒Personal 2283

AG-212 (Rev. 5-84)

Wells Fargo: 0230026865

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

ISSUED BY

J. Rauch

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	77184	
Opening/Closing	100	
Burial Containers	77181	<u>375.00</u>
Handling Fee	100	
Recording & Misc. Fees	77182	<u>250.00</u>
Pre-Need Trust	100	
Sales Tax	77185	<u>185.00</u>
	100	
	77183	<u>45.00</u>
	63033	
	9022	
	60101	<u>17.50</u>
	78390	
TOTAL PAID	\$	<u>872.50</u>

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5/17/95

*Transfer
of Ownership*

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To: Victoria Hill

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 19 Grave 10412 Row _____ Section 2 Division 7

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee Transfer Fee 45.00

Sales taxes _____

Total Due 45.00

Paid receipt number R-46304 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 _____

X Reginald L. Hill
X 3933 Carpenter ave
X North Hollywood 91607
X (818) 763-7777 Zip Code
X Telephone

Work Order # E 12239

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

12016



OWNERSHIP AND INTERMENT PRIVILEGES

TO VICTORIA HILL for the sum of \$ 45.00 (DOLLARS)

LEGAL DESCRIPTION Lot 19 Graves 10 & 12 Section 2 Division 7

AS DESCRIBED ON PURCHASE ORDER NUMBER E-12239

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 FOR WHAT IS ALLOWED IN THIS AREA.


Cemetery Manager


Real Estate Assets Director

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.

Monday through Friday • Gates open daily

17, 1995

E-12239

Mr. Reginald Hill
5933 Carpenter Avenue
No. Hollywood, Ca. 91607

Dear Mr. Hill:

We are in receipt of the Quitclaim Deed wherein you have given your grave spaces to Victoria J. Hill.

Enclosed, for your signature, is paperwork required by our office to facilitate your request. Please sign enclosed form by the red "x's" and return the form as.

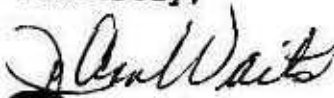
Also, there is a Transfer of Ownership fee of \$45.00 required by the cemetery in order to change all of the cemetery records to reflect the new owner of the property.

Please remit to us a check or Money Order made payable to Mt. Hope Cemetery in the above mentioned amount and the signed form so we may process this information and update our records.

After our records have been updated, we will issue a new deed to Victoria Hill showing her as the owner of these graves. We will send you a receipt for the payment and a copy of all the paperwork you signed.

If you have any questions, please contact us at the above listed address or phone number.

Sincerely,


Ann Waits,
Cemetery Manager

enclosure

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46304

Date: 6-5, 19 95From: R. K. Hill Address: 5933 Carpenter Ave., N. Hollywood
Forty-five & 20/100 Dollars (\$ 45.00) 91607
In _____ Payment of Transfer fee
 Lot 19 Grave 10 & 12 Row _____ Section 2 Division Block 7

Invoice No. _____

Acct. No. _____

W.O. E-12239BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

0831

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

ISSUED BY

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	45 00
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	45 00

E-12239 JAW

Manager:
Mt Hope Cemetery

April 28, 1995

Dear Sir,

Enclosed is a Quitclaim Deed for
two lots in Mt Hope Cemetery.

I would appreciate your recording of
this deed and changing your records
accordingly.

Yours Very Truly

Reginald L Hill

RECORDING REQUESTED BY

E-12239

AND WHEN RECORDED MAIL TO

Name

Street
Address

City &
State

Victoria J. Hill
5933 Carpenter ave.
No. Hollywood Ca. 91607

MAIL TAX STATEMENTS TO

Name

Street
Address

City &
State

SPACE ABOVE THIS LINE FOR RECORDER'S USE

Individual Quitclaim Deed

TO 1922 CA (1-75)

THIS FORM FURNISHED BY TICOR TITLE INSURERS

A. P. N.

The undersigned grantor(s) declare(s):

Documentary transfer tax is \$ _____.

() computed on full value of property conveyed, or

() computed on full value less value of liens and encumbrances remaining at time of sale.

() Unincorporated area: () City of _____, and

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, Reginald L. Hill

hereby REMISE(S), RELEASE(S) AND FOREVER QUITCLAIM(S) to Victoria J. Hill

the following described real property in the
State of California:

County of

Mt. Hope Cemetery, San Diego, California

Lot 19, Graves 10 and 12, Section 2, Division 7

Dated

April 26, 1995

Reginald L. Hill

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

On APRIL 26, 1995 before me, the under-
signed, a Notary Public in and for said State, personally appeared

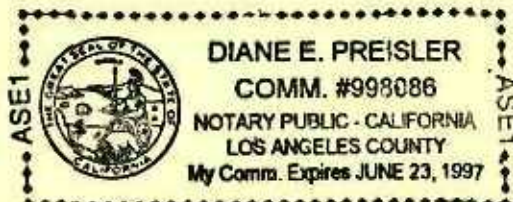
REGINALD L. HILL

} SS.

PROVED ON SATISFACTORY EVIDENCE, known to me
to be the person whose name IS subscribed to the within
instrument and acknowledged that HE executed the same.
WITNESS my hand and official seal.

Signature

Diane E. Preisler



(This area for official notarial seal)

Title Order No.

Escrow or Loan No.

MAIL TAX STATEMENTS AS DIRECTED ABOVE

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-17-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Miller Patrick PA#1179039

in a Linear ^{Vault/Line} Funeral, date, time Thurs 5-18: 1:00 P.M.

Church, Chapel, Graveside Delivery only Mayer Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

Lot 107 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund _____ 126.00

Additional spaces and care fund _____ 1165.00

Opening/Closing & Setup _____ 50.00

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Total Due 386.00

Paid receipt number _____

Balance due 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E

12240

Invoice # 254037

Acct. # 000952



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

E-12240

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

6-9-95

BY: CA ☒ CK IF

PAYMENT REF NO 04-833699

AMT PAID:

386.00

INVOICE DATE
05/23/95PAYMENT DUE
06/22/95PERIOD COVERED
APRILFOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JOANN WAITS REF NO: E-12240
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 5400

DESCRIPTION OF CHARGES

AMOUNT

PATRICK MILLER PA#1179039 SVCS
LOT 107 GRAVE 9 SEC 1 DIV 12
OPENING/CLOSING
LINER
RECORDING FEE126.00
165.00
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, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT

LISTED ABOVE White - Customer Copy • Yellow - Remittance Copy NO. 254037

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) Patrick		1B. MIDDLE luke	1C. LAST (FAMILY) Miller	2. DATE OF BIRTH MONTH DAY YEAR 09/02/1975	3. DATE OF DEATH MONTH DAY YEAR 04/21/1995	4. SEX M
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 Public Administrator-R. Barr 5201-A Ruffin Rd. San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA				7B. CALIF. LICENSE NUMBER IF APPLICABLE 1424		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge an applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 18325 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person holding permit <i>[Signature]</i>		
				8B. DATE SIGNED 05/17/1995		
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.		8A. AMOUNT OF FEE PAID \$7.00	8B. DATE PERMIT ISSUED 05/17/1995 James Hale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506687	
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 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				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 Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 5/18/95	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 5/16/00	13C. SIGNATURE OF 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 5/16/00	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION 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.

PAID IN FULL 0.00

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-17-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA # 1180061

In a Linear Funeral, date, time Fri 5-19: 1:00AM

Church, Chapel, Graveside Delivery : Wagon Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

Lot 114 Grave 9 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 0

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Work Order # E 12241

PY-593 (Rev. 8-92)

Invoice # 253978

Acct. # 000952



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

E-12241

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE 6-9-95
BY: CA (CK) IFPAYMENT REF NO 04-833699 | AMT PAID: 386.00INVOICE DATE
05/22/95PAYMENT DUE
06/21/95PERIOD COVERED
APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12241

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
17 95-0216	
JOHN DOE PA 1180061 SVCS	
LOT 114 GRAVE 9 SEC 1 DIV 12	126.00
OPENING/CLSING	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

AC22 (Rev 12/90) ABOVE White - Customer Copy • Yellow - Remittance Copy NO. 253978

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-12241
unk

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

1A. NAME OF DECEDENT—FIRST (GIVEN) John		1B. MIDDLE ---	1C. LAST (FAMILY) Doe	2. DATE OF BIRTH MONTH DAY YEAR Unknown	3. DATE OF DEATH MONTH DAY YEAR 01/31/1995	4. SEX M
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 REGISTRAR Public Administrator—L. Jamme		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA				7B. CALIF. LICENSE NUMBER IF APPLICABLE 1424		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
				8B. DATE SIGNED 05/18/1995		

95-0216 PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT OWES NO DEBT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 05/19/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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 CREMATION SCIENTIFIC USE TRANSIT SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 5/19/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>[Signature]</i> Particle Board	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>	
	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 SUFFI- CIENT 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 RE- MAINS 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 12241

253978 05/22/95 000952 COUNTY OF SAN DIEGO

E 12241

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

06/09/95 CK 04-833699

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 5-17-95

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

of John Doe PA # 1180088

In a Linen Funeral, date, time THURS 5-18: 1:20 P.M.

Church, Chapel, Graveside Delivery : Mayen 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 107 Grave 6 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 0

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E 12242

PY-593 (Rev. 8-92)

Invoice # 354038

Acct. # 000952



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

E-12242

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

6-9-95

BY: CA (CK) IF

PAYMENT REF NO

04-833699

AMT PAID:

386.00

INVOICE DATE

05/23/95

PAYMENT DUE

06/22/95

PERIOD COVERED

APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12242

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

IF 95-0521

JOHN DOE PA#1180088 SERVICES
LOT 107 GRAVE 6 SEC 1 DIV 12
OPENING/CLOSING
LINER
RECORDING FEE126.00
165.00
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, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT

LISTED ABOVE

JULY NO. 254038

While - Customer Copy • Yellow - Remittance Copy

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) John		1B. MIDDLE —		1C. LAST (FAMILY) Doe		2. DATE OF BIRTH MONTH DAY YEAR Unknown		3. DATE OF DEATH MONTH DAY YEAR 03/16/1995		4. SEX M	
5A. CITY OF DEATH Imperial Beach				5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE Public Administrator—M. Hostetter					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA						7B. CALIF. LICENSE NUMBER IF APPLICABLE 1424		5201-A Ruffin Rd. San Diego, CA 92123			
8A. SIGNATURE OF APPLICANT—Person holding permit <i>[Signature]</i>								8B. DATE SIGNED 05/17/1995			

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 7109 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/17/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>	
---	--	---	--	---	--	---	--

PERMIT 95-0521 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 DOES NOT IMPLY OF DISPOSAL OUTSIDE OF CALIFORNIA.		9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	
		10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <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)			

COMPLETE, ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 5/18/95	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.

E-12242

254038 05/23/95 000952 COUNTY OF SAN DIEGO
E 12242 100 072
100 072
100 072
67007

77181 000072 06/09/95 CK 04-833699
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 May 17, 95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe #95-0469 PA #1180126

In a lines Funeral, date, time TUES 5/23 @ 12NOON

Church, Chapel, Graveside 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

✓ Lot 17 Grave 8 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.-

Handling Fees *

Flower vases - Marker setting fee

Recording and filing fee 45-

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

12243

PV-593 (Rev. 8-92)

Invoice # 254236

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P.O. Box 2289
San Diego, California 92112

E-12243

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE

7-17-95

BY: CA (CK) IF

PAYMENT REF NO 04-859568

AMT PAID: 386.00

INVOICE DATE
05/26/95

PAYMENT DUE
06/25/95

PERIOD COVERED
APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS REF NO: E-12243
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JOHN DOE ME#95-Q469 PA1180126	
LOT 17 GRAVE 8 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. 254236

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) JOHN	1B. MIDDLE -	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH, DAY, YEAR UNK	3. DATE OF DEATH MONTH, DAY, YEAR 03/08/1995	4. SEX M
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 PUBLIC ADMINISTRATOR, KATHERINE HOWARD 5201A RUFFIN ROAD SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>
			8B. DATE SIGNED 05/19/1995		

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA. 9A. AMOUNT OF FEE PAID 7.00 9B. DATE PERMIT ISSUED 05/19/1995 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT T.C. MITCHELL <i>[Signature]</i> 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92106-5222 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 checked="" 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 MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 5/23/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>Press Board</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

COPY 2 IS RETAINED BY 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 May 17, 95

Adm Richard Wells

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

of John Doe #94-1907 PO#1180096

In a liner Funeral, date, time Mon 5/22 10:30am

Church, Chapel, Graveside Markley 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

✓ Lot 129 Grave 7 Row Section 1 Division/Block 12

Grave space & Care Fund 126.00

Additional spaces and care fund

Opening/Closing & Setup 165.00

Burial Container 50.00

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

Total Due 386.00

Paid receipt number

Balance due

*6/9/95 Paid
m full
Disinterred
11/4/03*

*Kathryn
Howard*

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order #

E 12244

PY-593 (Rev. 8-92)

Invoice # 254056

Acct. # 000952



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

E-12244

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

6-9-95

BY:

CA

(CK)

IF

PAYMENT REF NO

04-833699

AMT PAID:

386.00

INVOICE DATE

05/23/95

PAYMENT DUE

06/22/95

PERIOD COVERED

APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12244

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

77-1707

JOHN DOE PA#1180096 SERVICES

LOT 129 GRAVE 7 SEC 1 DIV 12

OPENING/CLOSING

LINER

RECORDING FEE

126.00

165.00

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, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE.

AC 2204 12/92

While - Customer Copy • Yellow - Remittance Copy

DIV NO. 254056

F-12244 unk

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) JOHN		1B. MIDDLE —	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH, DAY, YEAR UNK	3. DATE OF DEATH MONTH, DAY, YEAR 10/10/1994	4. SEX M
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 PUBLIC ADMINISTRATOR, KATHERINE HOWARD 5201A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH MERKLEY-NITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		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 103276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 05/19/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 05/19/1995 T.C. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222			
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA				

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 checked="" 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 MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 5/22/95	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 SUFFI- CIENT 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-12244

254056 05/23/95 000952 COUNTY OF SAN DIEGO

06/09/95 CK 04-833699

386.00

386.00

0.00

E-12244

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 17, 95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe #95-0612 PA #1180118

In a lines Funeral, date, time MON 5/22 10:30am

Church, Chapel, Graveside Mentley-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

✓ Lot 121 Grave 4 Row 1 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 0

Balance due -

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

12245

Invoice # 254057

Acct # 000952



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

E-12245

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

6-9-95

BY: CA CK IF

PAYMENT REF NO 04-23299

AMT PAID: 386.00

INVOICE DATE
05/23/95

PAYMENT DUE
06/22/95

PERIOD COVERED
APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12245

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JOHN DOE PA#1180118 SERVICES

LOT 121 GRAVE 4 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. White - Customer Copy • Yellow - Remittance Copy

FOLY NO. 254057

E-12245

254057 05/23/95 000952 COUNTY OF SAN DIEGO

100 072
100 072
100 072
67007

77181 000072
77182 000072
77183 000072
77184

06/09/95 CK 04-833699

386.00
165.00
50.00
45.00
126.00

386.00

PAID IN FULL 0.00

NUMBER OF INVOICES PAID
TOTAL AMOUNT PAID

17
9,351.00

E12245

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 17, 95

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

of Mary B. Gray

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 69 Grave 7 Row Section 1 Division/Block 11

Grave space & Care Fund 895⁰⁰

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 895⁰⁰

Paid receipt number Rec # 46236 600⁰⁰

Balance due 295⁰⁰

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

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

Signature of recorded holder of deed

MARY B. Gray
Signature
3352 Durant St
Address
San Diego Ca 92113
City
619-239-7422 Zip code
Telephone

Work Order # E 12246

Invoice #

Acct. #



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

12022



OWNERSHIP AND INTERMENT PRIVILEGES

TO MARY B. IVY for the sum of \$ 895.00 (DOLLARS)

LEGAL DESCRIPTION Lot 69, Grave 7, Section 1, Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-12246

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

John A. Waite
Cemetery Manager

J. T. [Signature]
Real Estate Assets Director

ACCT. NO.



ADDRESS 3352 Durant St. S.D. 92113

RATING

LIMIT

[illegible]

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46236

Date: 5/17, 19 95From: Mary Gray Address: _____In _____ Dollars (\$ Six Hundred & 00/100)Payment of Pre-Paid LotLot 69 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12246BALANCE DUE \$295.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒# 1104

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	77164	
80% Sales	100	<u>600.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>600.00</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46452

Date: 7/18, 19 95
 From: Mary B. Inup Address: 3352 Durant St. S.D. 92119
Two hundred ninety five Dollars (\$) 295.00

In _____ Payment of _____

 Lot 69 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 12246BALANCE DUE 0Pre-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

CREDIT	67007	<u>179</u>	<u>00</u>
20% Sales Tax	77184		
80% Sales of Lots	100	<u>116</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
	77182		
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	83033		
Sales Tax	9022		
	80101		
	78390		

TOTAL PAID

295.00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

F-12245
L NIK

1A. NAME OF DECEDENT—FIRST (GIVEN) JOHN		1B. MIDDLE —	1C. LAST (FAMILY) DOE	2. DATE OF BIRTH MONTH, DAY, YEAR UNK	3. DATE OF DEATH MONTH, DAY, YEAR 03/28/1995	4. SEX M
5A. CITY OF DEATH PINE VALLEY			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PUBLIC ADMINISTRATOR, KATHERINE HOWARD 5201A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		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 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 05/19/1995		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. <small>NOTE: THIS PERMIT GRANTS NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.</small>	8A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 05/19/1995 T.C. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>K. R. P...</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS <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 checked="" 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 MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 5/22/95	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 SUFFI- CIENT 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 May 18, 1995

PRE-NEED
LOT TRUST

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

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 174 Grave 2 Row _____ Section 1 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 _____

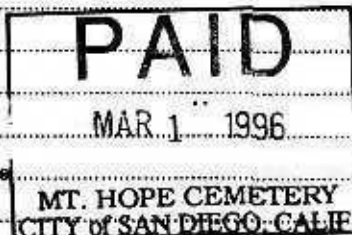
Recording and filing fee _____ 45.00

Sales taxes _____ 13.30

Total Due _____ 1563.30

Paid receipt number Pd VISA 391.00

Balance due 1172.30



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

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

Signature of recorded holder of deed _____

Vella Staten
Signature
204 N Drexel Av
Address
San Diego CA 92101
City
619-261-5386
Telephone

Work Order # E 12247

PY-593 (Rev. 8-92)

Invoice # _____

Acct. # _____

Send or bring one coupon with each remittance

COUPON

1

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12247

Pre-Need Lot &
Trust

Vella Staten

204 N. Drexel Ave

National City, CA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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

\$ 49.00

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.

E-12247

Pre-Need Lot &
Trust

Vella Staten

204 N. Drexel Ave

National City, CA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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



\$ 49.00

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-12247**

**Pre-Need Lot &
Trust**

Vella Staten

204 N. Drexel Ave

National City, CA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before
due date above



\$ **49.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ **49.00**

NAME **Vella STATEN** Amount Received \$ _____

ADDRESS **204 N DREXEL AV**

CITY **NATIONAL CITY** STATE **CA** ZIP **91950**

☐ check (✓) if this is new address

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

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-12247

Pre-Need Lot &
Trust

Vella Staten

204 N. Drexel Ave

National City, **GA** 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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



\$ 49.00

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. **E-12247**

**Pre-Need Lot &
Trust**

Vella Staten

204 N. Drexel Ave

National City, CA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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

\$ **49.00**

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received \$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-12247

Pre-Need Lot &
Trust

Vella Staten

204 N. Draxel Ave

National City, GA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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

\$ 49.00

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. **E-12247**

**Pre-Need Lot &
Trust**

Vella Scaten

204 N. Drexel Ave


National City, CA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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

 \$ **49.00**

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. **E-12247** **Pre-Need Lot & Trust**

Vella Staten

204 N. Drexel Ave

National City, SA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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

▶ \$ **49.00**

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

9

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12247**

**Pra-Need Lot &
Trust**

Vella Staten

204 N. Drexel Ave

National City, GA 91950

(174-2-1-12)

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

 \$ **49.00**

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.

E-12247

**Pre-Need Lot &
Trust**

Vella Staten

204 N. Drexel Ave

National City, SA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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



\$ **49.00**

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. **E-12247**

Pre-Paid Lot &

Vella Staten

Trust

204 N. Drexel Ave

National City, CA 91930

(174-2-1-12)

Month and Day Due Indicated Below

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

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

 \$ **49.00**

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.

E-12247

Pre-Need Lot &
Trust

Vella Staten

204 N. Drexel Ave

National City, ~~84~~ 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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

\$ 49.00

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. E-12247

Pro-Hood Loc &

Vella Staten

Trust

204 N. Draxel Ave

National City, CA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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

\$ **49.00**

* 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.

E-12247

Pre-Need Lot &
Trust

Vella Staten

204 N. Drexel Ave

National City, GA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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

\$ 49.00

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. **S-12247**

Pre-Paid Lot &

Vella Station

Trust

204 N. Drangel Ave


National City, CA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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

 \$ **49.00**

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.

E-12247

Pre-Need Lot &

Vella Staten

Trust

204 N. Drexel Ave

National City, SA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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

\$

49.00

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. **E-11147**

Pro-Hood Lot &

Velle Station

Trust

204 N. Drexel Ave

National City, CA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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

\$

49.00

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.

E-12247

Pre-Paid Lot &

Vella Staten

Trust

204 N. Draxel Ave

National City, GA 91950

(174-2-1-12)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
					10			7			

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

\$

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. **8-11147**

Pro-Seed Lot &

Vella Station

Trust

204 N. Drexel Ave

National City, CA 91950

(174-2-1-12)

Month and Day Due Indicated Below

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

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

 \$ **49.00**

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. **3-12247**

Pre-Paid Int &

Vella Status

Trust

204 N. Drexel Ave

National City, CA 91950

(174-2-1-12)

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.



\$ 49.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-12247

Pre-Send Lot &
Trust

Vella Staton

204 N. Drexel Ave

National City, GA 31950

(174-2-1-12)

Month and Day Due Indicated Below

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

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

\$ 69.00

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.

B-12247

Pro-Head Lot &

Valla Station

Trust

204 N. Brenel Ave

National City, CA 91550

(174-2-1-12)

Month and Day Due Indicated Below

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

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

\$

69.00

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.

B-1247

Ex-Feed Lot &

Vella Station

Trans

204 N. Drusel Ave

Palmdale City, CA 91350

(174-2-1-12)

Month and Day Due Indicated Below

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

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



\$ 49.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received \$ _____

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

24

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12247

Pre-Paid Lot &
Trust

Vails Station
204 W. Drexel Ave
National City, GA 31950
(174-1-1-11)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					15						

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



\$

29.00

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

MOUNT HOPE CEMETERY

527-3400

46788

Date: 11/7, 1995

From:

Vella Staten

Address:

264 N. Drexel Ave, Natural City, CA 91950

In

Payment of

Forty nine 00/100

Dollars (\$

49.00)

Pre-Need Lot 1 Trust for Staten Vella

Lot

124

Grave

2

Row

Section

1

Division
Block

12

Invoice No.

Acct. No.

W.O.

E 18247

BALANCE DUE

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

CREDIT 07007

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 03033

Trust 9022

Sales Tax 00101

78390

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

AC-212 (Rev. 5-94)

ISSUED BY

Kargu Bak

TOTAL PAID

\$

49 00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46310

Date: June 6, 1995From: Vella Staten Address: 204 N. Drexel Ave. N.H. City. 91950Forty Nine & 00/100 Dollars (\$ 49.00)In _____ Payment of Pre-Need Lot & TrustLot 174 Grave 2 Row _____ Section 1 Division 12
Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13247BALANCE DUE 1123.30Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

4807

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY M. Clark

CREDIT	57007		
20% Sales Cars	77184		
50% Sales of Lots	100	<u>49</u>	<u>00</u>
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
State Tax	9022		
	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

827-3400

46495

Date: 8-4, 1995From: Vella Hater Address: 204 N. Drexel Ave., National City
Forty-nine & no/100 Dollars (\$) 49.00 1995
In _____ Payment of Pre-need lot & trust
 Lot 174 Grave 2 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12247

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

4857

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	49 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	6022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	49 00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46402

Date: 7-7, 1995

From:

Vella Haters

Address:

204 W. Drexel Ave. National City

In:

Payment of

Pre-need Lot & Trust
Forty-nine & 100/100

Dollars (\$

49.00)

91950

Lot

1074

Grave

2

Row

Section

1

Division

Block 12

Invoice No.

Acct. No.

W.O.

E-12247

BALANCE DUE

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

CREDIT

20% Sales Care

67007

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

Trust

9022

Sales Tax

60101

78390

TOTAL PAID

\$

49.00Pre-Need Lot ☒At Need ☐On Acct ☐Pre-need Trust ☒Cash ☐Check ☒# 4528

ISSUED BY

Caroline

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46660

Date: 10/5, 1995From: Vella Staten Address: 204 N. Drexel Ave., National City, CA 91950Forty-nine & no/100 Dollars (\$ 49.00)In part Payment of pre-need lot & trustLot 174 Grave 2 Row _____ Section 1 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-12247

BALANCE DUE _____

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

AC-212 (Rev. 5-94)

4888

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

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	49 00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	6022	
Sales Tax	60101	
	76300	
TOTAL PAID	\$	49 00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46584

Date: 9-7, 1995
 From: Vella Staten Address: 204 N Ornel Ave Chula Vista 91950
Forty-nine & no/100 Dollars (\$ 49.00)

 In _____ Payment of pre-need lil & trust

 Lot 174 Grave 2 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12247

BALANCE DUE _____

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

AG-212 (Rev. 5-94)

4874

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

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	49.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	80101	
	76380	
TOTAL PAID		49.00

OFFICIAL RECEIPT


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

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

46975

 Date: 1-4, 1996
 From: Vella Staten Address: 204 No. Drexel Ave. Natl. City, 91950
Forty-Nine Dollars (\$ 49.00)
 In part Payment of pre-need Lot & Trust

 Lot 174 Grave 2 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12247

BALANCE DUE _____

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.

CREDIT	67007	
20% Sales Care	77184	<u>49.00</u>
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	
Trust	9022	
Sales Tax	00101	
	76390	
TOTAL PAID	\$	<u>49.00</u>

ISSUED BY

J. Weisner

4966

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

46873


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

MOUNT HOPE CEMETERY

527-3400

From:

Vella Slater

Address:

204 N. Drexel Ave, National City, CA 91950

Date:

12/16

19

95

Dollars (\$

49.00)

In

part

Payment of

Pre Need Lot 1 Trust

Lot

174

Grave

2

Row

Section

1

Division

Block

12

Invoice No.

Acct. No.

W.O.

E 198417

BALANCE DUE

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

CREDIT

 20% Sales Care 87007
 80% Sales 77184
 of Lots 100
 Opening/ 77184
 Closing 100
 Burial 77181
 Containers 100
 77182
 Handling Fee 100
 Recording & 77185
 Misc. Fees 100
 Pre-Need 77183
 Trust 63033
 Sales Tax 9022
 80101
 78380

Pre-Need Lot



At Need



On Acct



Pre-need Trust



Cash



Check



ISSUED BY

Karen Bask

TOTAL PAID

49.00

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47077

From:

Vella Staten

Address:

204 N. Dupel Ave National City

Date:

2-7

19

96

91950

Only line

Dollars (\$ 49.00)

In

Payment of

Pre Need Lot - Trust

Lot

174

Grave

2

Row

Section

1

Division
Block

12

Invoice No.

Acct. No.

W.O.

E - 12247

BALANCE DUE

731.30

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

CREDIT	87007
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	8022
Sales Tax	80101
	78380

12 00

37 00

49 00

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

AC-212 (Rev. 5-04)

ISSUED BY

L. Shetton

TOTAL PAID

\$

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47127

Date: 3-1, 1996From: Vella StatenAddress: 204 North Drexel AveCity: 91950Seven Hundred Thirty One100Dollars (\$ 731.30)In: fullPayment of: Pre-Need Lot - Trust

009927

Vella StatenLot: 174Grave: 2Row: 1Section: 1Division
Block: 13

Invoice No. _____

Acct. No. _____

W.O. E-12247BALANCE DUE -0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

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	83033
Trust	9022
Sales Tax	80101
	78390

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

AC-212 (Rev. 5-84)

3909

ISSUED BY

S. Shickelton

TOTAL PAID

\$

731 30

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 5-18-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Ruth Ford

In a liner Funeral, date, time TUES 5/23/95 1PM

Church, Chapel, ~~Graveside~~ Church & graveside Ragdale 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. Arthur Winston

War time veteran X NO

Lot 50 Grave 3 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 13.30

Total Due 1563.30

Paid receipt number Rec # 46242 1000.00

Balance due 563.30

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

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

Signature of recorded holder of deed

Arthur Winston
Signature
5760 Old Monway Lane
Address
San Diego 92114
City
619-507-1429
Telephone
Zip Code

Work Order # E 12248

Invoice #

Acct. #

MT. HOPE CEMETERY

W.O. # E-12248

NOTE

\$ 563.30 San Diego, California May 19 1995

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 Sixty Three & 30/100 DOLLARS with interest from June 23, 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 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 PATRICIA A LIVINGSTON SIGNATURE Patricia A Livingston
ADDRESS 5960 Old Memory Lane
CALIFORNIA DRIVER LICENSE NUMBER P0639967 SSN # 560-68-3853

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46257

Date: May 25, 19 95From: Patricia Livingston Address: 59160 Old Memory Lane S.D. 92114Five Hundred Sixty Three & 30/100 Dollars (\$ 563.30)In _____ Payment of Interment of Helen Ruth FordLot 50 Grave 3 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12248BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☒

AC-212 (Rev. 5-94)

5535
6847NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Jr. Clark

CREDIT	87007		
20% Sales Tax	77184		
80% Sales of Lots	100		
Opening/Closing	77181	<u>170</u>	<u>00</u>
Burial	100	<u>190</u>	<u>00</u>
Containers	77182	<u>145</u>	<u>00</u>
Handling Fee	77185	<u>45</u>	<u>00</u>
Recording & Misc. Fees	77183		
Pre-Need Trust	63033		
Sales Tax	9022	<u>13</u>	<u>30</u>
	00101		
	78390		
TOTAL PAID	\$	<u>563</u>	<u>30</u>

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46242

Date: 5-19, 1995From: Helen Mallery Address: 1401 49th St. S.D. 92102
 In One thousand \$ w/100 Dollars (\$ 4,000.00)
 Payment of Interment of Helen Ruth Ford

 Lot 50 Grave 3 Row — Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12248BALANCE DUE \$ 563.30Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

0787001289NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

M. Clark

CREDIT	67007	<u>139</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>636</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>205</u>	<u>00</u>
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>1,000</u>	<u>00</u>

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) Helen	1B. MIDDLE Ruth	1C. LAST (FAMILY) Ford	2. DATE OF BIRTH MONTH DAY YEAR 03/02/1923	3. DATE OF DEATH MONTH DAY YEAR 05/17/1995	4. SEX F
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 Patricia A. Livingston, Daughter 5960 Old Memory Lane San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>Patricia A. Livingston</i>		8B. DATE SIGNED 05/19/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 05/19/1995 <i>Michael</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506796
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		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	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 5/23/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Walt</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED RE- MAINS 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 May 19, 95

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

of Lani Casillas PA# 1176099 (INFANT) ^{3mcs.}

In a _____ Vault/Urne Funeral, date, time TUES 5/23 @ 2:30pm

Church, Chapel, Graveside delivery only - Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

✓ Lot 79 Grave 13 Row _____ Section 5 Division/Block 7

Grave space & Care Fund 90

Additional spaces and care fund _____

Opening/Closing & Setup 75

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee 45

Sales taxes _____

Total Due 310.00 210

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 12249

PY-593 (Rev. 8-92)

Invoice # 354235

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

032

Make Remittance Payable to
CITY TREASURER
P.O. Box 2289
San Diego, California 92112

E-12249

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 7-17-95
BY: CA (CK) IF

PAYMENT REF NO 04-859568 | AMT PAID: 210.00

INVOICE DATE
05/26/95

PAYMENT DUE
06/25/95

PERIOD COVERED
APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12249

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

LANI CASILLAS PA#1176099 SVCS	
LOT 79 GRAVE 13 SEC 5 DIV 7	90.00
OPENING/CLOSING	75.00
RECORDING FEE	45.00

TOTAL DUE 210.00

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. 254235

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) Lani	1B. MIDDLE -	1C. LAST (FAMILY) Casillas	2. DATE OF BIRTH MONTH DAY YEAR 08/26/1994	3. DATED DEATH MONTH DAY YEAR 02/13/1995	4. SEX F
5A. CITY OF DEATH San Diego		6B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Katherine Howard; Deputy P.A. 5201-A Ruffin Road San Diego, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Greenwood Mortuary 1-805 & Imperial Ave, San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843		

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: *[Signature]* 8B. DATE SIGNED: **05/22/1995**

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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID 7.00 9B. DATE PERMIT ISSUED 05/22/1995 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
--	--

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 7/3/15	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</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	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 May 19, 1995

*Second burial of
dbl. crypt
- first burial 1989*

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

In a dbl. depth crypt Funeral, date, time Tue 5/23 10:30

Church, Chapel, Graveside Graveside Only Pais-Fredrick Mortuary.

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

will be applied and billed to undersigned. X

War time veteran X

Lot 5070 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Paid E-8276 0

Additional spaces and care fund 0

Opening/Closing & Setup Pre-Paid (E-8292) 0

Burial Container Pre-Paid E-8276 0

Handling Fees 0

Flower vases - Marker setting fee 0

Recording and filing fee Pre-Paid E-8292 0

Sales taxes 0

Total Due 0

Interfund Transfer

Paid receipt number _____

DP typed 5/26/95

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 _____

X Frederick J. Holden

X 5825 WOLFF

X LA MESA

X 466-9179

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E

PY-593 (Rev. 8-92)

12250

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

E-12250

1A. NAME OF DECEDENT—FIRST (GIVEN) LAWRENCE		1B. MIDDLE LESLEY	1C. LAST (FAMILY) HOLDEN		2. DATE OF BIRTH MONTH DAY YEAR 05/18/1909	3. DATE OF DEATH MONTH DAY YEAR 05/18/1995	4. SEX M
5A. CITY OF DEATH EL CAJON			5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT THEODORE J. HOLDEN SON 5825 WOLFE COURT LA MESA, CA 91942		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH PARIS-FREDERICK MORTUARY 374 N. MAGNOLIA AVE., EL CAJON, CA 92020			7B. CALIF. LICENSE NUMBER —IF APPLICABLE ED 795		8A. SIGNATURE OF APPLICANT— <i>Permit-taking person</i> <i>Brendra Heath</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 7109 of the Health and Safety Code.			8B. DATE SIGNED 05/20/1995				

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS 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 <div style="font-size: 1.5em; text-align: center;">7.00</div>	9B. DATE PERMIT ISSUED 05/22/1995 BENDRA HEATH	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <div style="font-size: 1.2em; text-align: center;">9506848</div>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

☒ A. BURIAL (INCLUDES ENTOMBMENT)
☐ B. CREMATION
☐ C. DISPOSITION OF CREMATED REMAINS OTHER
 THAN IN A CEMETERY
☐ D. SCIENTIFIC USE

☐ E. TEMPORARY ENVAULTMENT
☐ F. DISINTERMENT
☐ G. SHIP IN TO CALIFORNIA
☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA	11B. DATE BURIED <div style="font-size: 1.5em; text-align: center;">5/23/95</div>	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <div style="font-size: 1.5em; text-align: center;">J. Wait</div>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <div style="font-size: 1.5em; text-align: center;">cloth</div>	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 SUFFI- CIENT 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 RE- MAINS 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 5-19-1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pam Mitchell is lot owner

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 352 Grave _____ Row _____ Section 3 Division 8

Grave space & Care Fund _____ \$300.00

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 _____ \$300.00
Paid receipt number R-40276 300.00
Balance due X

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 Pam Mitchell
X 538 Nancy St
X El Cajon 92029
X 448-1618
Telephone

Work Order # E 12251

PY-593 (Rev. 8-92)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3490

46276

Date: 5-30, 19 95From: Pam Mitchell Address: 538 Danny St., El Cajon CA 92021Three Hundred & 20/100 Dollars (\$ 300.00)In Full Payment of Pre-need lot for Patricia GaddisLot 352 Grave _____ Row _____ Section 3 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-12251BALANCE DUE —Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

3579

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY: J. Rauch

CREDIT	67007		
20% Sales Com	77194	60	00
80% Sales	100		
of Lots	77184	240	00
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	80101		
	78390		

TOTAL PAID \$ 300.00



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department
527-3400

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

August 8, 1996

Pam Mitchell
538 Danny Street
El Cajon, CA 92021

Re: Pre-need Lot for Patricia Gaddis
E-12251

Dear Mrs. Mitchell:

I am following up on our letter to you dated May 30, 1995, regarding the pre-need Lot you purchased for Patricia Gaddis, Lot 352; Section 3; Division 8.

Our records show that we have not received the original Internment/Purchase Order with your signature on it. Please sign it and return it back to us.

If you have any questions, please do not hesitate to write or contact me at (619) 527-3400.

Sincerely,

Catina M. Turgeon
Catina Turgeon
Clerical Assistant II

Enclosures



DIVERSITY
BRINGS US ALL TOGETHER

E-12251



THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102

Real Estate Assets Department
527-3400

Business hours 8 a.m. to 4 p.m.

Monday through Friday • Gates open daily

May 30, 1995

Pam Mitchell
538 Danny Street
El Cajon CA 92021

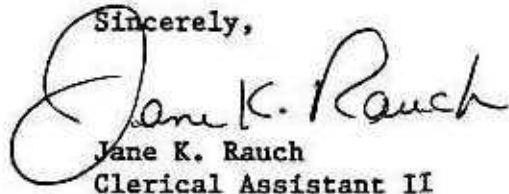
Dear Mrs. Mitchell:

Enclosed is the receipt for the pre-need lot you purchased
for Patricia Gaddis.

Also enclosed is the original copy of the Pre-Need Interment
Order for your signature by a red X at the bottom. Would
you please sign this and return it to us.

Thank you.

Sincerely,


Jane K. Rauch
Clerical Assistant II

jkr
Enclosures



DIVERSITY
BRINGS US ALL TOGETHER

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 22, 95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Levi Herrera (2 mos)

In a Funeral, date, time Wed 5/24 2:00

Church, Chapel, ^{Funeral Home} Graveside, Chapel & graveside, Interment, Mortuary, LOU

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 2799 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 46244 270.00

Balance due 0

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

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

Signature of recorded holder of deed

X S#2
Signature 1179 E, MADISON AVE #1
Address EL Cajon CA 92021
City 440 5999 Zip Code
Telephone

Work Order # E

12252

Invoice #

Acct. #

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46244

Date: 5-22-, 19 95From: SCINTIAGO HERRERA Address: 1179 EAST MADISON, AVE. E. O. CAJON, CA 92021In two hundred seventy Dollars (\$ 270.00)In full Payment of interment of LEVI HERRERALot 2799 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E 12252BALANCE DUE QPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AG-212 (Rev. 5-94)

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

CREDIT	57007		
20% Sales Care	77184	<u>20</u>	<u>00</u>
80% Sales	100	<u>80</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>125</u>	<u>00</u>
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185	<u>45</u>	<u>00</u>
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	60101		
	75390		
TOTAL PAID	\$	<u>270</u>	<u>00</u>

ISSUED BY V. Balaban

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) LEVI		1B. MIDDLE -	1C. LAST (FAMILY) HERRERA		2. DATE OF BIRTH MONTH DAY YEAR 03/05/1995	3. DATE OF DEATH MONTH DAY YEAR 05/18/1995	4. SEX M
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 SANTIAGO HERRERA—FATHER 1179 E MADISON AVE #1 EL CAJON, CA 92021		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1352		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Janet Huan</i>	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 16326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 05/23/1995			

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 7.00	9B. DATE PERMIT ISSUED 05/23/1995 JANET HUAN	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506983
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA PO BOX 85222 SAN DIEGO, CA 92186-5222			

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 MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 5/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Walt</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5/22/95

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

of Antione Akbar (11 oz.) (5 mos.)

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ Ragdale Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

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

Grave space & Care Fund _____

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container _____

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

Total Due _____

Paid receipt number _____

Balance due VOID

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

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

Signature of recorded holder of deed _____

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E

12253

PY-563 (Rev. 8-92)

Kathy
Eisen
Mother

See E-12281

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5/22/95

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

of John Doe 95-0667 PA# 1180134

in a liner Funeral, date, time THURS 5/25/95 @ 2PM

Church, Chapel, Graveside delivery : 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 45 Grave 10 Row — Section 1 Division/Block 12

Grave space & Care Fund 126

Additional spaces and care fund —

Opening/Closing & Setup 165

Burial Container 50

Handling Fees —

Flower vases — Marker setting fee —

Recording and filing fee 45

Sales taxes —

Total Due 386.00

Paid receipt number —

Balance due —

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 # 254338

Acct. # 000952

Work Order # E

PY-593 (Rev. 8-92)

12254



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

E-12254

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE 7-17-95
BY: CA (CK) IFPAYMENT REF NO 04-859568 | AMT PAID: 386.00INVOICE DATE
05/26/95PAYMENT DUE
06/25/95PERIOD COVERED
APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12254

DEPT: PROPERTY DEPT-RT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JOHN DOE ME95-0667 PA1180134	
LOT 45 GRAVE 10 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. 254238

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) John		1B. MIDDLE —	1C. LAST (FAMILY) Doe	2. DATE OF BIRTH MONTH, DAY, YEAR Unknown	3. DATE OF DEATH MONTH, DAY, YEAR 04/04/1995	4. SEX M
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 San Diego County Medical Examiner 3555 Overland Avenue San Diego, California 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-941		8A. SIGNATURE OF APPLICANT—Person taking permit Karen Warrant
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 05/25/1995		

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 \$7.00	9B. DATE PERMIT ISSUED 05/25/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT [Signature]
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-3222	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		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 MOUNT ROSE CEMETERY 1751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5/25/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED particle board - nailed	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER — IF APPLICABLE

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

Disinternment

Date May 22, 1995

of Edgar Claude Harrison ☒

in a Ash Vault Funeral, date, time Wed. 7/5/95, 9:00A

Church, Chapel, Graveside : Mayer Mortuary.

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

will be applied and billed to undersigned. —

War time veteran —

Lot 94 Grave _____ Row _____ Section 100F Division/Block 42

Grave space & Care Fund	
-------------------------	--

Additional spaces and callouts: **REPAIR**

Opening/Closing & Setup.....

Burial Container	
------------------------	--

Handling Fees	JUN 21 1995		
---------------------	-------------	--	--

Flower vases - Marker setting fee	WORD CEMETERY	*****
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Recording and filing fee CITY of SAN DIEGO, CALIFSales taxes 1

Total Due 350.00

Paid receipt number 46359 350.00

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

Signature Betty S. Harrison Nye

Address RT 2, Box 165

Smithville, TX 78957 Zip Code
Telephone (512) 360-2005

Invoice #

Acct. #

Work Order # **E**

PY-593 (Rev. 8-92)

12255

OFFICIAL RECEIPT


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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46359

From: Betty L. 1/2 Frederick F. NYC 111 Address: Rt. 2, Box 165 Smithville, TX 78957
 Date: June 21, 1995
Three Hundred fifty & 00/100 Dollars (\$ 350.00)
 In _____ Payment of Disinterment of Edgar Claude Harrison

Lot 94 Grave _____ Row _____ Section 100F Division Block 42

Invoice No. _____

Acct. No. _____

W.O. E-12255BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

\$1680

AC-212 (Rev. 5-94)

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		
Trust	9022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	<u>350</u>	<u>00</u>

ISSUED BY

M. Clark

STATE OF CALIFORNIA

SAN DIEGO COUNTY RECORDER

CERTIFIED ABSTRACT OF DEATH

E12255

This is to certify that this document is a true abstract of the official record filed with the County Recorder.

NAME: EDGAR CLAUDE HARRISON JR

DATE OF DEATH: FEBRUARY 9, 1957

SEX: MALE

COUNTY OF DEATH: SAN DIEGO

SSN: NONE/NOT AVAILABLE

BIRTH DATE: SEPTEMBER 29, 1907

DATE FILED: FEBRUARY 9, 1957

DATE ISSUED: MAY 22, 1995

LOCAL REGISTRATION NUMBER: 000680


GREGORY J. SMITH
RECORDER / COUNTY CLERK



REV. (11-92)

632099



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) Edgar		1B. MIDDLE Claude	1C. LAST (FAMILY) Harrison, Jr.	2. DATE OF BIRTH MONTH DAY YEAR 09/29/1907	3. DATE OF DEATH MONTH DAY YEAR 02/09/1957	4. SEX M
5A. CITY OF DEATH Guatay		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Betty L. NYC-Mother Rt.2 Box 165 Smithville, TX 78957		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA 92142				7B. CALIF. LICENSE NUMBER IF APPLICABLE 1424		
ACKNOWLEDGMENT OF APPLICANT		I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10372 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				
8A. SIGNATURE OF APPLICANT— <i>[Signature]</i>		8B. DATE SIGNED 06/21/1995				

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 \$7.00	9B. DATE PERMIT ISSUED 06/29/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS	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 checked="" type="checkbox"/> F. DISINTERMENT <input type="checkbox"/> G. SHIP IN TO CALIFORNIA <input checked="" 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	11B. DATE BURIED 7/5/15	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 Betty L. NYC, Rt.2 Box 165, Smithville, TX 78957	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E-12255

19 Jun 95

Mayer Mortuary
2859 Adams Ave
San Diego, CA 92116

Dear Sir:

Reference our conversation of 19 Jun 95, RE:
Disinterment of Edgar Claude Harrison, from Mt. Hope
Cemetery.

As mentioned, Mt. Hope already has in its files the
authorization, as well as the Certified Abstract of Death.
Our point of contact is Michele L. Clark at 527-3400.

A copy of the application (incorrectly filled out) is
enclosed. Please fill and file another in my wife's name.

Enclosed is a check for \$77.00 to cover:

\$45.00	Transportation of ashes
25.00	Your services
7.00	Cost of permit

Please send the ashes to:

Frederick F., or Betty L., Nyc III
Rt. 2, Box 165
Smithville, TX 78957

If any other matters arise, you can contact us at this
address, or call (512) 360-2005.

Sincerely,



Frederick F. Nyc, III

Betty L. Harrison Nyc

File:ECHMayer

E-12255

19 Jun 95

Michele L. Clark
Mt. Hope Cemetary
3751 Market St.
San Diego, CA 92102

Dear Ms. Clark,

Reference your letter of 14 Jun 95.

We have selected Mayer Mortuary as our agent to handle the shipment of the ashes of E. C. Harrison. A copy of our letter to them is enclosed.

Enclosed is a check for \$350.00 for cemetary charges.

Sincerely,


Frederick F. Nyc, III


Betty L. Harrison Nyc

File:MtHope2

E-12255

AUTHORITY TO DISINTER, REMOVE OR REINTER

June 1995
MONTH YEAR

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

Edgar Claude Harrison

from Lot 94 Grave _____ Section 100F Row 42 Block _____

Division _____ and to remove the same to and reinter said remains

in Lot _____ Grave _____ Section _____ Row _____ Block _____

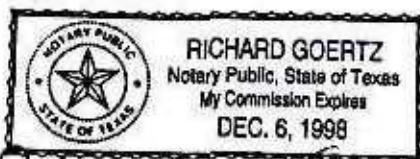
Division _____ Cemetery _____

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.

(NOTARIZED) Betty S. Harrison Daughter RT 2, Box 165
Signature Relation to deceased Address
Smithville, TX 78957

I hereby authorize the above disinterment:

* Betty S. Harrison Daughter 6/1/95
(Lot owner must sign if not legal custodian) Date



Richard Goertz

E-12255

AUTHORITY TO DISINTER, REMOVE OR REINTER

June 1995
MONTH YEAR

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

Edgar Claude Harrison

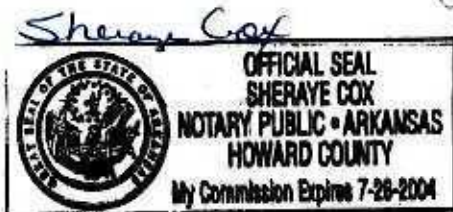
from Lot 94 Grave _____ Section I 00 F Row 42 Block _____
Division _____ and to remove the same to and reinter said remains
in Lot _____ Grave _____ Section _____ Row _____ Block _____
Division _____ Cemetery _____

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.

Shirley A. Meery DAUGHTER 152 CORN 336
(NOTARIZED) Signature Relation to deceased Address
Mc CASKILL AR 71847

I hereby authorize the above disinterment:

Shirley A. Meery 5/26/95
(Lot owner must sign if not legal custodian) Date



Edgar Claude Harrison

Fred F. NYC NITCH
Son in law
512/360-2005

533-3800

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date May 22, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hellie Foster Moore Horn

in a vault Funeral, date, time Wed 5/31/95 @ 1PM

Church, Chapel, ~~Graveside~~ Church & graveside: CA Burial Mortuary 150.00

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 Troz Horn

War time veteran no

✓ Lot 12 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 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 17.50

Sales taxes 1667.50

Total Due 1400.00

Paid receipt number 46247

Balance due 267.50

I hereby certify I am the X 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

Work Order # E
PY-593 (Rev. 8-92)

12256

Investigator Heather

Signature X Troz Horn
Address 5 North Evans St
City San Diego Zip Code 92102
Telephone 262-2968

Invoice # 354328

Acct. # 085346

ID:

MT. HOPE CEMETERY

W.O. # E-12256

NOTE

\$ 267.50 San Diego, California May 22 1995

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 Two Hundred Sixty Seven ⁵⁰/₁₀₀ DOLLARS with interest from June 31, 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 Troy Horn SIGNATURE Troy Horn
ADDRESS 5 North EVANS St. S.D. 92102
CALIFORNIA DRIVER LICENSE NUMBER NO 124626 SSN # 569-44-7209

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46247

Date: May 22, 19 90From: Tracy Horn Address: 5 N. Evans St. S.D. 92102Fourteen Hundred & 00/100 Dollars (\$ 1400.00)In _____ Payment of Interment of Jellie Foster Moore HornLot 12 Grave 6 Row _____ Section 3 Division Block 12

* Invoice No. _____

Acct. No. _____

W.O. E-12256BALANCE DUE \$2677.50Pre-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	<u>159</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>1036</u>	<u>00</u>
Of Lots	77184		
Opening/ Closing	100	<u>375</u>	<u>00</u>
Burial	77181		
Containers	100	<u>230</u>	<u>00</u>
	77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100		
	77183		
Pre-Need Trust	63033		
	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>1400</u>	<u>00</u>

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) Nellie		1B. MIDDLE Ruth	1C. LAST (FAMILY) Moore	2. DATE OF BIRTH MONTH DAY YEAR 04/06/1929	3. DATE OF DEATH MONTH DAY YEAR 05/22/1995	4. SEX F
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 Troy Horn-Husband 5453 Santa Margarita St. San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1357		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 10375 of the Health and Safety Code, and was authorized pursuant to Section 71109 of the Health and Safety Code.				8B. DATE SIGNED 05/23/1995		

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.		8A. AMOUNT OF FEE PAID \$7.00	8B. DATE PERMIT ISSUED 05/23/1995 Kyle Chase	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506941
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"/> 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 Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 5/23/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - Metal / Non Sealing	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
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. E-12256
085346

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE

7-6-95

PAID BY (CIRCLE ONE):

☒ CA

☐ CK

☐ NP

PAYMENT REFERENCE NUMBER

AMOUNT PAID

\$267.50

TREASURER VALUATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME

TROY HORN

PAYOR NAME

(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

5 N EVANS ST

SD 92102

REMARKS

CASHIER

INV. NO.

254328

TR-1001 (2-82)

Jane

City Treasurer

PRE NEED
LOT & TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-22-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eugenia Petrowsky

In a Linier 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 5081 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 1095.00

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 _____ 13.30

Total Due _____ 1863.30

Paid receipt number 46245 1863.00

Balance due 0

I hereby certify I am the Y of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from
any liability 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 Eugenia Petrowsky
Signature
x 541 N. 1st #7
Address
x El Cajon, CA 92008
City Zip Code
x (619) 588-8556
Telephone

Work Order # E

12257

PY-593 (Rev. 8-92)

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

12011



OWNERSHIP AND INTERMENT PRIVILEGES

TO Eugenia Petrowsky for the sum of \$ 1095.00 (DOLLARS)

LEGAL DESCRIPTION Lot 5081; Division 10.

AS DESCRIBED ON PURCHASE ORDER NUMBER E-12257

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:

MARKER REGULATION: Upright Marker Only, In The Style Of Surrounding Markers

John Wait
Cemetery Manager

J. T. [Signature]
Real Estate Assets Director

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46245

Date: 5 22, 19 95
 From: Eugenia Pehowsky Address: 541 N 1st STREET CAYON
eighteen hundred sixty three 30/100 Dollars (\$ 1,863.30)

 In full Payment of pre need lot and trust
for Eugenia Pehowsky

 Lot 5081 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12257BALANCE DUE 0Pre-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. Balaban

CREDIT	67007	<u>2.19</u>	<u>00</u>
20% Sales Tax	77184		
80% Sales of Lots	77184	<u>876</u>	<u>00</u>
Opening/Closing	100		
Burial Containers	77181		
Handling Fee	100		
Recording & Misc. Fees	77182		
Pre-Need Trust	63053	<u>768</u>	<u>30</u>
Sales Tax	9022		
TOTAL PAID	80101	<u>1863</u>	<u>30</u>
	78390		

PRE-
NEED
LOT & TRUST

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-22-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tatiana Kuzin

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 _____

Lot 5080 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund _____ 1095.00

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 _____ 13.30

Total Due _____ 1863.30

Paid receipt number 46264 465.83

Balance due 1397.47

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 Eugenia J. Kuzin
Address 541 N. 1st St. #7
City El Cajon, Ca, 92021 Zip Code _____
Telephone (619) 588-8556

Work Order # E 12258

PY-593 (Rev. 8-92)

Invoice # _____

Acct. # _____

Send or bring one coupon with each remittance

COUPON

1


DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12258 Pre-Need Lot &
Vera Ballman Trust
P.O. Box 20237
El Cajon, CA 92021
(5080-10)

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.

 \$ 59.00

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. E-12258 Pre-Need Lot &
Vera Ballman Trust

P.O. Box 20237

El Cajon, CA 92021
(5080-10)

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.

 \$ 59.00

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-12258** Pre-Need Lot & Trust
Vera Ballman

P.O. Box 20237
El Cajon, CA 92021
(5080-10)

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.



\$ 59.00

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ 59.00

NAME _____

ADDRESS _____

CITY _____

STATE _____

ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12258** Pre-Need Lot &

Vera Ballman Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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.



\$ **59.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ **59.00**

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. **E-12258 Pre-Need Lot & Trust**

Vera Ballman

Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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.



\$ **59.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ _____

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. **E-12258** Pre-Need Lot &

Vera Ballman Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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.



\$ **59.00**

Amount due if paid more than _____ days
after due date above.



\$ _____

\$ _____

Amount Received

\$ **59.00**

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. **E-12258** Pre-Need Lot &

Vera Ballman Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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.



\$ **59.00**

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. **E-12258** Pre-Need Lot &

Vera Ballman Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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.



\$ **59.00**

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. **E-12258** Pre-Need Lot &

Vera Ballman Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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.

 \$ **59.00**

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. **E-12258** Pre-Need Lot &

Vera Ballman Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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.



\$ **59.00**

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. **E-12258** **Fre-Need Lot &**

Vera Baliman

Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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:

 \$ **59.00**

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. **E-12258** Pre-Need Lot &

Vera Saliman

Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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.

\$ **59.00**

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. **E-12258** Pre-Need Lot &

Vera Ballman

Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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.

\$ **59.00**

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ **59.00**

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. E-12258 Pro-Seed Lot &

Vera Saliman

Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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.



\$ 59.00

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. **S-12258 Pre-Novel Lot &**

Yere Bailman

Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					16						

Amount due when paid on, or before,
due date above.

\$ 59.00

Amount due if paid more than _____ days
after due date above.

\$ _____

\$ _____

Amount Received

\$ 59.00

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. **S-12598** → Pre-paid lot &

Vera Salinas Trust

P.O. Box 10237

El Cajon, CA 92021

(3086-10)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
					16						

Amount due when paid on, or before
due date above.

▶ \$ **59.00**

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. E-12258 Pre-Nord Lot &

Vera Saliman

Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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.

\$

39.00

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. **B-12208 Pre-paid Let &**

Vera Salimen

Trac

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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:

\$

59.00

Amount due if paid more than _____ days
after due date above.

\$

\$

Amount Received

\$

NAME

ADDRESS

CITY

STATE

ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON

20

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-11158 Pre-Need Vol 4

Vera Salinas

Trust

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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.



\$

59.00

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. E-1225K Pre-Saved Card to

VOEG DELINTE

TRUST

P.O. Box 20237

El Cajon, CA 92021

(5080-10)

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.



\$ 59.00

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.

E-12758 Pro-Sound Ltd &

Vera Ballman

Trust

P.O. Box 10237

El Cajon, CA 92021

(5080-10)

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.

\$ 58.00

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. **3-12498** Pre-Saved Lot 2

Vern Williams

1 cent

P.O. Box 20237

El Cajon, CA 92021

(3080-10)

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



\$ **37.10**

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.

Vera Bullman

P.O. Box 2637

El Cajon, CA 92021

(5066-10)

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
					18						

Amount due when you get on, or before,
the due date.



\$ ~~40.47~~ 40.47

Amount due if paid more than _____ days
after due date shown.



\$ _____

\$ _____

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

MOUNT HOPE CEMETERY

527-3400

48093

From: Vera Bollman

Address:

541 N. 1st St. #3 El Cajon 92021

Date:

12-9

19

96

One Hundred Eighteen

Dollars (\$ 118.00)

In part

Payment of

Pre-Need Lot & Trust

Lot

5080

Grave

Row

Section

Division
Block

10

Invoice No.

Acct. No.

W.O.

E-12258

BALANCE DUE

217.47

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	87007
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
Trust	8022
Sales Tax	80101
	78390

118 00

118 00

TOTAL PAID

\$

Pre-Need Lot ☒ At Need ☐ On Acct. ☐Pre-need Trust ☒ Cash ☐ Check ☒

3864

ISSUED BY

J. Schiller

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47879

From: Vera Ballman Address: 541 N. 1st St. Date: 10-7 1996
Filly Rise No 3 El Ceyon 92021
 In part Payment of Pre-Need Lot - Trust Dollars (\$ 59.00)

Lot 5080 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12258BALANCE DUE 394.47
 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

CREDIT	67007	
20% Sales Cars	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	59.00
Trust	8022	
Sales Tax	80101	
	78300	
TOTAL PAID	\$	59.00

3852

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47670

From: Vera Ballman Address: 541 N. 1st St. No. 3 El Cajon, CA 92021
Fifty nine & no/100 Dollars (\$ 59.00)
 In part Payment of Pre-need lot & trust for Tatiana kuzin

Lot 5080 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12258BALANCE DUE 512.47Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 6-94)

384

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

Catrina Turgeon

CREDIT	87007		
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	60033	<u>59</u>	<u>00</u>
Trust	8022		
Sales Tax	60101		
	78280		
TOTAL PAID	\$	<u>59</u>	<u>00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46320

Date: June 7, 1995From: Kira Ballman Address: P.O. Box 20237 El Cajon 92021 (5080-10)
Fifty nine dollars & 00/100 Dollars (\$) 59.00
In _____ Payment of Pre-Need Lot & Trust for Satiana Kuzin
Liner; O/C; Handling fee; Rec. fee; Tax on liner.

 Lot 5080 Grave _____ Row _____ Section _____ Division 10 Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12258BALANCE DUE 1328.47Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

#3780

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

M. Clark

CREDIT	87007		
20% Sales Tax	77184		
60% Sales of Lots	100	59	00
Opening/Closing	77181		
Burial Containers	100		
Handling Fee	77185		
Recording & Misc. Fees	77183		
Pre-Need Trust	8022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	59	00

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47578

From: Vera Ballman Address: 541 N. 1st St. NO. 3, El Cajon, CA. 92021-50350
Fifty nine and no/100 Dollars (\$ 59.00)
 In part Payment of pre-paid lot and trust

Lbt 5080 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12258BALANCE DUE 571.47Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

#3836

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

Catrina Imgron

CREDIT	67007	
20% Sales Care	77184	
30% 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>59</u>
Trust	9022	<u>00</u>
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>59 00</u>

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47474


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

MOUNT HOPE CEMETERY

827-3409

From: Vera Ballman Address: 541 N. 1st St. El Cajon, Ca. 92021-0350 Date: 4-5 19 90

In part Payment of Fifty nine and no/100 Pre-held lot and trust Dollars (\$ 59.00)

Lot 5080 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. 1W.O. E-12258BALANCE DUE 1030.00Pre-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

13993

ISSUED BY

Catrina Durgon

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. Fee	77182	
Pre-Need	83033	<u>59</u>
Trust	9022	<u>00</u>
Sales Tax	80101	
	78390	
TOTAL PAID	\$	<u>59 00</u>

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47373

Date: 5-8, 1996
 From: Vera Ballman Address: 541 N. 1st St. No. 3 EC 92021
Lilly line Dollars (\$ 59.00)

 In part Payment of Pre-Need Lot - Trust

 Lot 5080 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12258BALANCE DUE 689.47
 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

3829

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

D. Shickellin

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	59 00
Trust	9022	
Sales Tax	80101	
	78390	
TOTAL PAID		59 00

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47311

From: Tatiana Kuzin Address: 541 N. 1st St. NO. 3 El Cajon, Ca. 92021-
Fifty nine and no/100 Dollars (\$ 59.00) 6350
 In part Payment of pre-need lot and trust for Vera Ballman

Lot 5080 Grave _____ Row _____ Section _____ Division 10
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12258BALANCE DUE 748.47Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

#3824

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	57007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>40</u>
Opening/Closing	77181	
Burial Containers	100	
Handling Fee	77185	
Recording & Misc. Fees	77183	
Pre-Need Trust	63033	<u>19</u>
Sales Tax	8022	<u>00</u>
	80101	
	78360	
TOTAL PAID	\$	<u>59 00</u>

ISSUED BY

Catrina M. Jurgan

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47189

From: Vera Ballemann (for mother) Address: 541 N. 1st St. No. 3 El Cajon, CA 92021-0350 Date: 3/13 1996

fifty nine and one/100 Dollars (\$ 59.00)

In _____ Payment of pre-need lot and trust

Lot 5080 Grave _____ Row 1 Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12258BALANCE DUE \$807.47Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

#3819

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	59	00
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		
Trust	8022		
Sales Tax	60101		
	78380		
TOTAL PAID	\$	59	00

Cathie M. Surgeon

OFFICIAL RECEIPT


 WHITE.....TO CUSTOMER
 CANARY.....CEMETERY
 PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3480

E-12258 47066

 From: Vera Ballman Address: P.O. Box 20237 El Cajon 92021
Fifty Nine Dollars (\$ 59.00)

 In part Payment of Pre-Need Lot & Trust
Vera Ballman / Mariana Ruzin

 Lot 5080 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12258BALANCE DUE 866.47Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

3813

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

S. Shickler

CREDIT	87007	
20% Sales Com	77184	59 00
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	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID		59 00

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46069

Date: 1-4, 1996

From:

Vera Ballman

Address:

P.O. Box 30237, El Cajon, CA 92021In part Payment of Pre-need Pot & Trust Dollars (\$ 59.00)Lot 5080 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12258BALANCE DUE \$ 925.47Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

3805

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

J. Weisner

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	53033	<u>59.00</u>
Trust	9022	
Sales Tax	90101	
	78390	
TOTAL PAID		<u>59.00</u>

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46902

Date: 12-13, 1995
 From: Vera Ballman Address: 541 N. 1st St. No. 3 Majors, CA 92021
Fifty-nine Dollars (\$) 59.00

 In Part Payment of Pre-need Lot & Trust for
Feliana Kugin

 Lot 5080 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12258BALANCE DUE 734.47
 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

3802

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

ISSUED BY

J. Weisner

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>59.00</u>
Trust	9022	
Sales Tax	60101	
	78300	
TOTAL PAID	\$	<u>59.00</u>

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3488

4251

 From: Vere Ballman
Ninety Nine

Address:

541 N. 1st St. No 3 El Cajon 92021

Date:

1-31, 1997

 Dollars (\$ 99.47)

 In part Payment of Pre-Need Lot - Trust
Tatiana Kuzin
Lot 5080

Grave

Row

Section

Division 10
Block

Invoice No. _____

Acct. No. _____

W.O. E - 12258BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEPre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

388

ISSUED BY

S. Schubert

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	99	47
Trust	8012		
Sales Tax	80101		
	78380	99	47
TOTAL PAID	\$		

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46806

Date: 11/9, 1995

From:

Veru Ballman

Address:

541 N. 1st St No. 3 E / Cajon / 92021-6350

Dollars (\$

59.00)

In

Payment of

The Ned Lot Trust

Lot

5080

Grave

Row

Section

Division
Block11

Invoice No.

Acct. No.

W.O.

E 12258

BALANCE DUE

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT

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 53033

Trust 9022

Sales Tax 60101

78380

TOTAL PAID

\$

59.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

3748

ISSUED BY

Karen Bick

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46606

Date: 9-12, 1995From: Vera Ballman Address: 541 N. 1st St., El Cajon CA 92021Fifty nine & 20/100 Dollars (\$ 59.00)In _____ Payment of Pre need bal & trustLot 5080 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-12258

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

3790

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	<u>59.00</u>
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	80101	
	78380	
TOTAL PAID		<u>59.00</u>

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46398

Date: 7-7, 1995From: Vera Ballman Address: P.O. Box 30237 - El Cajon, 92021Fifty nine & 100/100 Dollars (\$ 59.00)In _____ Payment of Pre-need Lot & UrnLot 5080 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-10058

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

#3784

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY Carlyne

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	59.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	59.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46246

Date: 5 22, 19 95
 From: Eugenia Detrowster Address: 541 N. 1st St. San Diego, CA 92101
four hundred sixty five Dollars (\$ 465.83)

 In part Payment of pre need lot for
verwo Ballman

 Lot 5081 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12258BALANCE DUE 1397.47Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 6-94)

0154

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

V. Balaban

CREDIT	67007	
20% Sales Tax	77184	
80% Sales of Lots	100	<u>465.83</u>
Opening/Closing	77184	
Burial Containers	100	
Handling Fee	77181	
Recording & Misc. Fees	100	
Pre-Need Trust	77182	
Sales Tax	100	
	63033	
	8022	
	80101	
	78390	
TOTAL PAID	\$	<u>465.83</u>

OFFICIAL RECEIPT


 WHITE.....TO CUSTOMER
 CANARY.....CEMETERY
 PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

827-3400

46698

Date: 10/12, 1995From: Vera Ballman Address: 541 N. 1st St. No 3, El Cajon 92022Fifty-nine & no/100 Dollars (\$ 59.00)In Part Payment of Pre-need lot & trustLot 5080 Grave _____ Row _____ Section _____ Division 10

Invoice No. _____

Acct. No. _____

W.O. E-12258

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

3795

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

J. Rauch

CREDIT	67007	
20% Sales Com	77184	
80% Sales	100	<u>59</u>
of Lot	77184	<u>00</u>
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>59</u> <u>00</u>

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

827-3400

46497

Date: 8-4, 1995From: Vera Ballman Address: 541 N. 1st. #3, El Cajon 92021
Fifty-nine & no/100 Dollars (\$ 59.00)
In _____ Payment of pre-need lot & trust
 Lot 5080 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12258

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

3786

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	87007		
20% Sales Com	77184		
80% Sales	100	59	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	83033		
Trust	8022		
Sales Tax	80101		
	78300		
TOTAL PAID	\$	59	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

48194


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

MOUNT HOPE CEMETERY

827-3400

From: Viera Ballman Address: 541 N. 1st St. NO. 3 El Cayan 92021 Date: 1-8, 19 97

one hundred, eighteen and no/100 Dollars (\$ 118.00)

In part Payment of pre-need lot and trust

Lot 5080 Grave _____ Row _____ Section _____ Division Book 10

Invoice No. _____

Acct. No. _____

W.O. E-12258BALANCE DUE 99.47Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

3875

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

Catrina Jugeon

CREDIT	87007	
20% Sales Com	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	
	77183	
	83053	118
	9022	00
	80101	
	76390	
TOTAL PAID	\$	118 00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

43020


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

From: Vera Baillman

Address:

P.O. BOX 20237 El Cajon 92021

Date: 11-14, 1990

Fifty nine and no/100

Dollars (\$ 59.00)

In part Payment of pre-need lot and trust for
Tatiana Kuzin

Lot 5080

Grave

Row

Section

Division Block 10

Invoice No.

Acct. No.

W.O. E-12258

BALANCE DUE 335.47

Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

3800

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

Catina Ingem

CREDIT	67007
20% Sales Cars	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	80101
	78360

TOTAL PAID

\$

59

00

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date May 22, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Muriel Hull Ebert

In a Vault Funeral, date, time WED 5/24/95 @ 9:30 am

~~Church~~ Chapel ~~Graveside~~ Chapel Graveside Lewis Col. 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 Debra L. Murray

War time veteran no

✓ Lot 719 Grave — Row — Section — Division/Block 10

Grave space & Care Fund Pre-Paid D-7465 0

Additional spaces and care fund — —

Opening/Closing & Setup Pre-Paid E-8160 0

Burial Container " " 0

Handling Fees " " 0

Flower vases - Marker setting fee " " 0

Recording and filing fee " " 0

Sales taxes " " 0

Interfund DP Total Due 0

Transfer - typed 5/26 Paid receipt number 0

+ typed Balance due 0

I hereby certify I am the X daughter of the above named decedent

and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed J

X Debra L. Murray
Signature 368 Antelope St
Address Chula Vista CA
City 422-1417 Zip Code
Telephone

Work Order # E 12259 Invoice # —

PV-593 (Rev. 8-92) Accl. # —

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) MIMI		1B. MIDDLE NEILL	1C. LAST (FAMILY) KBERT	2. DATE OF BIRTH MONTH DAY YEAR 03/30/1909	3. DATE OF DEATH MONTH DAY YEAR 05/19/1995	4. SEX F
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 KENNETH P. ADERNICK - SON 3965 IOWA STREET #2 SAN DIEGO, CA 92104		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480	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 10375 of the Health and Safety Code, and was authorized pursuant to Section 7180 of the Health and Safety Code.			8B. DATE SIGNED 05/22/1995			
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 05/22/1995
9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>		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						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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102		11B. DATE BURIED 5/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>Vital Sealer</i>		12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A		13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A		14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A		15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 22, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Karin Smythe ☒

in a ash 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 ☒ _____

Lot 1463 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-need P-252 ☒

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 _____ 3.85

Total Due 268.85

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

12260

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 23, 95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wilma L. Singard

in a liner Funeral, date, time Wed. 5/24/95 @ 11AM

~~Church~~ ~~Chapel~~ ~~Graveside~~ Church's graveside Featheringill Mortuary 150.00

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 W Singard

War time veteran no

Lot 255 Grave 1 Row Section 2 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 1563.30

Paid receipt number Rec # 46249 400.00

Balance due 1163.30

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 W Singard
Address # 231 68th St
San Diego ca 92114
City 266-0873 Zip Code
Telephone

Work Order # E 12261

Invoice # 254234

Acct. # 085331

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46249

Date: May 23, 1995From: Darrell V. Singard Address: 231 16th St. S.D. CA 92114
Four Hundred & 00/100 Dollars (\$ 400.00)
In _____ Payment of Interment of Wilma Singard
 Lot 255 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12261BALANCE DUE \$1163.30Pre-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	100	<u>400</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>400.</u>	<u>00</u>

MT. HOPE CEMETERY

W.O. # E-12261

NOTE

\$ 1163.30 San Diego, California May 23 1995

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 Three & ³⁰/₁₀₀ DOLLARS with interest from June 24, 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 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 DARRELL V. SINYARD SIGNATURE *D. Sinyard*

ADDRESS 231 68th St. San Diego, Ca 92114

CALIFORNIA DRIVER LICENSE NUMBER N0S85456 SSN # 522-92-8105

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) WILMA		1B. MIDDLE I		1C. LAST (FAMILY) SINYARD		2. DATE OF BIRTH MONTH DAY YEAR 04/21/1919		3. DATE OF DEATH MONTH DAY YEAR 05/20/1995		4. SEX F	
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 Darrell Sinyard, son 231-68th St. San Diego, CA 92114							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1083		8A. SIGNATURE OF APPLICANT—Person taking permit: <i>Sen. Judal</i>				8B. DATE SIGNED 05/23/1995	
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 05/23/1995 Teri Truesdale		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506938			
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 PO 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		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 Mt. Hope Cemetery San Diego, CA				11B. DATE BURIED 5/24/95		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.

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR

METAL SEALED

VS 9 (REV. 6/91)

E-12261

254234 05/26/95 085331 DARRELL V SINYARD

E-12261

100 072
100 072
100 072
100 072
100 072
60101
67007

77181 000072
77182 000072
77183 000072
77184 000072
77185 000072
78390
77184

06/05/95

44-063191

500.00
161.18
81.66
19.34
101.44
62.32
5.72
68.34

1,163.30

663.30
PARTIAL PAYMENT

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

. ME# 95-0945

Date May 23, 95
(1995)

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Stanley Langman PA#1180355

in a liner Funeral, date, time Wed 5/24/95 @ 11AM

Church, Chapel, Graveside delivery only: Am- ISRAEL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

War time veteran

✓ Lot 29 Grave 12 Row Section 1 Division/Block 12

Grave space & Care Fund 124.00

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

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 12262

PY-593 (Rev. 8-92)

Invoice # 254237

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

Make Remittance Payable to

CITY TREASURER

P O Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE 9-6-95

BY: CA (K) IF

PAYMENT REF NO 04-883709 | AMT PAID: 386.00

INVOICE DATE
05/26/95

PAYMENT DUE
06/25/95

PERIOD COVERED
APRIL

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12262

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
STANLEY LANGMAN PA#1180355 SVC	
LOT 29 GRAVE 12 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. 254237

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) STANLEY	1B. MIDDLE MICHAEL	1C. LAST (FAMILY) LANGMAN	2. DATE OF BIRTH MONTH DAY YEAR 03/08/1938	3. DATE OF DEATH MONTH DAY YEAR 05/17/1995	4. SEX M
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 PUBLIC ADMINISTRATOR 5201—A RUFFIN RD SAN DIEGO CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH AM ISRAEL MORTUARY 6316 EL CAJON BLVD SAN DIEGO CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1320		
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) <i>[Signature]</i>		
			8B. DATE SIGNED 05/23/1995		

PERMIT 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 \$7.00	9B. DATE PERMIT ISSUED 05/23/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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 <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 MOUNT HOPE CEMETERY 3751 MARKET ST SAN DIEGO CA	11B. DATE BURIED 5/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-23-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of WRIGHT, CHARLES E.

in a T.S. Vault Funeral, date, time Fri 5/26 11:00

Church, Chapel, Graveside Chapel + Graveside: CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. L' Tanja Wright

War time veteran NO

✓ Lot 87 Grave B Row _____ Section 2 Division/Block 11

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 17.50

Total Due 1667.50

Paid receipt number VISA 417.00

Balance due 1250.50

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

L' Tanja Wright
Signature
6245 LA Tijera Blvd
Address
Los Angeles 90043
City Zip Code
(213) 298-7140
Telephone

Work Order # E 12263

Invoice # 254243

Acct. # 085333

MT. HOPE CEMETERY

W.O. # E-12263

NOTE

\$ 1250.50 San Diego, California May 23 1995

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 fifty & ⁵⁰/₁₀₀ DOLLARS with interest from 26 June 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 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 L' Tanya Wright SIGNATURE X L' Tanya Wright
ADDRESS X 6245 La Tijera BL L.A. 90056
CALIFORNIA DRIVER LICENSE NUMBER X N6936313 SSN # X 547-37-7480

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) Charles		1B. MIDDLE Edward		1C. LAST (FAMILY) Wright		2. DATE OF BIRTH MONTH DAY YEAR 07/29/1938		3. DATE OF DEATH MONTH DAY YEAR 05/20/1995		4. SEX M			
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 L. Tanya Wright—Daughter 6245 La Tijera Blvd. Los Angeles, CA 90056							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115						7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1357		8A. SIGNATURE OF APPLICANT—Person using permit <i>[Signature]</i>				8B. DATE SIGNED 05/23/1995	

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10316 of the Health and Safety Code, and was authorized pursuant to Section 7150 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 \$7.00		9B. DATE PERMIT ISSUED 05/23/1995 Kyle Chase		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9506974	
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"/> 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 Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 5/26/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>	
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - metal non-sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 24, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Cong. Thong
in a T.S. Vault Funeral, date, time TUE 5/30/95 @ 10:30am

Church, Chapel Graveside chapel & graveside: Clairmont Mortuary. (800)

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 Kenneth Nguyen

War time veteran X NO

Lot 16 Grave 16 Row 7 Section CHINESE Division/Bleek 11

Grave space & Care Fund (P) 0853 (CHINESE NEED) ATTACHED 0

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 17.50

PAID
MAY 24 1995
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Total Due 872.50

Paid receipt number Rec # 46255 872.50

Balance due 0

I hereby certify I am the X Kenneth Nguyen of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Kenneth Nguyen
Signature
2325 W. JEWETT ST.
Address
San Diego CA 92111
City
576 9761
Telephone

Work Order # E

12264

PY-593 (Rev. 8-92)

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46255

Date: May 24, 1995From: HO HO Address: 2323 Sunset St S.D. CA 92111
Eight Hundred Seventy-two & 50/100 Dollars (\$ 872 50)
In _____ Payment of interment of Cong-hung
 Lot — Grave 16 Row 7 Section CHINESE Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12264BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-84)

#601

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY m. Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	<u>375</u>	<u>00</u>
Closing	77181		
Burial	100	<u>250</u>	<u>00</u>
Containers	77182		
	100	<u>155</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>17</u>	<u>50</u>
	78390		
TOTAL PAID	\$	<u>872</u>	<u>50</u>

E-12264



美國山姐埠中華會館
Chinese Consolidated Benevolent Association

0853

428 THIRD STREET

SAN DIEGO,

CALIF., U. S. A.

DATE 26 Sept 92

姓 名 THONG, NHOC CONG 唐玉光

住 址 2323 W. Jewett St. SD 92111

Row #7 Chinese Area
Punkard (2) plots: GR. #16 & #17 Section #11 \$ 900.00

收 款 人 簽 名 Albert Wong, Cash Coordinator

E-12264

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) CONG	1B. MIDDLE NHOC	1C. LAST (FAMILY) THONG	2. DATE OF BIRTH MONTH DAY YEAR 08/30/1912	3. DATE OF DEATH MONTH DAY YEAR 05/23/1995	4. SEX M
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 KENNETH LYNN: SON 2323 W. JEWETT STREET SAN DIEGO, CA 92111		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CLAIEMONT MORTUARY: 4266 MT. ABERNATHY AVE SAN DIEGO, CA 92117		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1126	8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</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 7106 of the Health and Safety Code.		8B. DATE SIGNED 05/26/1995			

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 7.00	9B. DATE PERMIT ISSUED 05/26/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Victoria Meza</i>
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

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 MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5/30/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>John W. Wicks</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 <i>Wooden</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	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION 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 May 25, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leroy Jones Sr.

in a lines Funeral, date, time THURS 5/30/95 @ 11AM

Church, Chapel, ~~Vault/Liner~~ Graveside Church/graveside: Ragdale Mortuary to

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 X Delilah Jones

War time veteran X no

✓ Lot 7 Grave 5 Row Section 3 Division/Block 12

Grave space & Care Fund 795⁰⁰

Additional spaces and care fund 0

Opening/Closing & Setup 375⁰⁰

Burial Container 190⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee 0

Recording and filing fee 45⁰⁰

Sales taxes 13.30

Total Due 1563.30

Paid receipt number Rec # 46258 47.00

Rec # 46286 342.00

Balance due 1173.30

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 Delilah Jones

Signature X 234 So 46

Address San Diego Ca 92113

City 619-263-2723 Zip Code

Telephone

Invoice # 254329

Acct. # 085345

Work Order # E 12265

PY-593 (Rev. 8-92)

Ragdale to bring check for #342.00

MT. HOPE CEMETERY

W.O. # E-12265

NOTE

\$ 1172.30 San Diego, California May 25 19 95

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 & ³⁰/₁₀₀ DOLLARS with interest from June 30, 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 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 Delilah JONES SIGNATURE Delilah Jones

ADDRESS 234 Do 46th St San Diego, Ca.

CALIFORNIA DRIVER LICENSE NUMBER N2136421 SSN # 432-60-2922

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46258

Date: May 25, 19 95From: Lililah Jones Address: 234 S 46th St. S.D. CA 92113
For the sum of \$09.00 Dollars (\$ 49.00)
In _____ Payment of Interment of Leroy Jones Sr.
 Lot 7 Grave 5 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12265BALANCE DUE \$ 1514.30Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

#1125

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

M. Clark

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		
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

46286

Date: 6-1, 1995
 From: Onderdonk-Ragsdale Address: 5050 Federal Bl., #12 92102
Three hundred forty-two & 2/100 Dollars (\$ 342.00)

 In cost Payment of Interment Levy Jones Jr.

 Lot 7 Grave 5 Row _____ Section 3 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12365BALANCE DUE 1172.30NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>342.00</u>
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>342.00</u>

 Pre-Need Lot ☐ At Need ☒ On Acct ☐
 Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

ISSUED BY Rauch

6894

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) Lerry		1B. MIDDLE Eplusvil	1C. LAST (FAMILY) Jones	2. DATE OF BIRTH MONTH, DAY, YEAR 09/11/1922	3. DATE OF DEATH MONTH, DAY, YEAR 05/23/1995	4. SEX M
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 Delilah Jones, Wife 234 S. 46th St. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED <i>Delilah Jones</i> 05/25/1995		

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 7109 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 05/25/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Delilah Jones</i> 9507068
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			
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

- | | |
|--|--|
| <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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 5/30/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wait</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>metal rim sealer</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-25-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Mercado, Victor Hugo PA 1177966

in a Liner ^{Vault/Urner} Funeral, date, time _____

Church, Chapel, Graveside Delivery only Conrad Mortuary _____

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund _____ 126.00

Additional spaces and care fund _____

Opening/Closing & Setup _____ 165.00

Burial Container _____ 50.00

Handling Fees _____

Flower vases - Marker setting fee _____

Recording and filing fee _____ 45.00

Sales taxes _____

Katherine Howard 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 # _____

Acct. # _____

Work Order # E 12266

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 26, 95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Francisco Gomez - Munoz RA# 1180851

in a lines Funeral, date, time 6/12/95 @ 11 AM non

Church, Chapel, Graveside delivery : A. D. A Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 466-6333

will be applied and billed to undersigned. —

War time veteran —

Lot 49 Grave 4 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 12267

Invoice # 254969

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

7-17-95

PAYMENT DATE
BY: CA (CK) IF

PAYMENT REF NO 04-859568 | AMT PAID: 386.00

INVOICE DATE
06/14/95

PAYMENT DUE
07/14/95

PERIOD COVERED
MAY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12267
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

FRANCISCO GONZALEZ NUNEZ SVCS	
PAP11A0851	
LOT 49 GRAVE 4 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

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) FRANCISCO	1B. MIDDLE GONZALEZ	1C. LAST (FAMILY) NUNEZ	2. DATE OF BIRTH MONTH DAY YEAR 10/04/1970	3. DATE OF DEATH MONTH DAY YEAR 04/27/1995	4. SEX M
5A. CITY OF DEATH OCEANSIDE		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT KEVIN JUDKINS (P.A.) 5201-A RUFFIN ROAD SAN DIEGO, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH A D A MORTUARY SERVICES, INC. 3444 CITRUS STREET, LEMON GROVE, CA 91945			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-1469		
* 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.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
			8B. DATE SIGNED 06/06/1995		

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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00 9B. DATE PERMIT ISSUED 06/06/1995 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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	FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
---	--

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 6/12/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
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 —
			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

5/27/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

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 36 Grave 9 Row _____ Section 2 Division/Block 12

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

Telephone

Zip Code

Work Order #

PY-593 (Rev. 9-92)

Invoice #

Acct. #

12268

E

VOID
updated on 13:00
R-46263
10:00
:40
23.40

**MT. HOPE CEMETERY
INTERMENT ORDER**

City of San Diego

Date 5-29-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of COLEY, LOUISE

In a T.S. VAULT Funeral, date, time THURS 6/1/95 1:30pm

~~Church, Chapel, Graveside~~ Chapel - GS : 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. Thomas Coley By Emma Wesley

War time veteran NO

✓ Lot 279 Grave 10 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 17.50

Total Due 1667.50

Paid receipt number 46266 1667.50

Balance due 0

I hereby certify I am the X 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

Signature

5815 LYNN ST

Address

SAN Diego, CA. 92105

City

619-583-0559

Telephone

Zip Code

Work Order # E 12269

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46266

Date: 5-29, 1995
 583-
0559
 From: Thomas Coley Address: 5815 Lynn, 219 92105
Sixteen hundred sixty-seven & 50/100 Dollars (\$ 1667.50)
 In Full Payment of Interment of Lorraine Coley

 Lot 279 Grave 10 Row _____ Section 2 Division 121
 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12269BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEPre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

101

ISSUED BY

CREDIT	67007	<u>159</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>636</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>375</u>	<u>00</u>
Closing	77181		
Burial	100	<u>250</u>	<u>00</u>
Containers	77182		
	100	<u>185</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033	-	
Trust	9022		
Sales Tax	60101	<u>17</u>	<u>50</u>
	78390		
TOTAL PAID	\$	<u>1667</u>	<u>50</u>

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) LOUISE		1B. MIDDLE --	1C. LAST (FAMILY) COLEY		2. DATE OF BIRTH MONTH DAY YEAR 02/07/1918	3. DATE OF DEATH MONTH DAY YEAR 05/29/1995	4. SEX F
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 THOMAS J. COLEY - HUSBAND 5815 LYNN STREET SAN DIEGO, CA 92105		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 480		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 05/29/1995		

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 05/31/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i>
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				
<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)				

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6/1/15	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
				15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 30, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Lucy A. Bennett

in a _____ Funeral, date, time WED 5/31/95 @ 11 AM

Church Chapel Graveside Church & graveside Ragdale 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

12270

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 30, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Tate

in a liner Funeral, date, time 5/31/95 WED @ 2PM

Church, Chapel, Graveside : Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150⁰⁰ will be applied and billed to undersigned. X

War time veteran

Lot 19 Grave 3 Row Section 4 Division/Block 6

Grave space & Care Fund Pre-Paid E-6709 0

Additional spaces and care fund 0 0

Opening/Closing & Setup Pre-Paid E-6709 0

Burial Container Pre-Paid E-6709 0

Handling Fees Pre-Paid E-6709 0

Flower vases - Marker setting fee

Recording and filing fee Pre-Paid E-6709 0

Sales taxes Pre-Paid E-6709 0

Total Due 0

Paid receipt number

Balance due 0

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature
X Address
X City
X Telephone

Zip Code

Work Order # E 12271

Invoice #

Acct. #

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) JOSEPH	1B. MIDDLE FERNINAND	1C. LAST (FAMILY) TATE	2. DATE OF BIRTH MONTH DAY YEAR 07/10/1910	3. DATE OF DEATH MONTH DAY YEAR 05/28/1995	4. SEX M
5A. CITY OF DEATH CHULA VISTA		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT RUTH T. HERNANDEZ - DAUGHTER 2870 IRIS AVENUE, #2 SAN DIEGO, CA 92154	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-941		

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 \$7.00	9B. DATE PERMIT ISSUED 05/31/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Karen Warrant 9507264
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— CO. OF SAN DIEGO 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 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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 5/31/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A Cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION [Signature]
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY [Signature]
	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 [Signature]
	SCATTERING AT SEA OR DISPOSITION 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 [Signature]

COPY 2 IS RETAINED BY 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 May 30, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emma Stiteler ☒

in a ash vault Funeral, date, time _____

Church, Chapel, Graveside Conrad Mortuary 460-4601

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

War time veteran X

Lot 660 Grave _____ Row _____ Section 5 Division/Block 8

Grave space & Care Fund Per Need B-4719 0

Additional spaces and care fund 0

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 3.85

Total Due 268.85

Payment to come w/ remains, from Conrad. Paid receipt number _____ Balance due _____

I hereby certify I am the X of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed _____

X Signature _____
X Address _____
X City _____ Zip Code _____
X Telephone _____

Invoice # _____

Work Order # E 12272

Conrads will bring check for full amount & will sign interment Order.

9-28-95
I spoke w/ Donna Conrad;
she said the family said
they'll be at her office
to pay in OCT '95.
OUR FEES WOULD
THEN BE PAID BY
CONRAD. Jane

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 30, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Espinosa, Agrasio (Bolanes) ^{A.K.A.} PA# 1180428

In a lines ^{Vault/Urner} Funeral, date, time _____

Church, Chapel, Graveside _____; 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 _____ 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

12273

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 30, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfred Horne

- in a liner Funeral, date, time MON 6/26/95 1PM
Church, Chapel, Graveside graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150⁰⁰
will be applied and billed to undersigned. X A B.

War time veteran no

Lot 1168 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 795.00

Additional spaces and care fund 375.00

Opening/Closing & Setup 190.00

Burial Container 145.00

Handling Fees 45.00

Flower vases - Marker setting fee 13.30

Recording and filing fee 1563.30

Sales taxes 1563.30

Total Due 1563.30

Paid receipt number 46273 1563.30

Balance due 0

I hereby certify I am the X 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

X Alma M. Beryl
Signature
X 8625 Collette Ave
Address
X North Hills, Ca. 91343
City
X (818) 891-1165
Telephone
Zip Code

Work Order # E

12274

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46273

Date: May 30, 1995From: Aline Birmingham Address: 7625 Collett Ave. North Hills CA 91343Fifty-two Hundred Sixty Three & 30/100 Dollars (\$ 1563.30)In _____ Payment of Interment of Alfred HorneLot 168 Grave 11 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12274BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67907	<u>159</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>636</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>375</u>	<u>00</u>
Closing	77181		
Burial	100	<u>190</u>	<u>00</u>
Containers	77182		
	100	<u>14</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>13</u>	<u>30</u>
	78390		

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

2160ISSUED BY M ClarkTOTAL PAID \$ 1563.30

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) Alfred	1B. MIDDLE -	1C. LAST (FAMILY) Horne	2. DATE OF BIRTH MONTH DAY YEAR 04/25/1920	3. DATE OF DEATH MONTH DAY YEAR 06/21/1995	4. SEX M
5A. CITY OF DEATH Coronado		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Aline G. Birmingham - Niece 8625 Collett Ave. North Hills, CA 91343	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>	8B. DATE SIGNED 06/21/1995
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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 \$7.00	9B. DATE PERMIT ISSUED 06/22/1995 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9508379
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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 4/26/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>Velvet cased wood, not sealed</i>	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-30-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bennett, Lucy

in a Liner Funeral, date, time 5-31-95 11:00 A.M.

Church, Chapel, Graveside Church 165; 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. x-TH

War time veteran NO

✓ Lot 74 Grave 2 Row 3 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 13.30

Total Due 1563.30

Paid receipt number 46272 1563.30

Balance due 0

I hereby certify I am the x daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x Lucretia V. Adams
Signature 6237 Parkside Avenue
Address San Diego CA 92139
City 479-3770 Zip Code
Telephone

Work Order # E
PY-593 (Rev. 8-92)

12275

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46272

Date: 5-30, 1995From: Lucy N Bennett Address: 2706 Island Ave. S.D. CA. 92102fifteen hundred sixty three ^{30/100} Dollars (\$ 1563.30)In full Payment of interment of Bennett LucyLot 74 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12275BALANCE DUE 2Pre-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. Prohaska

CREDIT	67007	<u>159</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>636</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>875</u>	<u>00</u>
Closing	77181		
Burial	100	<u>190</u>	<u>00</u>
Containers	77182		
	100	<u>105</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	<u>13</u>	<u>30</u>
	78390		
TOTAL PAID	\$	<u>1563</u>	<u>30</u>

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) Lucy		1B. MIDDLE Mae		1C. LAST (FAMILY) Bennett		2. DATE OF BIRTH MONTH, DAY, YEAR 12/25/1918		3. DATE OF DEATH MONTH, DAY, YEAR 05/27/1995		4. SEX F	
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 Lucretia V. Adams, Daughter 6237 Parkside Ave. San Diego, CA 92139					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA						7B. CALIF. LICENSE NUMBER —IF APPLICABLE E-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 05/29/1995	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10324 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 05/30/1995 <i>[Signature]</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9507241	
ANY CHANGE IN DISPOSITION REQUIRES A NEW DISPOSITION.		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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA				11B. DATE BURIED 5/31/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <i>m/sealed</i>				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 5-30-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Ignasio Espinosa PA# 1180428

in a Linier Funeral, date, time Thurs 5-1-95 1:00 P.M.

Church, Chapel, Graveside Delivery only : Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ _____

will be applied and billed to undersigned. _____

War time veteran _____

✓ Lot 37 Grave 12 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 # 254359

Acct. # 000952

Work Order # E 12276

PY-593 (Rev. 8-92)



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

E-12276

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE 7-17-95BY: CA CK IFPAYMENT REF NO 04-854568AMT PAID: 386.00INVOICE DATE
06/02/95PAYMENT DUE
07/02/95PERIOD COVERED
MAY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12276

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527.3400

DESCRIPTION OF CHARGES

AMOUNT

IGNACIO ESPINOZA PA#1180428

LOT 37 GRAVE 12 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.

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) IGNACIO		1B. MIDDLE -	1C. LAST (FAMILY) ESPINOZA		2. DATE OF BIRTH MONTH DAY YEAR 02/08/1958	3. DATE OF DEATH MONTH DAY YEAR 05/17/1995	4. SEX M
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 PUBLIC ADMINISTRATOR, KATHERINE HOWARD 5201A RUFFIN ROAD SAN DIEGO, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103				7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-119		8A. SIGNATURE OF APPLICANT—Person taking permit <i>Ed Leach</i>	
				8B. DATE SIGNED 05/31/1995			

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 7.00	9B. DATE PERMIT ISSUED 05/31/1995 T.C. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9507287
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222, SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA			

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)
--	--	--	--	--

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 6-1-95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wait</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY <i>cardboard</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 May 30, 1995
Thursd 6/29-45 1:00PM

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Henry Morris PA# 1180622
in a Liner Funeral, date, time TUE 6/27 11AM
Vault/Urner

Church, Chapel, Graveside Park Crest Mortuary.
Wendy

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 49 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

12277

PY-593 (Rev. 8-92)

Invoice # 255796

Acct. # 000952

*Kathryn
Howard*



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112

E-12277

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 9-6-95
BY: CA CK IF

PAYMENT REF NO 04-883709 AMT PAID: 386.00

INVOICE DATE
07/06/95

PAYMENT DUE
08/05/95

PERIOD COVERED
JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12277
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619-527 3400

DESCRIPTION OF CHARGES

AMOUNT

HENRY MORRIS PA 1180622 SVCS	
LOT 57 GRAVE 9 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. 255796

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-12277

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Henry	1B. MIDDLE Unknown	1C. LAST (FAMILY) MORRIS	2. DATE OF BIRTH MONTH, DAY, YEAR Unknown	3. DATE OF DEATH MONTH, DAY, YEAR 05/19/1995	4. SEX Male
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 San Diego County Public Administrator 5201A Ruffin Road San Diego, CA 92123			
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Park Crest Funeral Home 2441 University Ave San Diego CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1507	8A. SIGNATURE OF APPLICANT—Person taking permit, 8B. DATE SIGNED [Signature] 06/22/1995		
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 06/22/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9508419
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA		

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS		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 Mt Hope Cemetery San Diego CA	11B. DATE BURIED 6/29/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 31, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Matthews, Genevieve

in a T.S. Vault Funeral, date, time 6/2/95 FRI @ 1PM

Church, Chapel, Graveside Chapel & WITNESSES : Harriet Valley 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 (arrived at 12:45 p.m.)

War time veteran X Jane Raveh

Lot 12 Grave 7 Row Section 100F Division/Block 35

Grave space & Care Fund Pre Paid E-4064 8

Additional spaces and care fund 8

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 17.50

Total Due 872.50

Paid receipt number B-46293 872.50

Balance due 0

I hereby certify I am the X Son in Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X E. Gene Cobble
Signature
X 904 Sky Blue Dr.
Address
X Knoxville TN 37923
City
X (615) 693-4276
Telephone
Zip Code

Work Order # E
PY-593 (Rev. 8-92)

12278

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46293

Date: 6-2, 1995From: E. Gene Cobble Address: 904 Sky Blue Dr., Knoxville TN
Eight hundred seventy-two & 50/100 Dollars (\$ 872.50) 37923
In _____ Payment of Interment of Genevieve Matthews
 Lot 12 Grave 7 Row _____ Section 100F Division Block 35

Invoice No. _____

Acct. No. _____

W.O. E-12278

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

104

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	375	00
Closing	77181		
Burial	100	250	00
Containers	77182		
	100	185	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	83033		
Trust	9022		
Sales Tax	60101	17	50
	78390		
TOTAL PAID	\$	872	50

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) Genevieve	1B. MIDDLE Shapcott	1C. LAST (FAMILY) Matthews	2. DATE OF BIRTH MONTH DAY YEAR 05/29/1910	3. DATE OF DEATH MONTH DAY YEAR 05/30/1995	4. SEX F
5A. CITY OF DEATH Knoxville		5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE TN		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Genevieve Cobble - daughter 904 Sky Blue Drive, Knoxville, TN 37923	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Homet Valley Mortuary 403 N. San Jacinto, Homet, CA 92543			7B. CALIF. LICENSE NUMBER —IF APPLICABLE 833		
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>Jennifer Barber</i>		8B. DATE SIGNED 06/01/1995

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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9A. AMOUNT OF FEE PAID 7.00	9B. DATE PERMIT ISSUED 06/01/95	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT Bradley P. Gilbert, M.D. /GH
9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA Box 85222- San Diego, CA 92186-3222				

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 checked="" 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 Ht. Hope Cemetery 3751 Market, San Diego, CA 92102	11B. DATE BURIED 6/2/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A Metal recaler	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date May 31, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eliza Brown

In a liner Funeral, date, time Thurs 6/1/95 11 AM

Church, Chapel, Graveside Church & graveside : CA Burial Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150⁰⁰

will be applied and billed to undersigned. ☒

War time veteran no

✓ Lot 16 Grave 11 Row _____ Section 3 Division/Bleek 12

Grave space & Care Fund 795⁰⁰

Additional spaces and care fund 0

Opening/Closing & Setup 375⁰⁰

Burial Container 190⁰⁰

Handling Fees 145⁰⁰

Flower vases - Marker setting fee 45⁰⁰

Recording and filing fee 13.30

Sales taxes 1563.30

Total Due 850.00

Paid receipt number 46277 850.00

Balance due 713.30

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

228971 ✓
X Frances Dale
Signature
15614 Pasales St.
Address
Sylmar, Ca. 91342
City
(818) 362-1768
Telephone Zip Code

Work Order # E
PY-583 (Rev. 8-92)

12279

Invoice # 254327

Acct. # 085347

MT. HOPE CEMETERY

W.O. # E-12279

NOTE

713.30
Seven Hundred Thirteen & 30/100 San Diego, California May 31 1995
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 Thirteen & 30/100 DOLLARS
with interest from July 1, 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 Frances Dale SIGNATURE Frances Dale
ADDRESS 15614 Rosales St. Sylmar, Ca. 91342
CALIFORNIA DRIVER LICENSE NUMBER NO135664 SSN # 553-76-4571



WELLS FARGO BANK

1258

BURBANK OFFICE 800 NORTH SAN FERNANDO BOULEVARD BURBANK, CA 91504

15-04
1258(7)CCL#
NO135664

5-31 1995

PAY TO THE ORDER OF

Mt. Hope Cemetery

\$ 850.00

Eight hundred fifty ——— 00/100

DOLLARS

HENRY F. BROWN
FRANCES M. DALE
15674 ROSALES ST.
SYLMAR, CA 91342

MEMO

mom's plott

Frances Dale

⑆122000247⑆258 0933 3487650⑆

E-12279

OFFICIAL RECEIPT


 WHITE.....TO CUSTOMER
 CANARY.....CEMETERY
 PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46277

Date: May 31, 1995From: Frances Dale Address: 15614 Radclaw St. Sylmar CA 91342
Eight Hundred fifty 1/2 00/100 Dollars (\$ 850.00)
In _____ Payment of Interment of Elena Brown
 Lot 16 Grave 11 Row _____ Section 3 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12279BALANCE DUE 713.30Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

#1258

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.ISSUED BY M. Clark

CREDIT	67007	<u>159</u>	<u>00</u>
20% Sales Care	77184		
80% Sales	100	<u>1036</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>55</u>	<u>00</u>
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>850</u>	<u>00</u>

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) ELIZA	1B. MIDDLE MAE	1C. LAST (FAMILY) BROWN	2. DATE OF BIRTH MONTH DAY YEAR 02/13/1914	3. DATE OF DEATH MONTH DAY YEAR 05/26/1995	4. SEX F
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 INDEMNANT BERRY BROWN—HUSBAND 2142 NATIONAL AVE SAN DIEGO, CA 92113	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
* ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10370 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT—Person taking permit <i>E. Mitchell</i>		8B. DATE SIGNED 05/30/1995

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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA VITAL RECORDS—P.O. BOX 85222 SAN DIEGO, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 03/30/1995 E. MITCHELL	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9507227
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) <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 MOUNT HOPE CEMETERY, SAN DIEGO, CA	11B. DATE BURIED 4/1/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wait</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Metal Non-Sealer	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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-12279

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/28/95

DATE: 06/28/95
TIME: 230854
PAGE: 5

DEPARTMENT 072

PROPERTY DEPT-MT HOPE CEMETERY

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
254327	06/01/95	085347	FRANCES DALE				06/22/95	CK	1313			
			100 072		77181	000072				713.30		
			100 072		77182	000072				320.00	713.30	
			100 072		77183	000072				190.00		
			100 072		77185	000072				45.00		
			60101		78390					145.00		
										13.30		
NUMBER OF INVOICES PAID			1									
TOTAL AMOUNT PAID			713.30									

PAID IN FULL

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date May 31, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernestine Mercherson

in a liner Funeral, date, time THURS 6/1/95 10AM

Church, Chapel Graveside chapel & graveside Ragsdale Mortuary. (Debbie)

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 Ernest J. Bry Jr.

War time veteran X

Lot 828 Grave - Row - Section - Division/Block 10

Grave space & Care Fund 995.00

Additional spaces and care fund PAID

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 13.30

Sales taxes 1763.30

Total Due 1763.30

Paid receipt number 46282 1763.30

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 Ernest J. Bry Jr.
Signature
10414 LONGFELLOW AVE
Address
OAKLAND, CA 94603
City
X 510-638-2017
Telephone

Work Order # E 12280

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46282

From: Judge & Ernest Bryson Address: 10414 Longfellow Ave Oakland, CA 94603
Seventeen Hundred Sixty Three & 30/100 Dollars (\$ 1763.30)
 In _____ Payment of Interment of Ernestine Marcherson

Lot 828 Grave 1 Row — Section — Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-13280BALANCE DUE 0
 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	<u>995</u>
of Lots	77184	<u>00</u>
Opening/	100	<u>375</u>
Closing	77181	<u>00</u>
Burial	100	<u>190</u>
Containers	77182	<u>00</u>
	100	<u>145</u>
Handling Fee	77185	<u>00</u>
Recording &	100	<u>45</u>
Misc. Fees	77183	<u>00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>13</u>
	78390	<u>30</u>
TOTAL PAID	\$	<u>1763</u>
		<u>30</u>

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

ISSUED BY

M. Clark#0860

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) Ernestine	1B. MIDDLE Barbara Ann	1C. LAST (FAMILY) Mercherson	2. DATE OF BIRTH MONTH DAY YEAR 08/19/1931	3. DATE OF DEATH MONTH DAY YEAR 05/28/1995	4. SEX F
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 Ernest Bryson - Son 10414 Longfellow Ave. Oakland, CA 94603	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>Robert Williams</i>			8B. DATE SIGNED 05/30/1995		

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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/01/1995 <i>Williams</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9507328
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

- | | |
|--|--|
| <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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 6/1/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <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 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 2 IS RETAINED BY 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 May 31, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Antione AKbar (11oz 5mos)

in a Vault/Urn Funeral, date, time Mon 6-5-95 2:30PM

Church, Chapel, Graveside Witness : Ragdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150⁰⁰ will be applied and billed to undersigned. X Kathy Eisen

War time veteran no

✓ Lot 2805 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 270.00

Total Due 270.00

Paid receipt number 46281 270.00

Balance due 0

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

Signature

Address

City

Telephone

Zip Code

Invoice #

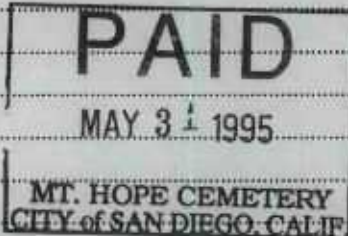
Acct. #

Work Order #

PV-593 (Rev. 8-92)

12281

E



X Kathy Eisen
4380 Arizona Ave
San Diego Ca 92116
542-0375
Pager 531-8174

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46281

Date: May 31, 1995From: Thorgella Brivers Address: 2418 30th St. S.E. CA 92104Two Hundred Seventy Four Dollars (\$ 270.00)In _____ Payment of burial of Antone AkbarLot 2805 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-13381BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	<u>20.00</u>
80% Sales	100	
of Lots	77184	<u>80.00</u>
Opening/	100	
Closing	77181	<u>125.00</u>
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	<u>45.00</u>
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>270.00</u>

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

ISSUED BY Jim Clark# 1558

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-12281
3/11/95

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN) Antoine		1B. MIDDLE Iman	1C. LAST (FAMILY) Akbar	2. DATE OF BIRTH MONTH DAY YEAR 05/20/1995	3. DATE OF DEATH MONTH DAY YEAR 05/20/1995	4. SEX M
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 Kathy Eison - Mother 4380 Arizona St. #2 San Diego, CA 92116		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA				7B. CALIF. LICENSE NUMBER —IF APPLICABLE P-1329		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		
				8B. DATE SIGNED 06/01/1995		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 06/02/1995 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9507459
	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 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)	

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 6/2/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	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 June 1, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Hattie Pierce → PEARCE

In a liner Vault/Urner Funeral, date, time FRI 6/2/95 @ 2pm

Church, Chapel, Graveside witness : Greenwood Mortuary
(Michael)

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 E

War time veteran —

✓ Lot 5 Grave 7 Row 603 Section MAG Division/Block 11

Grave space & Care Fund Pre-Need A-8288 0

Additional spaces and care fund 0

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee 0

Recording and filing fee 45.00

Sales taxes 13.30

Total Due 768.30

Paid receipt number —

Balance due —

I hereby certify I am the X EXECUTOR OF ESTATE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 604 CEDAR ST. STE. D
City SAN DIEGO, 92101
Telephone (619) 239-0625

Work Order # E 12282

PY-593 (Rev. 8-92)

Invoice # 254358

Acct. # 085359

MT. HOPE CEMETERY

W.O. # E-12282

NOTE

768.30

San Diego, California

June 1

1995

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 Eight ³⁰/₁₀₀ DOLLARS with interest from July 2, 1995 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

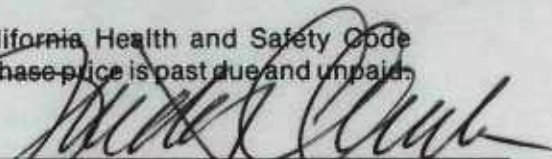
Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions 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 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

LINDA HOPE CLARKE

SIGNATURE



ADDRESS

604 CEDAR ST. STE. D SAN DIEGO, CA. 92101-

CALIFORNIA DRIVER LICENSE NUMBER

20649879

SSN #

2708

547-60-4458

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) HATTIE	1B. MIDDLE GRACE	1C. LAST (FAMILY) PEARCE	2. DATE OF BIRTH MONTH DAY YEAR 10/05/1907	3. DATE OF DEATH MONTH DAY YEAR 05/30/1995	4. SEX F
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 LINDA CLARKE: EXECUTRIX 1604 CEDAR STREET #D SAN DIEGO, CA 92101-2708	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE, SAN DIEGO, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-843		
8A. SIGNATURE OF APPLICANT—Person taking permit <i>Victoria Meza</i>			8B. DATE SIGNED 06/02/1995		

KNOWLEDGMENT 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 THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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 06/02/1995 9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>Victoria Meza</i> 9507455
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. BOX 85222 SAN DIEGO, CA 92186-5222		9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

1. 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)
---	---

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6/2/95	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.

(P.A.)
Indigent
Burial

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-1-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Oscar Ramos PA# 1180711

In a liner Funeral, date, time FRI 6/2/95 11AM

Church, Chapel, Graveside delivery : Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

War time veteran

✓ Lot 25 Grave 4 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

Kathryn
Howard

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E

12283

Invoice # 254360

Acct. # 000952



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

E-12283

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

PAYMENT DATE

7-17-95

BY: CA (CK) IF

PAYMENT REF NO

04-859568

AMT PAID:

386.00

INVOICE DATE

06/02/95

PAYMENT DUE

07/02/95

PERIOD COVERED

MAY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JOANN WAITS

REF NO: E-12243

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

OSCAR RAMOS PA#1180711 SVCS

LOT 25 GRAVE 4 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.

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) Oscar	1B. MIDDLE -	1C. LAST (FAMILY) Ramos	2. DATE OF BIRTH MONTH DAY YEAR 08/21/1921	3. DATE OF DEATH MONTH DAY YEAR 05/23/1995	4. SEX M
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 Public Administrator-K. Howard 5201-A Ruffin Rd. San Diego, CA 92123	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Mayer Mortuary, 2859 Adams Ave., San Diego, CA			7B. CALIF. LICENSE NUMBER IF APPLICABLE 1424		
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.			8A. SIGNATURE OF APPLICANT— <i>[Signature]</i> 8B. DATE SIGNED 05/01/1995		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00	9B. DATE PERMIT ISSUED 06/02/1995 James Hale	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9507279
9D. 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)
---	---

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 6/2/95	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 SUFFI- CIENT 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 6-1-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of BROWN, MICHAEL WAYNE - SR

in a Topseal vault Funeral, date, time 6/6 Tue 11:00

Church, Chapel, Graveside Church - graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150.00

will be applied and billed to undersigned. X Alban A. Reed

War time veteran no

Lot 11 Grave 7 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 795.00

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container Oversize Top Seal Vault 575.00 250.00

Handling Fees 185.00

Flower vases - Marker setting fee Paid in full 6-5-95 J. Ranch

Recording and filing fee 45.00

Sales taxes 40.25 17.50

Total Due 2015.25 1667.50

Paid receipt number R-46302 2015.25

Balance due 0

Mr. Ragsdale will bring check for total amount.

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 Alban A. Reed
Signature

X Alban A. Reed
Address

1533 Mary Lou St.

City San Diego CA 92102 Zip Code

Telephone 619 262-0684

Invoice # _____

Acct. # _____

Work Order # E 12284

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46302

Date: 6-5, 1995
 From: Anderson, Rogadeh Address: 5050 Federal Bl., Ld 92102
Two thousand fifteen & 25/100 Dollars (\$ 2015.25)

 In Full Payment of Interment of Michael W. Brown, Jr.

 Lot 111 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12284BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Cam	77184	
80% Sales	100	<u>195.00</u>
of Lots	77184	
Opening/	100	<u>375.00</u>
Closing	77181	
Burial	100	<u>575.00</u>
Containers	77182	
	100	<u>185.00</u>
Handling Fee	77185	
Recording &	100	<u>45.00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	<u>40.25</u>
	78390	

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

6909

ISSUED BY

TOTAL PAID

\$ 2015.25

E-12284

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) Michael		1B. MIDDLE Wayne		1C. LAST (FAMILY) Brown, Sr.		2. DATE OF BIRTH MONTH DAY YEAR 12/15/1953		3. DATE OF DEATH MONTH DAY YEAR 03/31/1995		4. SEX M			
5A. CITY OF DEATH San Diego				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		5. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Adlean A. Reed, Mother 1533 Mary Lou St. San Diego, CA 92102							
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA						7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>				8B. DATE SIGNED 06/05/1995	
ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.													
PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.				9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 06/05/1995 <i>[Signature]</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9507525			
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						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							
COMPLETE ALL APPLICABLE ITEMS		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA				11B. DATE BURIED 6/6/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>					
		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A				12B. DATE CREMATED <i>metal peeler</i>		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶					
		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A				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 N/A				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 N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE			

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

002*****

1,213.00 *

E-12284

795. +

375. +

575. +

185. +

45. +

40.25 +

2,015. *

E-12284

0.00 *

575.00 x

7. %

40.25 *

0.00 *

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date June 1, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of Ken Coleman

In a liner Funeral, date, time MON 6/5/95 2PM

Church, Chapel, Graveside witness : CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150⁰⁰
will be applied and billed to undersigned. Pauline Coleman

War time veteran _____

✓ Lot 259 Grave 2 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..... 13.30

Total Due..... 1563.30

Paid receipt number 46284 891.00

Balance due 1172.30

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

Address

City

Telephone

Zip Code

Invoice #

Acct. #

Work Order # E

PY-593 (Rev. 8-92)

12285

254665

085368

MT. HOPE CEMETERY

W.O. # E-12285

NOTE

1172.30

San Diego, California

June 1

19 95

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 & 3/4 DOLLARS with interest from July 5, 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 I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME

Paulette Coleman

SIGNATURE

ADDRESS

4646 Hertley St. #5 San Diego CA 92104

CALIFORNIA DRIVER LICENSE NUMBER

U4052320

SSN #

569-40-5235

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46284

Date: June 1, 19 95
 From: Mrs Pauline Coleman Address: 4646 Hartley St #5 SD 92102
Three Hundred Ninety One & 00/100 Dollars (\$ 391 00)

 In _____ Payment of Interment of Ken Coleman

 Lot 259 Grave 2 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12285BALANCE DUE \$ 1192 30Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY M. Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>391</u>	<u>00</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>391</u>	<u>00</u>

E-12285

47

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) Ken	1B. MIDDLE —	1C. LAST (FAMILY) Coleman	2. DATE OF BIRTH MONTH DAY YEAR 06/11/1947	3. DATE OF DEATH MONTH DAY YEAR 05/10/1995	4. SEX M
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 Pauline Coleman-Mother 4646 Hartley St. #5 San Diego, CA 92102		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357	8A. SIGNATURE OF APPLICANT—Person taking permit E. Mitchell		
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 06/05/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 06/05/1995 E. Mitchell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9507512
	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

- | | |
|---|--|
| <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 Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 6/5/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [Signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION —
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY —
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER —
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT 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 RE- MAINS 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 June 2, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerome L. Balancier ☒

in a East Vault Funeral, date, time MON 6/5/95 11:30am

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 \$ 150.00 will be applied and billed to undersigned. x Rubie J. Jackson

War time veteran yes

Lot 21 Grave 1 Row - Section 2 Division/Block 12

Grave space & Care Fund 300.00

Additional spaces and care fund

Opening/Closing & Setup 105.00

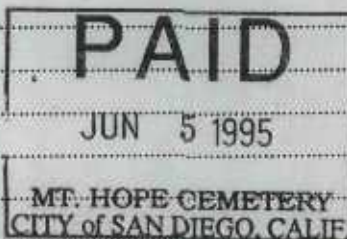
Burial Container 55.00

Handling Fees 60.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 3.85

Sales taxes



Total Due 268.85

Paid receipt number R-46303 268.85

Balance due 0

CA BURIAL
to bring check for
full amount.
mon.

I hereby certify I am the x Mather of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Rubie J. Jackson
Signature
14889 Ocean View Blvd
Address
SAN DIEGO CA 92113
City Zip Code
262-1227
Telephone

Work Order # E

12286

Invoice #

Acct. #

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46303

Date: 6-5, 1995
 From: CA Burial Address: 5880 El Cajon Bl., SD 92115
Two hundred sixty-eight & 85/100 Dollars (\$ 368.25)

 In full Payment of Interment of Jerome & L. Baker cur @

 Lot 21 Grave 1 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12286BALANCE DUE 0NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	<u>105</u>	<u>00</u>
Closing	77181		
Burial	100	<u>55</u>	<u>00</u>
Containers	77182		
	100	<u>60</u>	<u>00</u>
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	80101	<u>3</u>	<u>25</u>
	78390		


Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

ISSUED BY J. RauchTOTAL PAID \$ 368 85

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) Jerome	1B. MIDDLE -	1C. LAST (FAMILY) Balancier	2. DATE OF BIRTH MONTH DAY YEAR 03/16/1961	3. DATE OF DEATH MONTH DAY YEAR 04/03/1995	4. SEX M
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 Rubie Jackson-Mother 4889 Oceanview Blvd. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1357		
8A. SIGNATURE OF APPLICANT—Person taking permit 			8B. DATE SIGNED 04/11/1995		

NONWITNESSED BY 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	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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 04/11/1995 Kyle Chase	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9504941 
AUTHORIZATION OF LOCAL REGISTRAR	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		

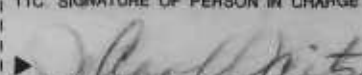
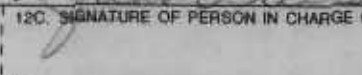
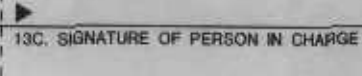
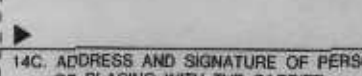
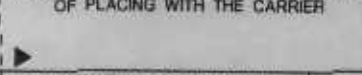
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <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 Mount Hope Cemetery, San Diego, CA	11B. DATE BURIED 6/5/95	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 
			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.

California Cremation & Burial Chapel
5880 El Cajon Blvd.
San Diego, California 92115

E-12286

DATE 10 Apr 95 2299

Rubie Jackson
4889 Oceanview Blvd
San Diego, CA 92113

PURCHASE AGREEMENT

NAME OF DECEASED	ADDRESS	CITY
------------------	---------	------

The undersigned, hereinafter referred to as "Purchaser(s)," hereby agree(s) to purchase the within described property, services, commodities, and materials, subject to the acceptance and approval of California Cremation and Burial Chapel, hereinafter referred to as "Seller," subject to the rules and regulations of the seller, which are incorporated herein by reference. Purchaser(s) hereby grants to Seller a security interest in the within described property, services, commodities, and materials.

Transp of Deceased to Mortuary (metro San Diego)	85.00
Securing Permits & Death Certificate Filing	95.00
Professional Admin Fee for cremations	150.00
Funeral coach	95.00
8 Passenger Limo (3)	375.00
Certified Copy of Death Certificate (3)	36.00
Use of Slumber Room (viewing)	75.00
Chapel Service for Staff & Attendants	150.00
Embalming (Preservation of Remains)	175.00
Cosmetology, Dressing & Casketing	95.00
Washing, Disinfection & Refrigeration	65.00
Rental casket for crem w/srv	275.00
Crematory Charge	455.00
Cremation Urn Sheet brass	79.00
Services programs Black & white (per 125)	150.00
Register Book (hard back)	20.00
Cemetery charge: grave & liner Mt Hope	568.85
Gratuity for Musician & Singer	100.00
Insurance Assignment Fee	95.00

Insurance Assignment, please sign all forms!

3,138.85

TERMS

BALANCE DUE: 3,138.85

The financial obligation of \$ 3,138.85 created by this agreement is due and payable upon or before the completion of the services rendered.

In case of default, it is agreed by Purchaser(s) to pay all reasonable cost of collection, including court cost and attorney fees. It is further acknowledged by Purchaser(s) that the filing of a claim against Estate of the decedent shall not amount to a waiver of this obligation of the Purchaser(s) or the Estate of the decedent. The below is a correct statement of the service and merchandise to be furnished and the undersigned acknowledge(s) receipt of the agreement.

PURCHASER'S NAME SIGNATURE #	ADDRESS	CITY	STATE	PHONE
------------------------------	---------	------	-------	-------

DATE _____

Jeanette Benyard
ARRANGEMENT COUNSELOR

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-2-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HICKS, INEZ ¹²⁰⁰

in a Top Seal Vault ^{Vault/Liner} Funeral, date, time Thurs 6/8/95 11:00
Church, Chapel, Graveside Church + Granville 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. Charles A Hicks

War time veteran NO

✓ Lot 2 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund D 8668 0

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 17.50

PAID
JUN 2 1995
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.
Paid receipt number 46294 872.50

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

Charles A Hicks
Signature
576 Elizabeth ST
Address
San Diego, Cal. 92113
City
619-264-3345
Telephone
Zip Code

Work Order # E

PY-593 (Rev. 8-92)

12287

Invoice # _____

Acct. # _____

per call w/mt. Ragsdale

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46294

Date: 6-2, 1995
 From: Chester A. Hicks Address: 516 E. Elizabeth, San Diego 92113
Eight Hundred seventy-two & 50/100 Dollars (\$ 872.50)

 In full Payment of Interment of Mrs. Hicks

 Lot 2 Grave 11 Row _____ Section 2 Division 12 Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12387BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

0641

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

ISSUED BY

CREDIT	87007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	375	00
Closing	77181		
Burial	100	750	00
Containers	77182		
	100	185	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	17	50
	78390		
TOTAL PAID	\$	872	50

E-12287

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) Inez	1B. MIDDLE -	1C. LAST (FAMILY) Hicks	2. DATE OF BIRTH MONTH DAY YEAR 12/10/1910	3. DATE OF DEATH MONTH DAY YEAR 06/01/1995	4. SEX F
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 Chester A. Hicks, Husband 516 Elizabeth St. San Diego, CA 92113		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		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 7109 of the Health and Safety Code.		8B. DATE SIGNED 06/05/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 06/05/1995 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9507526
	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA Vital Records; P.O. Box 95222 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 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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 6/8/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <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 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 SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	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

6/2/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of MITOV, VLADIMIR PA# 1180762-32 AM

in a Liner Funeral, date, time Wed 6/2/95 11:00 AM

Church, Chapel, Graveside Del Rey : Park Crest 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 53 Grave 6 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

12288

Invoice # 255778

Acct. # 000952



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P.O. Box 2289
San Diego, California 92112

E-12288

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO

CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 9-6-95
BY: CA CV IF

PAYMENT REF NO 04-883709

AMT PAID: 386.00

INVOICE DATE
07/05/95

PAYMENT DUE
08/04/95

PERIOD COVERED
JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12288
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

VLADIMIR MITOV SERVICES

LOT 53 GRAVE 6 SEC 1 DIV 12

OPENING/CLOSING

LINER

RECORDING FEE

126.00

165.00

50.00

45.00

TOTAL DUE

386.00

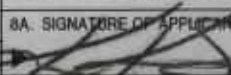

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT
MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO
AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE
SUBJECT TO A COLLECTION FEE OF 10% OR \$10,
WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE.

INV NO. 255778

E-12288

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) Vladimir		1B. MIDDLE Georgian	1C. LAST (FAMILY) Mitov	2. DATE OF BIRTH MONTH DAY YEAR 05/05/1929	3. DATE OF DEATH MONTH DAY YEAR 05/22/1995	4. SEX Male
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 San Diego County Public Administrator 5201A Ruffin Road San Diego, CA 92123		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Park Crest Funeral Home 5201A University Avenue San Diego, CA 92104		7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD 1507		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 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.				8B. DATE SIGNED 06/22/1995		
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 K.K. Smith 06/22/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9508412
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 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 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)		
COMPLETE, ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery San Diego, CA 92104		11B. DATE BURIED 6/23/95	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	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 6-5-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LORD, M. ETHEL (X)

in a Ash Vault Funeral, date, time Nephew, 5:00 PM

Church, Chapel, Graveside SALLAMEND Mortuary Me

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 Patricia S. Hollister

War time veteran X No

Lot 101 Grave 2 Row PRE-NEED Section 1927 Division/Block 1

Grave space & Care Fund 105.00

Additional spaces and care fund 55.00

Opening/Closing & Setup 60.00

Burial Container 45.00

Handling Fees 3.85

Flower vases - Marker setting fee 268.85

Recording and filing fee 3.85

Sales taxes 268.85

*Paid in full
Jan Ranch*

Total Due 268.85

Paid receipt number R-46342 268.85

Balance due 0

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Patricia S. Hollister
Signature
196 Del Rio Place
Address
Corona, Ca. 95476
City
707-939-0967
Telephone
Zip Code

Signature of recorded holder of deed

F 12289

Invoice #

Work Order #

*2/26/96
Patricia Hollister has the ashes.
Family still has not decided on a
date for the burial as of this date.
~~Family decided that the marker be
delivered, however, we won't set
it until after the burial, whenever
that occurs.~~*

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46342

Date: 6-14, 1995
 From: Patricia Hollister Address: 196 Del Rio Pkwy, Sonoma, CA 95476
Two hundred sixty-eight & 85/100 Dollars (\$ 268.85)

 In _____ Payment of Interment, cremains of Ethel M. Ford

 Lot 101 Grave 2 Row _____ Section 6 Division Block 1

Invoice No. _____

Acct. No. _____

W.O. E-12289BALANCE DUE 2Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

283

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100		
of Lots	77184		
Opening/	100	105	00
Closing	77181		
Burial	100	55	00
Containers	77182		
	100	60	00
Handling Fee	77185		
Recording &	100	45	00
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101	3	85
	78090		
TOTAL PAID	\$	268	85

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-5-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains
of HAZEL Coleman

in a LINER Funeral, date, time 1:00pm 6/8/95 Thursday

Church, Chapel, Graveside Chapel ; 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 6 Grave 1 Row Section 3 Division 12

Grave space & Care Fund Pre-Paid D-7569

Additional spaces and care fund

Opening/Closing & Setup " " " 0

Burial Container " " " 0

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes 45.00

Total Due 45.00

Paid receipt number R-46323 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

PY-593 (Rev. 8-92)

12290

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46323

Date: 6-8, 1995From: Conrad Len O. Grew Address: 7387 Broadway, Len O. Grew 91945Forty-five 2/100 Dollars (\$ 45.00)In _____ Payment of Recording fee - Hazel Coleman interment

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12290BALANCE DUE 0Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

2748011135NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

J. Rauch

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	<u>45 00</u>
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>45 00</u>

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) HAZEL	1B. MIDDLE TRENE	1C. LAST (FAMILY) COLEMAN	2. DATE OF BIRTH MONTH DAY YEAR 02/12/1912	3. DATE OF DEATH MONTH DAY YEAR 06/03/1995	4. SEX F
5A. CITY OF DEATH EL CAJON		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE SAN DIEGO		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT PHYLLIS J. McCUNE - DAUGHTER 523 GRAPE STREET, APT. #17 EL CAJON, CA 92021	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533			7B. CALIF. LICENSE NUMBER —IF APPLICABLE FD-941		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 06/06/1995		

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 <i>Karen Warrant</i> 06/06/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9507576
9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— CO. OF SAN DIEGO 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 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)
--	--	---

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT ROSE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6/8/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Wait</i>
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A <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 N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 6-5-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of SCARBOROUGH, ANNIE MAE

in a T.S. VAULT Funeral, date, time THUR 6/8 11AM

Church, Chapel, Graveside Church & Gravestone A 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. * Amanda Henderson

War time veteran NO

✓ Lot 18 Grave 12 Row _____ Section 1 Division/Block 12

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 filing fee _____ 45.00

Sales taxes _____ 17.50

Total Due _____ 1767.50

Paid receipt number R-46299 442.00

Balance due 1325.50

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 _____

* Amanda Henderson
Signature
* 4205 Barranca St
Address
* S.D. Ca 92113
City
* (619) 264-8372
Telephone Zip Code

Work Order # E 12291

PY-593 (Rev. 8-92)

Invoice # 254810

Acct. # 085424

MT. HOPE CEMETERY

W.O. # E-12291

NOTE

\$ 1325.50

San Diego, California

5 June

1995

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 twenty-five ^{\$ 50/100} DOLLARS with interest from 8 July 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 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 Lamanda Henderson

SIGNATURE

X Lamanda Henderson

ADDRESS

X 4205 Gamma St

SD 92113

CALIFORNIA DRIVER LICENSE NUMBER

X D0987148

SSN #

X 560-42-5037

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46299

Date: 6-5, 1995From: La Manda Henderson Address: 4305 Camma St, San Diego 92113Four hundred forty-two & 20/100 Dollars (\$ 442.00)In part Payment of in honor of Annie Mary MarkboroughLot 18 Grave 12 Row _____ Section 1 Division 12 Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13291BALANCE DUE 41325.50Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

3292

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100	<u>442 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	
	80101	
	78390	
TOTAL PAID	\$	<u>442 00</u>

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48450

Date: 4-8 1997

From: Andrew Spicer Address: 2008 B Kellen Circle Alameda

In full Payment of \$46.93 Dollars (\$46.93)

Twin Flower Vase Anna May Scarborough

Lot 18 Grave 12 Row Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

w.o. E-12291

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

S. Shadella

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100		
Opening/Closing	77184		
Burial Containers	100		
	77181	25	00
	100		
	77182	20	00
Handling Fee	100		
Recording & Misc. Fees	77185		
Pre-Need Trust	100		
Sales Tax	63033		
	9022		
	60101	1	93
	78390		
TOTAL PAID	\$	46	93

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) Anna		1B. MIDDLE Mae		1C. LAST (FAMILY) Scarborough		2. DATE OF BIRTH MONTH DAY YEAR 12/03/1912		3. DATE OF DEATH MONTH DAY YEAR 06/01/1995		4. SEX F	
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 LaManda Henderson-Sister 4205 Gamma Street San Diego, CA 92113					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115				7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		8A. SIGNATURE OF APPLICANT—Person taking permit <i>E. Mitchell</i>				8B. DATE SIGNED 06/06/1995	
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 06/06/1995 E. Mitchell		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9507573			
				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 Mt. Hope Cemetery San Diego, CA				11B. DATE BURIED 6/8/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>Walt</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - metal - non seal				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION			
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY			
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER			
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-12291

E-12291

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/12/95

DATE: 07/12/95
TIME: 000359
PAGE: 9

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

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
254810	06/08/95	085424	LANANDA HENDERSON				07/07/95	CK	826685331	1,325.50	1,325.50	0.00
			100 072		77181	000072				375.00		
			100 072		77182	000072				250.00		
			100 072		77183	000072				45.00		
			100 072		77184	000072				274.00		
			100 072		77185	000072				185.00		
			60101		78390					17.50		
			67007		77184					179.00		

E-12291

NUMBER OF INVOICES PAID
TOTAL AMOUNT PAID

1
1,325.50

PAID IN FULL

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Date 10/6/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Mardelle L. Walker

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 77 Grave 11 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 895.00

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 895.00

Paid receipt number 46314 895.00

Balance due 0

I hereby certify I am the X only heir of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Mardelle L. Walker
Signature
333 S. Euclid Ave
Address
San Diego, CA 92114
City
(619) 264-9067
Telephone

Zip Code

Work Order # E

PY-593 (Rev. 8-92)

12292

Invoice # _____

Acct. # _____



CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

12017



OWNERSHIP AND INTERMENT PRIVILEGES

TO Mardelle Walker for the sum of \$ 895.00 (DOLLARS)

LEGAL DESCRIPTION Lot 77; Grave 11; Section 2; Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER E-12292

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

John Waiter
Cemetery Manager

J. T. [Signature]
Real Estate Assets Director

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46314

Date: 6/6/95, 1995From: Mrs. L. Walker Address: 333 S Euclid Ave. S.B. 92114Eight Hundred Twenty-five Dollars (\$ 895.00)In Pre-Paid Lot Payment ofLot 77 Grave 11 Row 2 Section 2 Division 11 Block

Invoice No. _____

Acct. No. _____

W.O. 12292-EBALANCE DUE 0Pre-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	100	
of Lots	77184	<u>895.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>895.00</u>

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date June 7, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of James Cook
in a liner Funeral, date, time 6/10/95 SAT @ 11AM

Church, Chapel, Graveside Chapel & graveside: Ragdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$ 150⁰⁰

will be applied and billed to undersigned. X

War time veteran no

Lot 137 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund _____ 895.00

Additional spaces and care fund _____ 0

Opening/Closing & Setup _____ 375.00

Burial Container _____ 190.00

Handling Fees _____ 145.00

Flower vases - Marker setting fee sat overtime free 602.00

Recording and filing fee _____ 45.00

Sales taxes _____ 13.30

Total Due _____ 2263.30

Paid receipt number 410332 566.00

Balance due 1697.30

I hereby certify I am the Carrie Anderson of the above named decedent
and this is your authority to make disposition of remains as above indicated. I certify and represent
that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery 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 Carrie Anderson
Address 844 Alta Vista Ln,
San Diego Ca. 92139
City San Diego Zip Code 92139
Telephone 479-2012

Work Order # E

Invoice # 354964

Acct. # 085488

12293

*per Mark, bring check
Ragdale to drop payment on 6/10/95
for 566 down payment m.c. 6/10/95
Saturday (niece)*

*Bel. &
Carrie Anderson
844 Alta Vista Ln,
San Diego Ca. 92139
479-2012*

*533-3637
Mrs Anderson*

MT. HOPE CEMETERY

W.O. # E-12293

NOTE

\$ 1697.30 San Diego, California June 7 19 95

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 Twenty Seven & 30/100 DOLLARS with interest from July 10, 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 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 CARRIE ANDERSON SIGNATURE x Carrie Anderson

ADDRESS x 1844 Alta Vista Dr, SD 92139

CALIFORNIA DRIVER LICENSE NUMBER 20980801 SSN # x 524-14-4081

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46332

Date: June 12, 1995From: Pagdale Address: 5050 Federal Blvd. 3.D 92102Five Hundred Sixty Six & 00/100 Dollars (\$ 566.00)In _____ Payment of Interment of James CookLot 137 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12293BALANCE DUE 1694.30Pre-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	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>566.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

ISSUED BY M. ClarkTOTAL PAID \$ 566.00+6939

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 -	1C. LAST (FAMILY) Cook	2. DATE OF BIRTH MONTH, DAY, YEAR 08/21/1921	3. DATE OF DEATH MONTH, DAY, YEAR 06/06/1995	4. SEX M
5A. CITY OF DEATH National City		5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTERED STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Carrie Anderson- Niece 1844 Alta View Dr. San Diego, CA 92139	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA		7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		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 10375 of the Health and Safety Code, and was authorized pursuant to Section 7109 of the Health and Safety Code.		8B. DATE SIGNED 06/06/1995			

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 06/09/1995 <i>[Signature]</i>	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9507820
8D. 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 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)
--	--	--	--	---

COMPLETE ALL APPLICABLE ITEMS	BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 6/10/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFI- CIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED RE- MAINS 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

E-12293

3800

Make Remittance Payable to

CITY TREASURER

P.O. Box 2289

San Diego, California 92112

Please Return YELLOW Copy with Your Payment

INV: 254964

ACCOUNT: 085488

CARRIE ANDERSON
1844 ALTA VIEW DR
SAN DIEGO CA 92139
SAN DIEGO

OK to accept money today at Mt. Hope, per. John.
Jane Rauch 7-18-95
ACCT NO 085488
CA 92139

TREASURERS USE ONLY

PAYMENT DATE 7-18-95

BY: CA CK IF

PAYMENT REF NO

Hand delivered

AMT PAID: 1697.30

INVOICE DATE

06/14/95

PAYMENT DUE

07/14/95

PERIOD COVERED

MAY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JANE RAUCH

REF NO: E-12293

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

JAMES COOK SERVICES

LOT 137 GRAVE 4 SEC 2 DIV 12

OPENING/CLOSING

LINER

HANDLING FEE

TAX ON LINER

RECORDING & SAT FEE

PAYMENT RECEIVED ON R-46332

895.00

375.00

190.00

145.00

13.30

645.00

566.00-

TOTAL DUE

1,697.30

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. 254964

E-12293

FAKED of the copy of general invoice for
Mrs Anderson ~~order~~ as per her request to close
her account

MT. HOPE CEMETERY
INTERMENT ORDER

City of San Diego

Open
Imperial
Gate

JACKSON-CANNON,

Date 6-9-95

GERALD LEE

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CANNON, JACKSON GERALD

in a Linco Funeral, date, time MON 6/12 1100

Church, Chapel, Graveside Church : 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. X Dr. Lee

War time veteran NO

Lot 132 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 13.30

Total Due 1563.30

Paid receipt number R-46331 390.30

Balance due \$1173.00

I hereby certify I am the Dr. 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

X Dr. Lee
Signature
X 5805 Alta Vista Ave
Address
X S.D., Ca. 92114
City Zip Code
X 363-3988
Telephone

Work Order # E

12294

Invoice # 254967

Acct. # 085489

PY-593 (Rev. 8-92)

3-26-99

Burial service not
paid per
treasurer office

MT. HOPE CEMETERY

W.O. # E-12294

NOTE

\$ 1173.00 San Diego, California 9 JUNE 1995

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 and 00/100 DOLLARS with interest from 12 JULY 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 Clarence Cannon SIGNATURE [Signature]
 ADDRESS 5805 Alta Vista Ave SD CA, 92114
 CALIFORNIA DRIVER LICENSE NUMBER V8019085 SSN # 264-88-3017

ex 6-28-98

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46331

Date: 6-9, 1995From: Clarence Cannon Address: 5805 Alta Vista Dr., SD 92114
Three hundred ninety & no/100 Dollars (\$ 390.30)
In part Payment of Interment of Clarence Cannon
 Lot 132 Grave 7 Row 3 Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12294BALANCE DUE 4117300Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☒

AG-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	77184	<u>390.50</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	8022	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>390.30</u>

ISSUED BY

God Bless You



Roy L. Underwood
Doris L. Underwood
724 Pyramid St. 267-4158
San Diego, Ca 92114

E-12294 7005

6-5 095

15-48/1223

Pay to the
order of
Twenty

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA. 92102

\$20.00

Dollars



Union Bank

Euclid & Federal
1666 Euclid Avenue
San Diego, CA 92105

Memo

Doris L. Underwood

⑆122000496⑆0150121606⑆ 7005

T

Lillie L. Frowsdell
SSN 376-40-5068 WSN, Ret.
3353 T Street Ph. 260-7020
San Diego, Ca 92113

5286

June 6, 1995

90-8157/3222

Pay to the
order of

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA. 92102

\$ 5.00

Dollars

SDTCU

San Diego Teachers' Credit Union
P.O. Box 34606
San Diego, CA 92163-4606
(619) 495-1600

Memo

the Jackson

Lillie L. Frowsdell

⑆322281578⑆159830080⑆ 5286

Robert Underwood
Don Underwood
724 Pyramid St. 267-4158
San Diego, Ca 92114

E-12294

7005

16-4971220

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA. 92102

\$20.00

Dollars



Union Bank

Euclid & Federal
1556 Euclid Avenue
San Diego, CA 92103

Harry L. Underwood

Memo

⑆122000496⑆0150121606⑆ 7005

LL

Lillie L. Frowsdell
SLN 376-40-5068 USN, Ret.
3853 F Street Ph. 260-7020
San Diego, Ca 92113

5286

90-8157/3222

June 6, 1990

Pay to the
order of

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102

\$ 5.00

Dollars

SDTCU

San Diego Teachers' Credit Union
P.O. Box 34606
San Diego, CA 92163-4606
(619)499-1800

Memo

the Jackson

Lillie L. Frowsdell

⑆322281578⑆1598100801⑆ 5286

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) Gerald	1B. MIDDLE Lee	1C. LAST (FAMILY) Jackson-Cannon	2. DATE OF BIRTH MONTH DAY YEAR 04/28/1979	3. DATE OF DEATH MONTH DAY YEAR 06/03/1995	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 Vanessa Jackson-Cannon-Mother 5805 Alta Vista Ave. San Diego, CA 92114	
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		
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>E. Mitchell</i>		
			8B. DATE SIGNED 06/07/1995		

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPO- SITION REQUIRES A NEW TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVI- SIONS OF THE CALIFORNIA HEALTH AND 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 06/07/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT E. Mitchell
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		FOR CORONER'S USE ONLY <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)
<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	

COMPLETE ALL APPLICABLE ITEMS	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 6/12/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
BURIAL	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - METAL Sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION <i>[Signature]</i>
CREMATION	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY <i>[Signature]</i>
SCIENTIFIC USE	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER <i>[Signature]</i>
TRANSIT	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFF- FICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			15D. LICENSE NUMBER OF CREMATED RE- MAINS 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 6/12/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juanita Atkins 228004

In a lines Funeral, date, time FRI 6/16/95 @ 11AM

Church, Chapel, Graveside Church/graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned. Gleason M. Atkins

War time veteran no

Lot 95 Grave 10 Row Section 2 Division/Bleek 11

Grave space & Care Fund Pre-paid E-122333/E-9313 410.00

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 90.00

Handling Fees 145.00

Flower vases - Marker setting fee 45.00

Recording and filing fee 13.30

Sales taxes 1178.30

Total Due 1178.30

Paid receipt number Rec-46333 1178.30

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

Address

City

Telephone

Invoice #

Acct. #

Work Order # E

PY-593 (Rev. 8-92)

12295

NAME

Gloria Atkins

E-12295

ACCT. NO. E-9313

ADDRESS

350 Las Flores, S.D. 92114

RATING

LIMIT

DATE

ITEMS

DEBIT

✓

CREDIT

BALANCE

3-18-91

Credit Lot Opened:

LOT 95; grave 10; section 2; div 11

495.00

495.00

3-18-91

Receipt #40465

100.00

395.00

5-31-91

Receipt # 40764 coupon #1

100.00

395.00

AIGNER FORM NO. 25-204

ATKINS, Gloria

PRINTED IN USA

Balance
\$399⁰⁰
3/14/95



0 72782 411 53

LIMIT

DATE		ITEMS	DEBIT	V	CREDIT	BALANCE
5-16-	95	Opened Pre-Need Lot	895.00			
5-16	95	Credit from Pre-Need E-9313			116.00	779.00
5-16-	95	Downpayment Rec#46228			309.00	470.00
6/6/95		Coupons 1, 2, & 3 Receipt #46306			100.00	410.00

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Credit Lot

COUPON

1

Gloria Atkins

350 Las Flores

San Diego, Ca.

E-9313

E-12295

92114

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			10								

AMOUNT

DUE

\$ 16.00

\$

☐ 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

MOUNT HOPE CEMETERY

527-3400

46333

Date: June 12, 1995From: Maria Atkins Address: 350 Las Flores Terrace S.D. CA 92114Eleven Hundred Seventy Eight & 30/100 - Dollars (\$ 1178.30)In _____ Payment of Entertainment of Juanita AtkinsLot 95 Grave 10 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. 1W.O. E-12295BALANCE DUE 1178.30Pre-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

11172

ISSUED BY

M. Clark

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>410.00</u>
Opening/	100	
Closing	77181	<u>375.00</u>
Burial	100	
Containers	77182	<u>190.00</u>
	100	
Handling Fee	77185	<u>143.00</u>
Recording &	100	
Misc. Fees	77183	<u>45.00</u>
Pre-Need	83033	
Trust	9022	
Sales Tax	60101	<u>13.30</u>
	78390	
TOTAL PAID	\$	<u>1178.30</u>

#311

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E-12295

Nº 40764

Date: 5-31, 1991
 From: Alvin M. Atkins Address: 350 First Avenue, San Diego, CA 92114
Sixty four dollars & 00/100 Dollars (\$) 16.00

 In put Payment of Credit for

 Lot 95 Grave 10 Row Section 2 Division Block 11
Invoice No. Acct. No. W.O. E-9313BALANCE DUE 379.00Pre-Need Lot ☒ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

CREDIT	61001	
20% Sales Care	77184	
80% Sales	100	
of Lots	77184	<u>16.00</u>
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9029	
Sales Tax	60101	
	78390	
TOTAL PAID	\$	<u>16.00</u>

ISSUED BY John Black

385

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E-12295

No 40465

Date: 3-17, 1924

From: Glenn H. Hines Address: 715 E. 5th St.Dollars (\$ 100.00)In _____ Payment of Pre-Need FeeLot 95 Grave 10 Row - Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12295BALANCE DUE 83754Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACEISSUED BY [Signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>100</u>	<u>100</u>
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		

TOTAL PAID \$ 100.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E-12295 No 37408

Date: 2-28, 1987From: Helma Lindstrom Address: 350 S. ...
Twenty dollars 10/100 Dollars (\$ 20.00)
In Payment of Account Set
 Lot 95 Grave 12 Row 2 Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-6321BALANCE DUE 170.00Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 10-87)

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

 CITY AUDITOR
 MAR 06 1987
ISSUED BY Maia White

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	20.00
of Lots	77184	
Opening/	100	
Closing	77181	
Bell	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	63101	
	78390	
TOTAL PAID	\$	20.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E-12295

No 34495

Date: Oct-21, 1977From: Bona Atkins Address: 3517a Florence Ave. San Diego, CA 92104In 200 Dollars (\$ 200)Payment of GraveLot 95 Grave 11 Row 1 Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12295BALANCE DUE 200Pre-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 Com.	77184
80% Sales of Lots	100
Opening/Closing	77181
Burial Containers	100
	77182
Handling Fee	100
Recording & Misc. Fees	77183
Pre-Need Trust	63033
Sales Tax	9022
	60101
	78390

TOTAL PAID \$ 200

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E-12295

No 34479

Date: 07-23, 1987

 From: Maria Atkins Address: 350 San Juan Ave, San Diego, CA 92104
 Dollars (\$) 11.00

In 90+ Payment of Pre-need Plot for

Lot 95 Grave 12 Row Section 9 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12295

BALANCE DUE \$236.00

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	100
of Lots	77184
Opening/	100
Closing	77181
Burial	100
Containers	77182
	100
Handling Fee	77183
Recording &	100
Misc. Fees	77183
Pre-Need	63033
Trust	9022
Sales Tax	60101
	78390

TOTAL PAID \$ 11.00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

 CITY OF SAN DIEGO, CALIFORNIA
 PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
 264-3151

E-12295 No 34007

From:

Maria C. Klein

Address:

350 La Honda Ave. San Jose, CA 95128

Date:

12-10-19 16

Dollars (\$

11.00)

In

Payment of

Pre-need lot for Maria C. Klein

Lot

95

Grave

10

Row

Section

2

Division Block

11

Invoice No.

Acct. No.

W.O.

BALANCE DUE

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE

 CITY AUDITOR
 DEC 15 1996

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100	10	00
Opening/Closing	77181		
Burial Containers	77182		
	100		
Handling Fee	77183		
Recording & Misc. Fees	77183		
Pre-Need Trust	83033		
	9022		
Sales Tax	60101		
	78390		

 Pre-Need Lot ☒ At Need ☐ On Acct ☐

 Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY

B. Wang

TOTAL PAID

\$

10 00

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-12295 46228

Date: 5-15, 1995

From: Gloria Atkins Address: 350 Las Flores Ter, #10 92114

Three hundred nine & no/100 Dollars (\$ 309.00)

In part Payment of Pre-need lot for Juanita Atkins

Lot 45 Grave 10 Row Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12233

BALANCE DUE \$470.00

 NOT VALID FOR PURPOSE STATED UNLESS STAMPED
 "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales	100	309.00
of Lots	77184	
Opening/	100	
Closing	77181	
Burial	100	
Containers	77182	
	100	
Handling Fee	77185	
Recording &	100	
Misc. Fees	77183	
Pre-Need	63033	
Trust	9022	
Sales Tax	60101	
	78390	

Pre-Need Lot ☐ At Need ☐ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☐

ISSUED BY

TOTAL PAID

\$ 309.00

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) Juanita		1B. MIDDLE -	1C. LAST (FAMILY) Atkins		2. DATE OF BIRTH MONTH DAY YEAR 06/16/1901	3. DATE OF DEATH MONTH DAY YEAR 06/09/1995	4. SEX F
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 Gloria Atkins Askew - Daughter 350 Las Flores Terrace San Diego, CA 92114		
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 06/13/1995

ACKNOWLEDGMENT OF APPLICANT I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10374 of the Health and Safety Code, and was authorized pursuant to Section 7190 of the Health and Safety Code.		9A. AMOUNT OF FEE PAID \$7.00		9B. DATE PERMIT ISSUED 06/15/1995	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT <i>[Signature]</i> 9508041
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 Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 6/16/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal non seal	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
	SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
	TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
	SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

COPY 2 IS RETAINED BY 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-12295

MOUNT HOPE CEMETERY

3-18- 19 91

The undersigned hereby requests and authorizes the interment of the remains of

Juanita Atkins in Lot 95 Gr 10 Row — Sec. 2

Division 11 in accordance with and subject to the rules and regulations governing said interment in Mount Hope Cemetery, and certifies and represents that he or she has the legal right to make such authorization and agrees to hold Mount Hope Cemetery harmless from any and all liability on account of said authorization and interment.

Stella M. Atkins

Signature of relative or legal representative

Daughter

Address & relationship to deceased or authority to sign authorization

Paul W. Atkins

Witness

Witness

E-12295

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Alonia Atkins

Address 350 Las Flores 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 95, Grave 10, Row -, Section 2, Block/Division 11 in Mt. Hope Cemetery, entered into on March 18, 19 91, by and between Mt. Hope Cemetery and Alonia Atkins 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, 19 95.

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Michelle L. Clark
Clerical Asst. II



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

February 22, 1989

Juanita Atkins
C/O Gloria M. Atkins
350 Las Flores Terrace
San Diego, Ca 92114

It has been over a year since a payment was received at Mt. Hope towards the purchase of your grave plot (s). If a payment is not received at Mt. Hope by March 15, 1989 it will be assumed you are no longer interested in the plot. The grave will be put on the market for sale. All funds paid thus far will be forfeited.

If you have any questions please call 264-3151.

Sandra Ward
Administrative Aide II
Mt. Hope Cemetery

MT. HOPE CEMETERY INTERMENT ORDER

City of San Diego

Date 6-12-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Miller, Eula

In a Liner Funeral, date, time Thurs 6-15: 11:00 a.m.
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 \$ 150.00 will be applied and billed to undersigned. Andrew John Smith

War time veteran no

Lot 52 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund D 2402 X

Additional spaces and care fund _____

Opening/Closing & Setup D 2402 X

Burial Container D 2402 X

Handling Fees D 2402 X

Flower vases - Marker setting fee _____

Recording and filing fee 45.00

Sales taxes D 2402 X

Total Due 45.00

Paid receipt number 46340 45.00

Balance due X

I hereby certify I am the Andrew John Smith of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Andrew John Smith

Address 5926 W. Roxbury Pl.

City Littleton Co. 80123

Telephone 303 973 5785 Zip Code

Work Order # E 12296

PY-593 (Rev. 8-92)

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE TO CUSTOMER
 CANARY CEMETERY
 PINK AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E-12296 46340

From:

Andrew Ditzler

Address:

5989

5989 W. Rockaway Pl. Littleton Co 80123

Date:

June 14, 1995

In

Payment of

Forty five & 00/100

Dollars (\$

45.00

200

rel. to payment of Eula Miller

Lot

52

Grave

5

Row

Section

1

Division

Block

11

Invoice No.

Acct. No.

W.O.

E-12296

BALANCE DUE

0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE

CREDIT

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

Trust 9022

Sales Tax 60101

78390

TOTAL PAID

\$

45.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

11415.857.940

45.00

ISSUED BY

M. Clark

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) EULA		1B. MIDDLE BERNADENE		1C. LAST (FAMILY) MILLER		2. DATE OF BIRTH MONTH DAY YEAR 09/18/1914		3. DATE OF DEATH MONTH DAY YEAR 06/10/1995		4. SEX F	
5A. CITY OF DEATH Escondido				5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE San Diego		6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT Jack Dietzler - Son-in-law 5989 W. Roxbury Place Littleton CO 80123					
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—Person taking permit <i>Judith Sking</i>				8B. DATE SIGNED 06/14/1995	
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 06/15/1995		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9508027	
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 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 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 Mt. Hope Cemetery 3751 Market St. San Diego CA 92102				11B. DATE BURIED 6/15/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>			
	CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A cloth				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 N/A				13B. DATE RECEIVED		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 N/A				14B. DATE SHIPPED		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 N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION <i>[Signature]</i>		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.

* Per Michael
Graveside only.
Dane
MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-12-95

6 mos.
Casket Size
w 10
L 21
H 9

VASQUEZ

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of BASQUEZ, AMALIA

in a _____ Funeral, date, time Thurs 6/15 3PM

Church, Chapel, Graveside Chaple Gravit 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. AMALIA OZUNA

War time veteran NO

Lot 3787 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 B-46337 270.00

Balance due 0

I hereby certify I am the MAIMA AMALIA OZUNA of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

* AMALIA OZUNA
Signature
* 2966-webster
Address
* San Diego CA 92113
City Zip Code
* 236-14-36
Telephone

Work Order # E

PY-593 (Rev. 8-92)

12297

Invoice # _____

Acct. # _____

OFFICIAL RECEIPT


 WHITE..... TO CUSTOMER
 CANARY..... CEMETERY
 PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46337

Date: 6-12, 1995
 From: Amalia OZUNA Address: 2966 Webster, San Diego 92113
Two hundred series by 2nd/100 Dollars (\$ 270.00)

 In full Payment of Interment of Baby Amalia Bosquez

 Lot 3787 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-12297BALANCE DUE 0Pre-Need Lot ☐ At Need ☒ On Acct ☐Pre-need Trust ☐ Cash ☒ Check ☐

AQ-212 (Rev. 5-94)

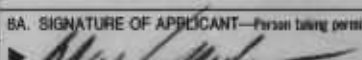
NOT VALID FOR PURPOSE STATED UNLESS STAMPED
"PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	<u>100</u>	<u>00</u>
of Lots	77184		
Opening/	100	<u>125</u>	<u>00</u>
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100	<u>45</u>	<u>00</u>
Misc. Fees	77183		
Pre-Need	63033		
Trust	9022		
Sales Tax	60101		
	78390		
TOTAL PAID	\$	<u>270</u>	<u>00</u>

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) Amalia	1B. MIDDLE -	1C. LAST (FAMILY) Vazquez	2. DATE OF BIRTH MONTH DAY YEAR 06/08/1995	3. DATE OF DEATH MONTH DAY YEAR 06/08/1995	4. SEX F
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 Pedro Vazquez—Father 2962 West Ave. San Diego, CA 92103	
7A. TYPE, NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115			7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1357		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 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.			8B. DATE SIGNED 06/14/1995		

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. 9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA Vital Records—P.O. Box 85222 San Diego, CA 92186-5222	9A. AMOUNT OF FEE PAID \$7.00 9B. DATE PERMIT ISSUED 06/14/1995 M. Mitchell	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9508022 9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
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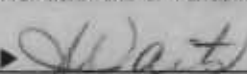
10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- | | |
|--|--|
| <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

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 6/15/95	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
			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 6-13-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DeLossanto, Antonio PA#1180940

in a LINEK Vault/Liner Funeral, date, time WED 6/14/95 11AM

Church, Chapel, Graveside Delivery only. Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of \$

will be applied and billed to undersigned.

War time veteran

✓ Lot 49 Grave 6 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 # 255024

Acct. # 000952

Work Order # E 12298

Katherine Howard



CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112

E-12298

Please Return YELLOW Copy with Your Payment

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

-----TREASURERS USE ONLY-----

9-6-95

PAYMENT DATE

BY: CA (CK) IF

PAYMENT REF NO 04-883709

AMT PAID: 386.00

INVOICE DATE
06/16/95

PAYMENT DUE
07/16/95

PERIOD COVERED
MAY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:

JANE RAUCH

REF NO: E-12298

DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES

AMOUNT

ANTONIO DELOSSANTO PA1180940
LOT 49 GRAVE 6 SEC 1 DIV 12
OPENING/CLOSING
LINER
RECORDING FEE

126.00
165.00
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, INTEREST OF 1% PER MONTH
ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES.
ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT
LISTED ABOVE.

INV NO. 255024

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

E-12298

69

1A. NAME OF DECEDENT—FIRST (GIVEN) Antonio		1B. MIDDLE -		1C. LAST (FAMILY) Delessanto		2. DATE OF BIRTH MONTH DAY YEAR 08/09/1925		3. DATE OF DEATH MONTH DAY YEAR 03/25/1995		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 Public Administrator Office 5201-A Ruffin Rd. San Diego, CA 92123					
7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA						7B. CALIF. LICENSE NUMBER —IF APPLICABLE F-1329		8A. SIGNATURE OF APPLICANT—Person taking permit <i>[Signature]</i>		8B. DATE SIGNED 06/13/1995	
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 \$7.00		9B. DATE PERMIT ISSUED 06/13/1995 <i>[Signature]</i>		9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT 9507958	
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 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 <input type="checkbox"/> I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)			
COMPLETE ALL APPLICABLE ITEMS	BURIAL		11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA				11B. DATE BURIED 6/14/95		11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL <i>[Signature]</i>		
	CREMATION		12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A cloth covered				12B. DATE CREMATED		12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
	SCIENTIFIC USE		13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A				13B. DATE RECEIVED		13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
	TRANSIT		14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A				14B. DATE SHIPPED		14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY		15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A				15B. DATE OF DISPOSITION		15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶		15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-12299 is not

included in this
Spindle

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