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 Marian M. Long ∅

In a ash Vault Vault/Liner Funeral, date, time Sat. 7/15 - 11am

Church, Chapel, Graveside set up - 4 chairs Telephase 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 Patricia A. Long

War time veteran ____ changed per Patricia Long

Lot 251 Grave 2 Row ____ Section 11 Division/Block 7

Grave space & Care Fund ..... Pre-Need B-1388 ∅

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 ..... ~~428.85~~ 428.85

Paid receipt number 46436 * 428.85

Balance due ∅

SAN: Charles Long 765-0100

Paid in full

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

X Patricia A. Long
Signature

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

Signature of recorded holder of deed

X P.O.B. 1388
Address

X Julian, CA 92036
City Zip Code

X 619-765-0108
Telephone

Work Order # E 12300

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46436

Date: 7/12, 19 95

From: Patricia A. Long Address: P.O Box 1388 Julian, Ca. 92036

Four Hundred seventy eight & 85/100 Dollars ($ 478.85)

In Payment of interment of Marian M. Long

Lot 251 Grave 2 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-12900

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ # 8522

AC-212 (Rev. 5-94)

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

ISSUED BY Carolyn

CREDIT	67007	-	
20% Sales Care	77184		
50% Sales of Lots	100 77184	-	
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	255	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360	3	85
TOTAL PAID	$	478	85

K121

011

45400

12300

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Marion	Mignon	Long	08/06/1909	06/12/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Poway 1001	San Diego	Charles Long, son P.O. Box 1388 Julian, CA 92036

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Telophase Society, 1555 San Marcos Bl. #108C, San Marcos, CA 92069	FD-1470	▶ Carrie Macias	06/15/1995

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 AND SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/15/1995	9508050 CL Macias ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7/1/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Walt
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremar Crematory, 2299 S.Manchester Anaheim, CA 92802	12B. DATE CREMATED 6/17/95	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ W R Hu
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/13/95

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

In a liner (Vault/Liner) Funeral, date, time FRI 6/16/95 11AM

Church, Chapel, Graveside Chapel & graveside: LEWIS Colonial - Denbaugh (Reynolds) 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. Jean P. Lombard

War time veteran NO.

✓ Lot 131 Grave 11 Row ____ Section 1 Division/Block 11

Grave space & Care Fund Pre-Need D-7923	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 46341	192.00
Balance due	576.30

Paid in full 6/23/95

SON: JEAN - 460-0919 25% = $192.00

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 Jean P. Lombard

Address X 4441 68th St.

City & Zip Code La Mesa CA 91941

Telephone X 460-0919

✓ 12301

Work Order # E

Invoice # 255038

Acct. # 085518

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12301

NOTE

$ 576.30 San Diego, California June 14 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 Five Hundred Seventy Six & 30/00 DOLLARS with interest from July 16, 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 (MR.) JEAN P. LOMBARD SIGNATURE Jean P. Lombard

ADDRESS 4441 68 1/2 St., La Mesa, CA 91941

CALIFORNIA DRIVER LICENSE NUMBER V0604011 SSN # 557-26-8805

PY-1012 (11-89)

E 12301

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 06/27/95

DATE: 06/27/95
TIME: 224546
PAGE: 8

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
255038	06/16/95	085518	MR JEAN P LOMBARD					06/23/95	CK	220	576.30	576.30	0.00
			100	072		77181	000072				183.00		PAID IN FULL
			100	072		77182	000072				190.00		
E-12301			100	072		77183	000072				45.00		
			100	072		77185	000072				145.00		
			60101			78390					13.30		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 576.30

E 12301

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GENEVIEVE	--	LOMBARD	07/10/1900	06/13/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	JEAN P. LOMBARD - SON 4441 68TH STREET LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR-ISSUING PERMIT
$7.00	06/14/1995	▶ [signature]

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6/16/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46341

Date: June 14, 1995

From: Jean Lombard Address: 2604 Collier Ave S.D. CA 92116

One Hundred Ninety-two & 00/100 Dollars ($ 192.00)

In Payment of Interment of Genevieve Lombard

Lot 131 Grave 11 Row — Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12301 # 5716.30

BALANCE DUE ~~0.00~~ +

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

#0216

AC-212 (Rev. 5-94)

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

ISSUED BY M. Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	192	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	192	00

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 HAMILTON, OCTAVIA

in a Liner (Vault/Liner) Funeral, date, time FRI 6/16 2:00PM

Church, Chapel, Graveside Chapel of Garden of Ragadale 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. Theresa McQueen

War time veteran NO

✓ Lot 117 Grave 2 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 R-46338	390.00
Balance due	1173.30

Paid in full 8-23-95

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

✗ Theresa McQueen
Signature

✗ 5555 Jackson Drive
Address

✗ La Mesa Ca 92114
City

✗ 619 266-0777
Telephone Zip Code

Work Order # E 12302

Invoice # 255039

Acct. # 085517

ID # 832374

PY-593 (Rev. 8-92)

12302

YOUR RECEIPT
THANK YOU

CITY OF SAN DIEGO
TREASURER COLLECTIONS
OFFICIAL RECEIPT
DATE 08.23.'95 WED

NON-ADD # 832374

Acherrie
Mc Queen

Mount Hope

MISC 1	$1301.05
TOTAL	$1301.05
CHECK	$1301.05
CHANGE	$0.00
CLERK 1	NO.000007
TIME 14:20	0000

MT. HOPE CEMETERY

W.O. # E-12302

NOTE

$ 1173.30 San Diego, California 13 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 & 30/100 DOLLARS with interest from 16 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 WILLIAM L. DAONEY SIGNATURE William L. Dalney Jr

ADDRESS 4755 HOME AVE #17 S.D. CA 92105

CALIFORNIA DRIVER LICENSE NUMBER G0C06532 SSN # 567-52-4041

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 12302

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Octavia	M.	Hamilton	01/30/1921	06/12/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sherrill D. Mc Queen - Granddaughter 515 S. San Jacinito Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329		06/14/1995

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/14/1995	9507991

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 6/14/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
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

46338

Date: 6-13, 1995

From: Sherrill D. McQueen Address: 515 San Jacinto Dr., SD 92114

Three hundred ninety & no/100 Dollars ($ 390.00)

In Part Payment of Interment of Octavia Hamilton

Lot 117 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12302

BALANCE DUE $1173.30

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

1769

AC-212 (Rev. 5-94)

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

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	390	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	390	00

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 GILBERT, Charles

in a Liner (Vault/Liner) Funeral, date, time Thur 6/15/95 1230

Church, Chapel, Graveside —— : Mashby Mitchell (Scott) Mortuary.

All Funeral cars must arrive 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 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	[illegible]
Opening/Closing & Setup	249 [illegible]
Burial Container	165.00
Handling Fees	153.45
Flower vases – Marker setting fee	_____
Recording and filing fee	45.00
Sales taxes	11.55
Total Due	750.00
Paid receipt number	_____
Balance due	_____

Mark Idastetter - Creditor Claim Typed 6/15/95

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12303

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E12303

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHARLES	-	GILBERT	10/31/1931	06/12/1995	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	Ed Lasch	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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	06/14/1995 T.C. MITCHELL	9507990

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 6/15	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY cardboard	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

46471

Date: 7-26, 1995

From: SD County Public Guardian Address: 5201-A Ruffin Rd., SD 92123

Seven hundred fifty & no/100 Dollars ($ 750.00)

In Payment of Interment of Charles Gilbert

Lot 53 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12303

BALANCE DUE

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

AC-212 (Rev. 5-94) 127956

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

ISSUED BY Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	136	00
Opening/ Closing	100 77181	249	00
Burial Containers	100 77182	165	00
Handling Fee	100 77185	153	45
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	11	55
TOTAL PAID	$	750	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need

Date June 14, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mayme Cotner (to be cremated)

in a top of dbl. Crypt Vault/Liner Funeral, date, time —

Church, Chapel, Graveside — ; — Mortuary.

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

will be applied and billed to undersigned. —

War time veteran —.

Lot 1123 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	Pre-Need E-453	Ø
Additional spaces and care fund		Ø
Opening/Closing & Setup	Pre-Need E-453	Ø
Burial Container	Pre-Need E-7600	Ø
Handling Fees	Pre-Need E-7600	Ø
Flower vases – Marker setting fee		Ø
Recording and filing fee		45.00
Sales taxes	Pre-Need E-7600	Ø
Total Due		45.00
Paid receipt number	R-46346	45.00
Balance due		Ø

Executor

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

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

Robert Owen
Signature of recorded holder of deed

X Robert Owen
Signature

X 10800 Woodside Sp241
Address

X Santee Calif 92071
City Zip Code

X 619-562-5281
Telephone

✓ 12304

Work Order # E

Invoice # —

Acct. # —

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46346

PL# 562-5281

Date: June 16, 1995

From: Thomas Owen Address: 10810 Woodside Rd. Santee CA 92071

Forty five & 00/100 Dollars ($ 45.00)

In Payment of Pre-Paid Trust for Wayne Cotner (Wayne still living, She is to be cremated); Recording fee

Lot 1123 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-12304

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ #3173

AC-212 (Rev. 5-94)

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

ISSUED BY M Clark

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Military Detail

Date 6-19-95

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

of PEREZ, MAX F. SR.

in a liner (Vault/Liner) Funeral, date, time Thur 6/22 10AM

Church, Chapel, Graveside Church-Graveside; Clairemont Mortuary.

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

will be applied and billed to undersigned. Sandra G Mullin Harman

War time veteran yes

Lot 42 Grave 10 Row Section 16 Division/Block 7

PAID
JUN 19 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Grave space & Care Fund	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 46350	768.30
Balance due	0

• Family requested lic chair set-up.

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

Sandra G Mullin Harman
Signature
P.O. Box 300354
Address
Escondido, Ca. 92030
City Zip Code

Telephone

Work Order # E 12305

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

12305

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MAX	FLORES	PEREZ, SR.	11/15/1908	06/19/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARTHA P. PEREZ: WIFE 4853 KESLING COURT SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY:4266 MT. ABERNATHY AVE. SAN DIEGO, CA	F-1126	Diana F. Lewis	06/21/1995

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	06/21/1995	Diana F. Lewis 9508345

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 6/22/95	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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46350

Date: June 19, 1995

From Sandra J Millus-Hall Address: P.O. Box 300354 Esc. CA 92030

Seven Hundred Sixty Eight & 30/100 Dollars ($ 768.30)

In Payment of Interment of Max Ruiz

Lot 42 Grave 10 Row Section 16 Division 7 Block

Invoice No.

Acct. No.

W.O. E-12305

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

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

ISSUED BY M. Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	768	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-19-95

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

In a _____ (Vault/Liner) Funeral, date, time TUE 6/20/95 10:00 AM

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 opening & Care Fund~~ ROCK SETUP 50.00

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 ..... ~~50.00~~

Take table out for photo.

Paid receipt number _____ VOID

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 12306

Invoice # _____

Acct. # _____

PY-593 (Rev. 3-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Per Rodney CASKET SIZE L- 34" W- 15" D- 9"

Date 6-20-95

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

in a — (Vault/Liner) Funeral, date, time Wed 6/21/95; 2:00AM

Church, Chapel, Graveside Graveside ; Raysdale (OLIVER) 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. JN

War time veteran NO.

Lot 3262 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 R-46360	270.00
Balance due	0

Raysdale will bring in 270.00 on 6-21-95.

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

x Juri Hatton
Signature

x 4777 A St #6
Address

x SAN DIEGO, CA 92102
City Zip Code

x (619) 264-22-30
Telephone

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

Signature of recorded holder of deed

Work Order # E 12307

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12307

NOTE

$ 270.00 San Diego, California 6-20 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 two hundred seventy DOLLARS with interest from 7-20-95 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 pastdue and unpaid.

PRINT NAME x Teri Hatton SIGNATURE x Teri Hatton

ADDRESS x 4777 A St #6 San Diego, CA 92102

CALIFORNIA DRIVER LICENSE NUMBER A6349792 SSN # 564-11-6943

PY-1012 (11-89)

E 12307

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Tyrah	Nicole	Ridley	11/15/1994	06/16/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Teri Halton, Aunt 4777 "A" St. #6 San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ [signature]	06/19/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/19/1995 ▶ [signature]	9508224

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 6/21/95	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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46360

Date: 6-21, 1995

From: Rogdale Mortuary Address: 5050 Federal Blv, SD 92102

Two hundred seventy & no/100 Dollars ($ 270.00)

In Full Payment of Interment of Tyson Ridley

Lot 3262 Grave ____ Row ____ Section 1 Division 9 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12307

BALANCE DUE 0

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

AC-212 (Rev. 5-94) 6958

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

ISSUED BY J Rauch

CREDIT	67007	—	
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	270	00

At Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 20, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Stelter & Jean Stelter

in a ash Vault (Vault/Liner) Funeral, date, time Catering Cremation

Church, Chapel, Graveside — ; — Mortuary.

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

will be applied and billed to undersigned. —

War time veteran —

Lot 9 Grave 1 Row — Section 2 Division/Block 5

Grave space & Care Fund	1495.00
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	1763.85
Paid receipt numbe 46352	1000.00
Balance due	763.85

OLD W.O. E-12318

See

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

George W Stelter
Signature

P.O. Box 70065
Address

San Diego, Ca. 92167
City Zip Code

224-8002
Telephone

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

Signature of recorded holder of deed

Work Order # E 12308

Invoice # —

Acct. # —

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12308

NOTE

$ 763.85 San Diego, California June 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 Seven Hundred Sixty Three & 85/100 DOLLARS with interest from July 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 X SIGNATURE X

ADDRESS X

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

12318 **46352**

Date: June 20, 1995

From: George Stelter Address: P.O. Box 70065 S.D. CA 92167

One Thousand & 00/100 Dollars ($ 1000.00)

In Payment of ~~Pre Need Lot~~ Interment of Jean Stelter ⊗

Lot 9 Grave 1 Row — Section 2 Division Block 5

Invoice No.

Acct. No.

W.O. E-12308

BALANCE DUE 768.85

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 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	1000 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78360	
TOTAL PAID	$	1000 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-20-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stevens, Gordon PA# 1181513

in a Liner (Vault/Liner) Funeral, date, time Wed 6-21 : 11:00AM

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 $ 150.00 will be applied and billed to undersigned.

War time veteran _____.

Lot 49 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 _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 12309

Invoice # 255189

Acct. # 000952

PY-593 (Rev. 8-92)

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

12309

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 7-17-95
BY: CA CK IF
PAYMENT REF NO 04-859568
AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
06/21/95	07/21/95	MAY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12309
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
GORDON STEVENS PA 1181513 SVCS	
LOT 49 GRAVE 9 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
RECORDING FEE	45.00
LINER	50.00
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. 255189

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

12309

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Gordon	Ronald	Stevens	11/02/1940	06/12/1995	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA.	1424	▶	06/20/1995

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/20/1995 James Hale	9508288 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 6/21/95	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 6-20-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEDBETTER, Charlotte Pitzer ⊗?

in a _____ (Vault/Liner) Funeral, date, time FRI 6/23

Church, Chapel, Graveside _____ : Cremont Mortuary.

All Funeral cars must arrive 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 47 & 48 Grave _____ Row _____ Section 3 Division/Block 8

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 ..... _____

KIM whitfield - daughter

488-4735

Grandmother 279-4483

Total Due ..... _____

VOID

Paid receipt number _____

Balance due _____

went to El Camino

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 12310

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Right, Center

Date June 21, 1995

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

In a ASH VAULT (Vault/Liner) Funeral, date, time A.U.B. Thurs 6-29-95

Church, Chapel, Graveside DELIVERY ONLY ; LOUIS 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 2 Grave 2 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund ..... PRE-NEED B-2537	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 46354	268.85
Balance due	0

PAID
JUN 21 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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 Masa Akuma
Signature
X 2858 E ST
Address
X San Diego, CA 92102
City Zip Code
X ~~619~~ - 239-2475
Telephone

✓

Work Order # E 12311

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

LEWIS COLONIAL
67760 12311

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
AKIRA	--	SHIMA	05/24/1905	06/15/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MASA SHIMA - WIFE 2858 'E' STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶	06/19/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/19/1995	▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6/19/95	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 6-19-95	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

12311

A MEMBER OF THE EL CAMINO FAMILY

Lewis Colonial/Benbough Mortuary

3051 El Cajon Blvd., San Diego, California 92104 · Phone 283-7211

AUTHORITY TO REMOVE CREMATED REMAINS

THE UNDERSIGNED REQUESTS AND AUTHORIZES THE REMOVAL OF THE CREMAINS OF AKIRA SHIMA FROM LEWIS COLONIAL/BENBOUGH MORTUARY FOR FURTHER DISPOSITION WITH DISPOSITION PERMIT ATTACHED TO CREMAINS.

SIGNED: Michele L Clark

ADDRESS: 3751 MARKET STREET

SAN DIEGO, CA 92102

RELATIONSHIP: CEMETERY

RECEIVED BY: RAY TERAN

RECEIVED THIS DATE: WEDNESDAY, JUNE 28, 1995

L E W I S C O L O N I A L / B E N B O U G H M O R T U A R Y

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46354

Date: June 21, 1995

From: Masa Shima Address: 2858 E. ST. S.D. CA 92102

Two Hundred Sixty-Eight & 85/100 Dollars ($ 268.85)

In Payment of Interment of AKIRA SHIMA

Lot 2 Grave 2 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-12311

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #2277

AC-212 (Rev. 5-94)

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

ISSUED BY M. Clark

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300	3	85
TOTAL PAID	$	268	85

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 21, 1995

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

in a T.S. VAULT (Vault/Liner) Funeral, date, time SAT 6/24/95 @ 1AM

Church, Chapel, Graveside CHAPEL + GRAVESIDE: GREENWOOD Mortuary.

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

War time veteran _____.

Lot 3054 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ..... PRE-NEED D-9420	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 ..... Overtime Fees	600.00
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	1,472.50
Paid receipt number 46355	400.00
Balance due	1,072.50

PAID
JUL 03 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

R-463871 1072.50

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.

Bal. 0

Signature

Address

City Zip Code

Telephone

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

Signature of recorded holder of deed

Work Order # E 12312

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12312

NOTE

$ 1,072.50 San Diego, California 6-21- 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 one thousand seventy two 50/100 DOLLARS with interest from 7-21-95 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 SUNG-NIN LEE SIGNATURE S. N. Lee

ADDRESS 5050 COLE ST. SAN DIEGO CA. 92117

CALIFORNIA DRIVER LICENSE NUMBER A0209897 SSN # 570-84-2711

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 12312

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Kwong	Sze	Li	12/20/1906	06/20/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sung-Min Lee: Son 5050 Cole Street San Diego, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person making permit	8B. DATE SIGNED
Greenwood Mortuary I-805 & Imperial Ave, San Diego, CA	FD883	Linda Mostel	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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	Linda Mostel 06/23/1995	9508433 ▶

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	

THE AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 6/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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

46355

Date: 6-21, 19 95

From: Sung-Nin, Lee Address: 5050 Cole ST S.D. CA. 92117

four hundred ——— Dollars ($ 400.00)

In part Payment of interment of Kwong Sze Li

Lot 3054 Grave ——— Row ——— Section ——— Division 10 Block

Invoice No. ———

Acct. No. ———

W.O. E-12312

BALANCE DUE 1.072.50

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

AC-212 (Rev. 5-94)

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

ISSUED BY V Balobar

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	25	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	400	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46337

Date: 7-3, 1995

From: BOY KING HOM Address: 4115 CONRAD AV., SD 92117

One thousand seventy-two & 50/100 Dollars ($ 1072.50)

In full Payment of Interment of Kwong Sze Li

Lot 3054 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12312

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

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

ISSUED BY J Rauch

CREDIT	67007	—	
20% Sales Cars	77184	—	
80% Sales of Lots	100 77184	—	
Opening/ Closing	100 77181	—	
Burial Containers	100 77182	225	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	645	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	50
TOTAL PAID		$ 1072	50

nook. number

PRE-NEED LOT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-95

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

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 3025 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	paid in full 6-3-97
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number E-46356	224.00
Balance due	671.00 @ 71.00

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 7500 CALE ST

City SAN DIEGO CA. Zip Code 92117

Telephone 483-1888

✓ Work Order # E 12313

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4043

Date: 4-15, 19 97

From: Siung Nin Lee Address: 5050 Cole St San Diego 92117

Twenty eight and no/100 lot Dollars ($ 28.00)

In Part Payment of Pre-need ~~Need~~ for
Kuen King Lee

Lot 3025 Grave ____ Row ____ Section ____ Division 10 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12313

BALANCE DUE 55.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1083

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgon

CREDIT	67007		
20% Sales Care	77184	28	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

deed # 12172

NAME LEE, KUEN KING

E-12313
ACCT. NO.

12313

ADDRESS 5050 Cole St. S.D. 92117 483-1888 RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6/21/95	Opened Pre-Need Lot				
	Lot: 3025-10 20%= $179	895.00			895.00
6/21/95	Downpayment Rec# 46356			224.00	671.00
7/14/95	CPN 1 R-46444			28.00	643.00
8/8 95	" 2 R-46513			28.00	615.00
9/7 95	" 3 R-46590			28.00	587.00
10/5 95	" 4 R-46665			28.00	559.00
10/5 95	" 6 R-46872			28.00	531.00
11/7 95	" 5 R-46790			28.00	503.00
1-3 96	" 7 R-46962			28.00	475.00
2-6 96	" 8 R-47070			28.00	447.00
3-6 96	" 9 R-47148			28.00	419.00
4-10 96	" 10 R-47287			28.00	391.00
5-7 96	" 11 R-47369			28.00	363.00
6-7 96	" 12 R-47486			28.00	335.00
7-5 96	" 13 R-47570			28.00	307.00
8-9 96	" 14 R-47693			28.00	279.00

E-12313

9-6	96	CPN #15	R-47785		28.00	251.00
10-11	96	CPN #16	R-47894		28.00	223.00
11-6	96	" 17	R-47997		28.00	195.00
12-4	96	" 18	R-48069	20 90	28.00	167.00
1-6	97	" 19	R-48173		28.00	139.00
2-11	97	" 20	R-48291		28.00	111.00
3-4	97	" 21	R-48338		28.00	83.00
4-15	97	" 22	R-48472		28.00	55.00
5-6	97	" 23	R-48537		28.00	27.00
6-3	97	" 24	R-48649		27.00	~~27.00~~ 0

Paid in full
6-3 97

OFFICIAL RECEIPT

47397

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11-6, 1996

From: Sung-Nim Lee Address: 5050 Cole St. SD 92117

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Trt

Lot 3025 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE 195.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1058

AC-212 (Rev. 8-94)

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

ISSUED BY S. Shields

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47735

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

MOUNT HOPE CEMETERY
527-3400

Date: 9-6 19 96

From: Sung-nin Lee Address: 5050 Coll St. San Diego, CA 92117

Twenty eight and No/100 Dollars ($ 28.00)

In Part Payment of Pre-need lot for Kuen King Lee

Lot 3025 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE 251.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1047

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgen

CREDIT	67007		
30% Sales Care	77184		
50% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	✓	
Sales Tax	60101 76300		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46665

Date: 10-5, 1995

From: Sung-Nin Lee Address: 5050 Cole St., SD 9

Twenty eight & 70/100 Dollars ($ 28.00)

In part Payment of Pre-need lot

Lot 3025 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE

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

AC-212 (Rev. 5-94) 1299

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

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46513

Date: 8/8, 1995

From: Sung-Nim Lee Address: 5050 Cole St. SD 92117

Twenty-eight & no/100 Dollars ($ 28.00)

In Payment of pre-need lot

Lot 3025 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE

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

AC-212 (Rev. 5-94) 1289

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

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46444

Date: 7-14, 1995

From: Sung-Nim Lee Address: 5050 Cole St., SD CA 92117

Twenty-eight & no/100 Dollars ($ 28.00)

In Payment of Pre-need lot for Kyeu King Lee

Lot 3025 Grave Row Section Division Block- 10

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE

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

AC-212 (Rev. 5-94) 1286

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

ISSUED BY J Rausch

CREDIT	87007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46356

Date: 6-21, 19 95

From: Sung Nin Lee Address: 5050 Cole Sto. S.D. CA. 92117

Two hundred twenty four Dollars ($ 224.00)

In part Payment of pre-need Lot for

Kuen King Lee

Lot 3025 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE 671.00

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 V Bulebles

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184	224	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022		
Sales Tax	60101 76390		
TOTAL PAID	$	224	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46790

Date: 11-7, 1995

From: Sung Nin Lee Address: 3050 Cole Street, San Diego, Ca 92117

Twenty eight Dollars ($ 28.00)

In Payment of Pre Need Lot For Shen Kuy Lee

Lot 3025 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 12313

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1004

AC-212 (Rev. 5-94)

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

ISSUED BY Karyn Lok

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46590

Date: 9-7, 1995

From: Sung-Nim Lee Address: 5050 Cole St. SD 92117

Twenty-eight & no/100 Dollars ($ 28.00)

In Payment of pre-need lot

Lot 3025 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1295

AC-212 (Rev. 5-94)

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

ISSUED BY J. Rauch

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164	28	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46872

Date: 12/5, 19 95

From: Jung Nim Lee Address: 5050 Cole St. San Diego Ca 92115

Twenty eight Dollars ($ 28.00)

In Part Payment of Pd Need Lot

Lot 3035 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 12313

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 Kathy Bak

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46062

Date: 1/3, 1996

From: ~~Kuen Kong~~ Sung-Nin Lee Address: 5050 Cole St. SD 92117

Twenty-Eight Dollars ($ 28.00)

In pt. Payment of Pre-need lot

Lot 3025 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E-12313

BALANCE DUE ____

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 1015

AC-212 (Rev. 5-94)

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

ISSUED BY J. Weisner

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	28 00
Opening/ Closing	100 77161	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	28 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47070

Date: 2-7, 1996

From: Sung-Lin Lee Address: 5050 Cole St. San Diego 92117

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot Ren King Lee

Lot 3025 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE 447.00

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

AC-212 (Rev. 5-84)

1019

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

ISSUED BY D. Shelton

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47148

Date: 3-6, 1996

From: Sung-Yin Lee Address: 5050 Cole Street SD 92117

Twenty Eight Dollars ($ 28.00)

In pmt Payment of Pre Need Lot

Lot 3025 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E - 12313

BALANCE DUE 419.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 1029

AC-212 (Rev. 5-94)

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

ISSUED BY S Shirkhan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47369

Date: 5-7 , 19 96

From: Sung-Nin Lee Address: 5050 Cole St. San Diego, Ca. 92117

Twenty Eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot for kuen king Lee.

Lot 3025 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE 363.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ #1031

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Illigan

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164	28	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID		$ 28	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47406

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

MOUNT HOPE CEMETERY

827-3409

Date: 6-7 19 96

From: Sung-Nin Lee Address: 5050 Cole Street SD 92117

Twenty eight Dollars ($28.00)

In part Payment of Pre-Need Lot

Lot 3025 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE 335.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 1036

AC-212 (Rev. 5-94)

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

ISSUED BY S. Hamilton

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78360		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47570

Date: 7-5, 19 96

From: Kuen King Lee Address: 5050 Cole St. SD 92117

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 3025 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E- 12313

BALANCE DUE 307.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1039

AC-212 (Rev. 5-94)

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

ISSUED BY S. Sheldon

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78300		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47693

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

MOUNT HOPE CEMETERY

527-3400

Date: 8-9, 19 96

From: Sung-nin Lee Address: 5050 Cole St. San Diego, Ca 92117

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 3025 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE 279.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 1043

AC-212 (Rev. 5-84)

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

ISSUED BY Catina Turgeon

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47394

Date: 10-8 , 19 90

From: Sung-Nin Lee Address: 5050 Cole St. San Diego 92117

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 3025 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE 223.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1051

AC-212 (Rev. 5-84)

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

ISSUED BY Catina Jurgon

CREDIT	67007		
20% Sales Care	77184	28	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40291

Date: 2-11 19 97

From: Sung-Hin Lee Address: 5050 Orlo Pt. San Diego 92117

Twenty eight and no/100 Dollars ($ 28.00)

In PART Payment of Pre-need Lot

Lot 3025 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE 111.00

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

1672

AC-212 (Rev. 5-94)

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

ISSUED BY Cathia Duggan

CREDIT	57007	28	00
30% Sales Care	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

43333

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-4 19 97

From: Sung-Nin Yee Address: 5050 Cole St. San Diego 92117

Twenty Eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot for Ellen King Yee

Lot 3025 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE 83.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1075

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgen

CREDIT	67007	28	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022		
Sales Tax	60101 76380		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48173

Date: 1-6 19 97

From: Sung-Nill Lee Address: 5050 Cole Ave. St. S.D., Ca. 92117

Twenty Eight and no/100 Dollars ($ 28.00)

In part Payment of Pre-need lot

Lot 3025 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE 139.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
1067

AC-212 (Rev. 5-94)

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

ISSUED BY Carina Tuggle

CREDIT	67007	28	00
20% Sales Care	77164		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47287

Date: 4/10, 19 96

From: Jung-Min Lee Address: 5050 Cole St. San Diego, CA 92117

Twenty Eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot for Kuen King Lee.

Lot 3025 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE 391.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #1028

AC-212 (Rev. 5-94)

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

ISSUED BY Catina M. Turgeon

CREDIT	67007		
20% Sales Care	77154		
80% Sales of Lots	100 77164	28	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3480

48069

Date: 12-4, 19 96

From: Sung-Nin Lee Address: 5050 Cole Street San Diego 92117

Twenty eight and 110/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 3025 Grave ____ Row ____ Section ____ Division 10

Invoice No. ____

Acct. No. ____

W.O. E-12313

BALANCE DUE 167.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1062

AC-212 (Rev. 5-84)

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

ISSUED BY Catina Jurgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78380		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

48537

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-6 19 97

From: Sung Nin Lee Address: 5050 Cole St. San Diego 92117

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot for Kuen King Lee

Lot 3025 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE 27.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1088

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Suggs

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77186		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 76390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

43643

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-3 19 97

From: Sung-Nin Lee Address: 5050 Cole Street San Diego 92117

Twenty seven and no/100 Dollars ($ 27.00)

In full Payment of pre-need lot for
Kuen King Lee

Lot 3025 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12313

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1091

AC-212 (Rev. 5-94)

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

ISSUED BY Calina Jurgon

CREDIT	67007	27	00
20% Sales Care	77184		
60% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022		
Sales Tax	50101 76380		
TOTAL PAID	$	27	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12313 Pre-Need Lot

Kuen King-Lee
5050 Cole St.
San Diego, Ca. 92117
(3025-10)

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 ▶ $ 28.00

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

$ _____

Amount Received $ _____

NAME Suns-Kin Lee

ADDRESS 5050 Cole St.

CITY San Diego STATE CA ZIP 92117

☐ check (✓) if this is new address

...or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12313 Pre-Need Lot

Kuen King Lee
5050 Cole St.
San Diego, CA 92117
(3025-10)

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. ▶ $ 28.00

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

$ _____

Amount Received $ _____

NAME Sung-wing Lee

ADDRESS 5050 Cole St.

CITY San Diego STATE CA. ZIP 92117

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12313 Pre-Need Lot

Kuen King Lee
5050 Cole St.
San Diego, Ca. 92117
(3025-10)

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 ▶ $ 28.00

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

$ _____

Amount Received $ _____

NAME Sung-Nui Lee

ADDRESS 5050 Cole St.

CITY San Diego STATE Ca ZIP 92117

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12313 Pre-Need Lot

Kuen King Lee
5050 Cole St.
San Diego, CA 92117
(3025-10)

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. $ 28.00

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

$ _____

Amount Received $ _____

NAME Sung-Kuen Lee

ADDRESS 5050 Cole St

CITY San Diego STATE CA ZIP 9211?

☐ check (✓) if this is new address

COUPON 5

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12313 Pre-Need Lot

Kuen King Lee
5050 Cole St.
San Diego, Ca. 92117
(3025-10)

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. $ 28.00

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

$ _____

Amount Received $ _____

NAME Suan-Kuin Lee

ADDRESS 5050 Cole St.

CITY San Diego STATE Ca. ZIP 92117

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12513 Pre-Need Lot

Kuen King Lee
5050 Cole St.
San Diego, CA 92117
(3025-10)

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. ▶ $ 28.00

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

$ _____

Amount Received $ _____

NAME Sung-Wing Lee

ADDRESS 5050 Cole St

CITY San Diego STATE CA. ZIP 92117

☐ check (√) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12313 Pre-Need Lot

Kuen King Lee
5050 Cole St.
San Diego, Ca. 92117
(3025--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 ▶ $ 28.00

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

$ _____

Amount Received $ _____

NAME Sung-Wu Lee

ADDRESS 5050 Cole St.

CITY San Diego STATE Ca. ZIP 92117

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12313 Pre-Need Lot

Kuen King Lee
5050 Cole St.
San Diego, CA 92117
(3025-10)

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. ▶ $ 28.00

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

$ _____

Amount Received $ _____

NAME Sung-Nin Lee

ADDRESS 5050 Cole St

CITY San Diego STATE Ca ZIP 92117

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12313 Pre-Need Lot

Kuen King Lee
5050 Cole St.
San Diego, Ca. 92117
(3025-10)

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 ▶ $ 28.00

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

$ _____

Amount Received $ _____

NAME Sung-Wing Lee

ADDRESS 5050 Cole St.

CITY San Diego STATE Ca ZIP 92117

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. E-12313 Pre-Need Lot

Kuen King Lee

5050 Cole St.

San Diego, CA 92117

(3025-10)

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. ▶ $ 28.00

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

$ _____

Amount Received $ _____

NAME Sung-Kuen Lee

ADDRESS 5050 Cole St

CITY San Diego STATE CA ZIP 92117

☐ check (✓) if this is new address

...ring this coupon with each remittance

COUPON 11

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-12313 Pre-Need Lot

Kuen King Lee
5050 Cole St.
San Diego, Ca. 92117
(3025-10)

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. $ 26.00

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

$ _____

Amount Received $ _____

NAME Soon-Win Lee

ADDRESS 5050 Cole St.

CITY San Diego STATE Ca. ZIP 9211?

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12313 Pre-Need Lot

Kuen King Lee
5050 Cole St.
San Diego, CA 92117
(3025-10)

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. ▶ $ 28.00

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. B-12313 Pre-Need lot

Ruen King Lee
5050 Cole St.
San Diego, Ca. 92117
(3025-10)

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. $ 28.00

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

$ _____

Amount Received $ _____

NAME Sung-Ai Lee

ADDRESS 5050 Cole St

CITY San Diego STATE Ca ZIP 92117

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12313 Pre-Need Lot

Kuen King Lee
5050 Cole St.
San Diego, CA 92117
(3825-10)

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 ▶ $ 20.00

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

$ _____

Amount Received $ _____

NAME Sung-Nim Lee

ADDRESS 5050 Cole St.

CITY San Diego STATE CA ZIP 92117

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. S-1.313 Pre-Paid Lot

Kuna King Lee
5850 Cole St.
San Diego, Ca. 92117
(3023-10)

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. $ 23.00

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

$ _____

Amount Received $ _____

NAME Sung-Ai'al Lee

ADDRESS 5850 Cole St.

CITY San Diego STATE Ca. ZIP 9211?

☐ check (√) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12313 Pre-Need Lot

Kwan King Lee
5050 Cole St.
San Diego, CA 92117
(3025-10)

E 12313

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. ▶ $ 26.00

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

$ _____

Amount Received $ _____

NAME Sungwin LEE

ADDRESS 5050 Cole St.

CITY San Diego STATE CA ZIP 92117

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14313 Pre-Paid Lot

Karen King Lee
5454 Cole St.
San Diego, Ca. 92115
(3025-10)

E 12313

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 ▶ $ 23.00

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

$ _____

Amount Received $ _____

NAME Sung-Ai'N Lee

ADDRESS 5454 Cole St.

CITY San Diego STATE Ca. ZIP 92115

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK --

ACCOUNT No. E-12313 Pre-Need Lot

Kuen Ying Lee

5050 Cola St.

San Diego, CA 92117

(3025-16)

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. ▶ $ 26.00

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

$ _____

Amount Received $ _____

NAME Sung-Yin Lee

ADDRESS 5050 Cola St.

CITY San Diego STATE Ca. ZIP 9211?

☐ check if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-11313 Pre-Need Lot

Kwan King Lee
5050 Cole St.
San Diego, Ca. 92117
(3025-10)

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. ▶ $ 40.00

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

$ _____

Amount Received $ _____

NAME Sang-Nim Lee

ADDRESS 5050 Cole St

CITY San Diego STATE CA ZIP 92117

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14313 Pre-Read Lot

Kwai Ling Lee
5050 Cole St.
San Diego, CA 92117
(3025-10)

E12313

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
						15					

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 Sau-Lin Lee

ADDRESS 5050 Cole St

CITY San Diego STATE CA ZIP 92117

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-1-313 Pre-Treat Lic

Susan King Lee
5050 Cole St. E123|3
San Diego, Ca. 92117
(3025-10)

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 ▶ $ 20.00

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

$ _____

Amount Received $ _____

NAME Susan-Kin Lee

ADDRESS 5050 Cole St.

CITY San Diego STATE Ca. ZIP 92117

☐ check (√) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 8-12313 Pre-Need Lot
Owen King Lee
5050 Cole St.
San Diego, CA 92117
(3025-16)

E123|3

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 26.00

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

$ _____

Amount Received $ _____

NAME Owen-Wing Lee

ADDRESS 5050 Cole St.

CITY San Diego STATE CA ZIP 92117

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. * *

[illegible]
3050 Cole St. E 1323
San Diego, Ca. 92117
(305-13)

1031

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME Sung-Wai Lee

ADDRESS 3050 Cole St.

CITY San Diego STATE Ca ZIP 92117

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-1 313 Eye-Tech Lab

Eben King Lab
5050 Cole St.
San Diego, CA 9117
(3025-10)

E 123 13

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
						14					

[redacted] days $ 27.00

days $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JONES, Adolph JR.

in a Liner (Vault/Liner) Funeral, date, time MON 6/26 11:00

Church, Chapel, Graveside witness : 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. + Jessie Brown

War time veteran NO

Lot 32 Grave 32 Row _____ Section 2 Division/~~Block~~ 13

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1763.30
Paid receipt number R-46358	1763.30
Balance due	0

PAID
JUN 21 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

+ Jessie Brown
Signature
+ 3355 Hilltop DR
Address
+ San Diego CA 92114
City Zip Code
+ 262-8893
Telephone #

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

_____
Signature of recorded holder of deed

Work Order # E 12314

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

12314

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Adolph	-	Jones	09/28/1945	06/20/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lessie Brown - Sister 5355 Hilltop Dr. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ [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 103/5 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/23/1995	▶ [signature] 908455

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 6/26/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46358

Date: 6-21, 19 15

From: Lessie M. Brown Address: 5355 Hilltop Dr. S.D. 92114

one thousand seven hundred sixty-three + 30/100 Dollars ($ 1763.30)

In full Payment of interment of adolph on 6-21-15

Lot 32 Grave 3 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-17214

BALANCE DUE 0

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

AC-212 (Rev. 5-94) 1800

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

ISSUED BY Rauch

CREDIT	67007	-	
20% Sales Care	77184	995	00
80% Sales of Lots	100 77184	375	00
Opening/ Closing	100 77181	190	00
Burial Containers	100 77182	145	00
Handling Fee	100 77185	45	00
Recording & Misc. Fees	100 77183	13	30
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1763	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date JUNE 21, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BONCIEL HARTLEY MON 6/26/95 3PM

in a LINER Vault/Liner Funeral, date, time ~~FRI 6/23/95 1AM~~

~~Church, Chapel~~, Graveside ~~GRAVESIDE~~ ; LITTY Mortuary.

(OREGON) (PHIL 503-469-2756)

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 962 Grave ____ Row ____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	PRE-NEED - C-8088 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 46363	768.30
Balance due	0

PAID
JUN 23 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Sister: ~~Antonietta~~ Barbara Cabuto (310) 378-4401 * Mortuary to bring payment

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

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

Signature of recorded holder of deed

x Kathryn E. Tuz
Signature

x 22416 Charlotte Dr.
Address

x Torrance 90505
City Zip Code

x (310) 378-4400
Telephone

Work Order # E 12315

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

E 12315

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BONCHEL	-	HARTLEY	11/11/1913	06/15/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BROOKINGS	OR	BIRTRELL CARBUTT, SISTER 22416 CHARLOTTE DRIVE TORRANCE, CA 90505

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVE, SAN DIEGO, CA 92103	F-119	▶ Ed Leach	06/23/1995

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 DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	06/23/1995 Ed Leach	9508473 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 6/26/95	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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46363

NY-6180

Date: June 23, 19 25

From: Billy Funeral Home Address: Mount Hope Cemetery

Seven Hundred Sixty Eight 30/100 Dollars ($ 768.30)

In Payment of Interment & Burial Charges

Lot 962 Grave — Row — Section 1 Division Block 7

Invoice No.

Acct. No.

W.O. E-13315

BALANCE DUE 0

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

AC-212 (Rev. 5-84)

#010385

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

ISSUED BY

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	245	00
Burial Containers	100 77182	490	00
Handling Fee	100 77185	17	00
Recording & Misc. Fees	100 77183	15	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	1	30
TOTAL PAID	$	768	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Casket size
L 27 1/2
W 14
H 11 1/2

Date 6-22-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BAKER, TOMASITO (Stillborn)

In a — Vault/Liner Funeral, date, time 7Fri 6/23 3PM

Church, Chapel, Graveside Graveside 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. Thomas Baker Jr.

War time veteran N/A.

✓ Lot 21 51 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~~ galvanized	23.70
Recording and filing fee	45.00
Sales taxes	
Total Due	293.70
Paid receipt number R-46361	293.70
Balance due	0

I hereby certify I am the X 2nd Thom Grand Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

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

Signature of recorded holder of deed

Thomas E Baker Jr
Signature
366 DUBLIN PL
Address
San Diego CA 92114
City Zip Code
262-9437
Telephone

Work Order # E 12316

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

12316

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Tomasito	-	Baker	06/22/1995	06/22/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Thomas E. Baker, III: Father 1143 Beverly Street San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person making permit	8B. DATE SIGNED
Greenwood Mortuary I-805 & Imperial Ave, San Diego, CA	F-842	Linda Mostel	06/23/1995

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	Linda Mostel 06/23/1995	9508443

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

*COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market Street, San Diego, CA 92102	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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46361

Date: 6-22, 1945

From: Ilona E. Lara, Jr. Address: 366 Dustin Pl., El Cajon

Two hundred-is ty-three & 70/100 Dollars ($ 243.70)

In Full Payment of interment Tuesday to Lara, and grave marked Fourth row

Lot 2151 Grave ____ Row ____ Section 1 Division Block 4

Invoice No. ____

Acct. No. ____

W.O. E-12316

BALANCE DUE ~~0~~

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

AC-212 (Rev. 5-94) 802

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

ISSUED BY Rauch

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182	10	00
	100		
Handling Fee	77185	13	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		70
TOTAL PAID	$	293	70

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 23, 1995

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

in a ~~Vault~~ Liner Funeral, date, time Fri 6/23/95 @ 12:30 p.m.

MOSQUE ~~Church, Chapel~~, Graveside/MOSQUE FAIRMONT Greenwood Mortuary.

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

War time veteran NO

✓ Lot 9 Grave _____ Row _____ Section _____ Division/Block MUSLIM

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	350.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	
Total Due	395.00
Paid receipt number MASTERCARD	395.00
Balance due	0

PAID JUN 23 1995 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

family should arrive between 2-3p.m.

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.

X _____ Signature

X 5252 Edgerton Pkwy Address

X San Diego CA 92124 City Zip Code

X (619) 565-7080 Telephone

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

_____ Signature of recorded holder of deed

Work Order # E 12317

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12317

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Mohamad	Widad	Tarabishi	06/25/1926	06/23/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Mohamad Saad Tarabishi: Son 5252 Edge Park Way San Diego, CA 92124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary I-805 & Imperial Ave, San Diego, CA	F-843	Linda Mostel	06/23/1995

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 DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	Linda Mostel 06/23/1995	9508442

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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street, San Diego, CA 92102	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.

Michelle

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 23, 1995

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

In a Wilbert Vault Vault/Liner Funeral, date, time Mon 6/26/95 2pm

(Manteca) Church, Chapel, Graveside Graveside : Mayer Mortuary.

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

War time veteran No

Lot 9 Grave 4 Row ____ Section 2 Division/Block 5

Grave space & Care Fund	1495.00
Additional spaces and care fund	0
Opening/Closing & Setup	375.00
Burial Container	470.00
Handling Fees	400.00
Flower vases – Marker setting fee	0
Recording and filing fee	45.00
Sales taxes	36.43
Total Due	2,821.43
Paid receipt number 46352	1000.00
Balance due	1821.43

Monterella to be delivered before Noon Monday to Family at time of service call M.C

Rec #46364 763.85

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.

Bal: 1057.58

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

Signature of recorded holder of deed

X Becky Childs
Signature
X 2686 Commodore Way
Address
X Redding CA 96002
City Zip Code
X (916) 221-0386
Telephone
(619) 224-6003
Invoice # 355793
Acct. # 085657

Work Order # E 12318

PY-593 (Rev. 8-92)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 07/19/95

DATE: 07/19/95
TIME: 213101
PAGE: 7

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
255793	07/06/95	085657	BECKY CHILDS					07/14/95	CK	802250202	1,057.58	1,057.58	0.00
			100	072		77181	000072				106.15		PAID IN FULL
			100	072		77182	000072				470.00		
			100	072		77183	000072				45.00		
			100	072		77185	000072				400.00		
			60101			78390					36.43		

MT. HOPE CEMETERY W.O. # E-12318

NOTE

$ 1057.58 San Diego, California June 23 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 One Thousand fifty Seven & 58/100 DOLLARS with interest from _____ 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 Becky Childs SIGNATURE Becky Childs

ADDRESS 2686 Camulos Way, Redding, CA 96002

CALIFORNIA DRIVER LICENSE NUMBER N0150891 SSN # 559-88-0693

PY-012 (11-89)

E 12 316

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Eddie	Jean	Stelter	12/31/1933	06/16/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	George W. Stelter - Husband 4677 Greene Street San Diego, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Av. San Diego, CA 92116	1424	▶ [signature]	06/26/1995

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103175 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	06/26/1995 John Mayer	9508479 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA.	11B. DATE BURIED 6/26/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal-non sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

12318 46352

Date: June 20, 1995

From: Lucy Stelter Address: P O Box 1145 S D. CA 92112-1

One thousand + 00/100 Dollars ($ 1000.00)

In Payment of ~~Pre Need Lot~~ Interment of Jean Stelter ⊗

Lot 9 Grave 1 Row — Section 2 Division Block 5

Invoice No.

Acct. No.

W.O. E-12308

BALANCE DUE ~~768.85~~

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		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	1000 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	1000 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46364

Date: June 23, 19 95

From: Jorge Soltero Address: P.O. Box 7665 S.D. CA 92167

Two Hundred Sixty-three 18/100 Dollars ($ 263.18/100)

In Payment of Interment of Jesus Soltero

Lot 9 Grave 4 Row Section 2 Division Block 5

Invoice No.

Acct. No.

W.O. 100 E-12216

BALANCE DUE $ 468.32

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

AC-212 (Rev. 5-94)

4/14/93

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

ISSUED BY D. Clark

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	495	00
Opening/ Closing	100 77181	268	85
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	763	85

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need Grave

Date June 23, 1995

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

of Leroy Stalter

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 9 Grave 5 Row ____ Section 2 Division/Block 5

Grave space & Care Fund	1495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1495.00
Paid receipt number 46478	1495.00
Balance due	0

PAID
AUG - 1 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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.

Leroy W Stalter
Signature

PO # 70065
Address

San Diego Ca 92167
City Zip Code

X 224-6002
Telephone

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

Signature of recorded holder of deed

Work Order # E 12319

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E 12319 12026

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO GEORGE W. STELTER for the sum of $ 1495.00 (DOLLARS)

LEGAL DESCRIPTION Lot 9 Grave 5 Section 2 Division 5

AS DESCRIBED ON PURCHASE ORDER NUMBER E-12319

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

Cemetery Manager

Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43478

Date: 8-1, 1995

From: George W. Stetter Address: P.O. Box 700665, SD CA 92167

Fourteen hundred ninety five & 00/100 Dollars ($ 1495.00)

In full Payment of Pre-need Grave

Lot 9 Grave 5 Row Section 2 Division Block 5

Invoice No.

Acct. No.

W.O. E-12319

BALANCE DUE

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

AC-212 (Rev. 5-94) 1455

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

ISSUED BY E. Rauch

CREDIT	57007	399	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	1196	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1495	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-23-95

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

in a Liner (Vault/Liner) Funeral, date, time MON 6/26 @ PM

Church, Chapel, Graveside Church & graveside Rolpdale 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. + Wm Richardson

War time veteran NO

Lot 368 Grave 9 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	745.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling fees	145.00
Flower vases — Marker setting fee	
Recording fee, filing fee	45.00
Sales taxes	13.30
Total Due	1563.30
Paid receipt number R-46360	200.00
Balance due	1363.30
R-46370	190.00
Bal.	1173.30

PAID
JUN 26 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

Patsy Richards
Signature

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

Signature of recorded holder of deed

6851 Alvarado Rd #21
Address

San Diego 92120
City Zip Code

284-1006
Telephone

Work Order # E 12320

Invoice # 355795

Acct. # 085656

PY-593 (Rev. 8-92)

5 12320

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Antoinette	-	Richardson	12/19/1967	06/14/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Patsy Lamb, Mother 6851 Alvarado Rd. No. 21 San Diego, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	[signature]	06/21/1995

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/23/1995	9508435 [signature]

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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 6/26/95	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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46366

Date: 6-28, 1995

From: Don Robert Tucker Address: 1217 Leroy Dr., SD 92102

Two hundred & no/100 Dollars ($ 200.00)

In part Payment of Antoinette Richardson

Lot 368 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12320

BALANCE DUE 1263.30

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. Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46370

Date: 6-26, 1945

From: Don Tucker Address: 1517 Sheryl Ln. SD 92102

One hundred ninety + 20/100 Dollars ($ 190.00)

In part Payment of Interment Antoinette Richardson

Lot 368 Grave 9 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12320

BALANCE DUE 175.30

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.

14470

ISSUED BY Rauch

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

12320

1004099

CITY OF SAN DIEGO
CALIFORNIA

OFFICIAL RECEIPT

DEPARTMENT/DIVISION NAME: Treasurer / Collections

DATE: 6-24-98

AMOUNT: One thousand two hundred fifty DOLLARS / Sixty three CENTS $1,250.63

RECEIVED FROM: Patsy Lamb

ADDRESS: 3541 Kenora Drive Apt. C-3 Spring Valley, CA 91977

IN PAYMENT OF: Mt. Hope #842169

☐ CHECK ☒ CASH

RECEIVED BY: Lourdes Pena
FOR ABOVE NAMED DEPARTMENT

FUND	DEPARTMENT	ORGANIZATION	ACCOUNT	JOB ORDER	FACILITY	AMOUNT

DISTRIBUTION:
WHITE - CUSTOMER
PINK - TREASURER
YELLOW - RETAIN
GREEN - AUDITOR

AC-1218 (REV. 1-96)

OFFICIAL RECEIPT

51618

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: October 15, 1999

From: Patsy Lamb Address: 3541 Kri[illegible] 50

Dollars ($ 125.00)

In full Payment of [illegible]

Lot 265 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 12220

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ #0

AC-212 (Rev. 5-94)

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

ISSUED BY [illegible]

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

MT. HOPE CEMETERY

W.O. # E-12320

NOTE

$ 1173.30 San Diego, California 6-26 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 Seventy-Three and 30/100 DOLLARS with interest from 7-26-95 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 JOAN TUCKER SIGNATURE

ADDRESS 1517 SHERYL LN S.D. CA

CALIFORNIA DRIVER LICENSE NUMBER [redacted] SSN # [redacted]

91950-3737

PY-1012 (11 89)

NOTE: THERE IS NO SHERYL LN IN SAN DIEGO.
THERE IS ONE IN NATIONAL CITY AND THAT IS
WHERE THE INVOICE WILL BE MAILED.

JANE RAUCH 7/6/95

Pre-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-26-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SHREVES, JAMES L + ANNA

in a T.S VAULTS (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 veterar. _____

Lot 1360 1361 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

PAID
JUN 28 1995
MT HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Grave space & Care Fund	995 x 2	1990.00
Additional spaces and care fund		
Opening/Closing & Setup	375 x 2	750.00
Burial Container	250 x 2	500.00
Handling Fees	135	370.00
Flower vases – Marker setting fee		
Recording and filing fee	45 x 2	90.00
Sales taxes	17.50 x 2	35.00
Total Due		3735.00
Paid receipt number R-46369		600.00
Balance due		3135.00
R-46374		3135.00

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.

Balance: 0

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

_____
Signature of recorded holder of deed

X [signature]
Signature

X 3561 BIRDALE WAY
Address

X SAN DIEGO CA 92117
City Zip Code

X 619 292 0212
Telephone

Work Order # E 12321

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

12019

12321

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO SHREVES, JAMES & ANNA for the sum of $ 1990.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1260 & 1261; Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-12321

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

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

Regulation Marker Size is 12" X 24"; Flat Marker Only

Cemetery Manager

Real Estate Assets Director

PY-564 (Rev. 4-95)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46369

Date: 6-26-, 19 95

From: Agnes Arenas Address: 5561 Birdale Way, SD 92117

Six hundred & no/100 Dollars ($ 600.00)

In part Payment of pre need funeral services

Lot 1260 & 1261 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12321

BALANCE DUE 0-125

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

AC-212 (Rev. 5-94)

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

ISSUED BY Rauch

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	600	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	600	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46374

Date: June 28, 19 95

From: James Hinks Address: [illegible]

[illegible] Dollars ($ 215.00)

In [illegible] Payment of [illegible]

Lot 1260 Grave [illegible] Row [illegible] Section [illegible] Division Block 10

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E-12371

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
3501

AC-212 (Rev. 5-94)

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

ISSUED BY D Clark

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	1360	00
Opening/ Closing	100 77181	450	00
Burial Containers	100 77182	300	00
Handling Fee	100 77185	75	00
Recording & Misc. Fees	100 77183	10	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	20	00
TOTAL PAID	$	215	00

12324

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANNA	MAXINE	SHREVES	08/31/1921	07/24/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JAMES L. SHREVES - HUSBAND 5561 BIRKDALE WAY SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PACIFIC BEACH MORTUARY 4710 CASS STREET, SAN DIEGO, CA 92109	815	▶ Marcella Hansen	07/25/1995

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.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/26/1995 ▶	

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED	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 6-26-95

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

in a Liner (Vault/Liner) Funeral, date, time Wed. 6/28/95 1:00

Church, Chapel, Graveside Graveside : 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 John J Roach

War time veteran NO

Lot 232 Grave ____ Row ____ Section 1 Division/Block 8

Grave space & Care Fund B-3986 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

PAID
JUN 23 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 768.30

Paid receipt number R-46371 768.30

Balance due 0

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

I hereby authorize the interment in lot I hold under deed

Signature of recorded holder of deed

X John J Roach
Signature
X 1801 NE Rotan drive
Address
X Bend Oregon 97701
City Zip Code
X 503-389-7521
Telephone

Work Order # E 12322

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

13522

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHRYSTAL	HAZEL	ROACH	02/02/1901	06/23/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOHN IVAN ROACH - STEPSON 1801 N.E. LOTUS DRIVE #W205 BEND, OREGON 97701

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	06/26/1995

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/26/1995	▶ [signature]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6/28/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
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

46371

Date: 6-26, 1995

From: Herald H. Roach Address: 20021 Colorito Dr., Huntington Bch. CA 92646

seven hundred sixty-eight & 30/100 Dollars ($ 768.30)

In full Payment of interment C. Hazel Roach

Lot 232 Grave ____ Row ____ Section 1 Division ____ Block 8

Invoice No. ____

Acct. No. ____

W.O. E-12332

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3605

AC-212 (Rev. 5-94)

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

ISSUED BY Roach

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	121	
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	42	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	768	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/27/95

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

War time veteran _____.

Lot 25 Grave 2 Row _____ Section 11 Division/Block 7

Grave space & Care Fund E-11571 Pre-need 0

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container .55.00

Handling Fees 60.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 3.85

Total Due 268.85

VOID Dec 1995

Paid receipt number VOID

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

_____
Telephone

Work Order # E 12323

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

called 7/11 to set up service

Date 6/27/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Arthur Giles Sr. 80

In a ash vault Vault/Liner Funeral, date, time FRI - 7/14 - 2pm

~~Church, Chapel, Graveside~~ ; CA Cremation Mortuary.

~~& people will meet there~~

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 ____ Grave 23 Row 32 Section 5 Division/Block 7

Grave space & Care Fund Pre-need (1938) 0

Additional spaces and care fund ____

Opening/Closing & Setup 165.00

Burial Container 55.00

Handling Fees 60.00

Flower vases – Marker setting fee ____

Recording and filing fee 45.00

Sales taxes 3.85

PAID JUN 27 1995 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.

Total Due 268.85

Paid receipt number 46373 268.85

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 James A Giles Jr
Signature

X 2030 29th St
Address

X San Diego CA 92104
City Zip Code

X 619 338-0604
Telephone

Work Order # E 12321

Invoice # ____

Acct. # ____

12324 family will call w/ time of delivery for Friday mc 6/27/95

12324 6/28/95 Son asked to hold until Wednesday 7/5 He will call back. Body is in crematory Carolyn

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46372

Date: June 27, 1995

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 68.25)

In [illegible] Payment of [illegible]

Lot [illegible] Grave 23 Row 3A Section [illegible] Division Block 7

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E-10534

BALANCE DUE [illegible]

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

4259

AC-212 (Rev. 5-94)

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

ISSUED BY [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	00	00
Recording & Misc. Fees	100 77183	2	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	5	25
TOTAL PAID	$	[illegible]	[illegible]

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1234

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
James	Arthur	Giles Sr.	08/30/1922	06/24/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Janice P. James-DAUGHTER 1461 Manzana Way San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel. 5880 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ Mark Mitchell	06/29/1995

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	M. Mitchell 07/03/1995	9508831 ▶

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery. 3751 Market St. San Diego, CA 92139	11B. DATE BURIED 7/14/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium, Inc. 571-J Crane St. Lake Elsinore, CA	12B. DATE CREMATED 7/6/95	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/27/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe (95-0722) PA#1/82331

in a liner (Vault/Liner) Funeral, date, time 1:30pm 7/7/95

~~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 06 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	

P.A. Kevin

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 12325

Invoice # 355921

Acct. # 000952

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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
JOHN	——	DOE	UNKNOWN	04/11/1995	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	Karen Warnant	07/07/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/07/1995	[signature] GW

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
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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.

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 12325

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 IF

PAYMENT REF NO 04-883709 | AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/10/95	08/09/95	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12325
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE MB 95-0727	
PA 1192331 SERVICES	
LOT 66 GRAVE 9 SEC 3 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.

DIV NO. 255921

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/27/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe - John Doe) PA# 1182323

in a — Vault/Liner 12:00 NOON MON 7/10 Funeral, date, time (95-0819) 12.00

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 5 Grave 8A Row _____ Section 1 Division/Block 12

Grave space & Care Fund	450.00
Additional spaces and care fund	
Opening/Closing & Setup	470.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	$160.00
Paid receipt number	
Balance due	

Paid

P.A. 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 12326

Invoice # 256583

Acct. # 000952

PY-593 (Rev. 8-92)

Invoiced 7-28-95

12326

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN/JANE	ME-65-0819	DOE ME 95-	UNKNOWN	04/27/1995	UNK.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ENCINITAS	SAN DIEGO	REBECCA BARR-DEPUTY PUBLIC [redacted] 5201-A RUFFIN Rd, SAN DIEGO, CA. 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEM. CHAPEL & MRT. 2601 IMPERIAL AVE., SAN DIEGO, CA. 92012	FD-1425	▶	07/03/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	[redacted] 07/07/1995	▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 7/7/95	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.

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

12326

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 9-13-95
BY: CA (CK) IF

PAYMENT REF NO 04-902871 AMT PAID: 160.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/28/95	08/27/95	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12326
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
BURIAL OF JAW BONE JOHN DOE	
95-0819 PA 1182323	
LOT 5 GRAVE 8A SEC 1 DIV 12	45.00
OPENING/CLOSING	70.00
RECORDING	45.00
TOTAL DUE	160.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 256583

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

(44-9333

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/27/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Skull (John) Doe (95-0778) PA# 1182315
(w/no jaw)

in a _____ Vault/Liner Funeral, date, time Mon 7/10 12:00noon Tues 11a 12:00

Church, Chapel, Graveside Delivery only : Guadalupano Mortuary.

All Funeral cars must arrive 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 9A Row _____ Section 1 Division/Block 12

Grave space & Care Fund	45.00
Additional spaces and care fund	
Opening/Closing & Setup	70.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	$160.00
Paid receipt number	
Balance due	

P. 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 12327

Invoice # 256582

Acct. # 000952

PY-593 (Rev. 8-92)

Invoiced 7-28-95

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

12347

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: _____

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/28/95	08/27/95	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12327
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
BURIAL OF SKULL, JOHN DOE	
95-0778 PA 11812315	
LOT 5 GRAVE 9A SEC 1 DIV 12	45.00
OPENING/CLOSING	70.00
RECORDING FEE	45.00
TOTAL DUE	160.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 256582

AC-21 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN/JANE	ME-95-0778	DOE	UNKNOWN	04/18/1995	UNK.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	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	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA. 92102	FD-1425	▶	07/03/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	ROSSI MARTINEZ 07/06/1995	▶

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.OBOX 85222 SAN DIEGO, CA. 92186-5222	———

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 7/10/95	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

Casket 21"

Date 6/27/95

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

of John Doe Infant (ME94-2212)

in a ~~Vault~~ Vault/Liner Funeral, date, time PA#1182382 6/30

Church, ~~Chapel~~, Graveside delivery ~~Friday 1 pm~~ Mortuary Clairemont

All Funeral cars must arrive 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 79 Grave 11 Row _____ Section 5 Division/Block 7

Grave space & Care Fund	90.00
Additional spaces and care fund	
Opening/Closing & Setup	75.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	210.00
Paid receipt number	
Balance due	

P.A. Kathy 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 12328

Invoice # 955797

Acct. # 000952

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

6 12328

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOHN	-	DOE	UNKNOWN	11/22/1994	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVENUE, SAN DIEGO, CA 92117	F-1126	▶ Victoria Mejia	06/29/1995

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	06/30/1995	▶

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6/30/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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.

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

Make Remittance Payable to
CITY TREASURER
P O Box 2289
San Diego, California 92112

E 12329

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) IE

PAYMENT REF NO 04-883709 | AMT PAID: 210.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/06/95	08/05/95	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12328
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
INFANT JOHN DOE PA1182382 SVCS	
LOT 79 GRAVE 11 SEC 5 DIV 7	90.00
OPENING/CLOSING	75.00
RECORDING FEE	45.00
TOTAL DUE	210.00

NOTICE: PLEASE PERMIT 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. 255797

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

PRE-NEED

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 28, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruth M. Hutter

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

Church, Chapel, Graveside — ; — Mortuary.

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

will be applied and billed to undersigned. —

War time veteran —.

Lot 87 Grave 3 Row ____ Section 2 Division/Block 7

Grave space & Care Fund ... PRE-NEED (A-6289) Ø

Additional spaces and care fund ... Ø

Opening/Closing & Setup ... PRE-NEED (D-4565) Pd 110.00 105 00

Burial Container ... PRE-NEED (D-4565) Pd 74.20 55.00

Handling Fees ... 60 00

Flower vases – Marker setting fee ...

Recording and filing fee ... 45.00

Sales taxes ... 3.85

Total Due ... 84.65

Paid account number 46373 84 65

Balance due Ø

PAID
JUN 28 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO

amount already Pd, applied to current prices.

#268.85
184.20
84.65 due

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

X Ruth M. Hutter
Signature
X540 Naples St #9
Address
X Chula Vista Ca 91911
City Zip Code
X 619 476-7771
Telephone

Work Order # E 12329

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46373

Date: _____, 19____

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

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

Invoice No. _____

Acct. No. _____

W.O. _____

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 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Place 4 Shovels @ graveside

Date June 28, 1995

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

in a liner Vault/Liner Funeral, date, time 6/30/95 @ 2 pm FRI

~~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 will be applied and billed to undersigned. X [signature]

War time veteran NO

✓ Lot 60 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 Rec # 46375	391.00
Balance due	1172.30

Paid in full 8/1/95

30 day note

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.

X [signature]
Signature

X 3631 Shiloh Rd.
Address

X SAN DIEGO CA. 92105
City Zip Code

X (619) 265-7278
Telephone

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

Signature of recorded holder of deed

✓ 12330

Work Order # E

Invoice # 255794

Acct. # 085655

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12330

NOTE

$ 1172 30 San Diego, California June 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 Seventy Two 30/100 DOLLARS with interest from July 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 X VAN W. WATSON SIGNATURE X

ADDRESS X 3831 shiloh Rd. San Diego CA. 92105

CALIFORNIA DRIVER LICENSE NUMBER X C0190686 SSN # X 070-46-8722

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

12330

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Delia	Patricia	Watson	03/07/1949	06/28/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Van Watson - Husband 3831 Shiloh Rd. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ [signature]	06/29/1995

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/29/1995	9508701 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital Records; P.O. Box 85222
San Diego, CA 92186-5222

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 6/30/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A medical misadded	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

46375

Date: _____, 19__

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

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 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$		

F-12330

255794	07/06/95	085655	VAN W WATSON			08/01/95	CK 4569	1,172.30	1,172.30 0.00
			100	072	77181	000072		375.00	PAID IN FULL
			100	072	77182	000072		190.00	
			100	072	77183	000072		45.00	
			100	072	77184	000072		245.00	
			100	072	77185	000072		145.00	
			60101		78390			13.30	
			67007		77164			159.00	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date June 28, 1995

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

in liner (Vault/Liner) Funeral, date, time 7/5 ; 1:30

~~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 $ 150.00 will be applied and billed to undersigned. X

War time veteran X Yes

Lot 141 Grave 3rd Row Section 1 Division/Block L2

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# 46376 - 400.00
Balance due	1163.30 - 500.00
	663.30

Paid in full as of ~~7/3/95~~ 8/23/95 Per Mrs. Smith

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

I hereby authorize the interment in lot I hold under deed (115 S Evans St)

X [signature] / Mae Haskin
Signature

X 115 S Evans St
Address

X S D CA 92113
City Zip Code

X 232 2286
Telephone

Signature of recorded holder of deed

Work Order # E 12331 ✓

Invoice # 255870

Acct. # 085663

PY-593 (Rev. 8-92)

33815 Mrs. Smith ID #

E-12331

255870 07/07/95 085663 BESSIE M HOSKIN

	100	072	77181	000072	07/13/95 CA	HANDDELIV	500.00	
	100	072	77182	000072			161.18	
	100	072	77183	000072			81.66	
	100	072	77184	000072			19.34	
	100	072	77185	000072			101.44	
	60101		78390				62.32	
	67007		77184				5.72	
							68.34	

1,163.30

663.30
PARTIAL PAYMENT

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

12331

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Morgan	-	Hoskin	03/30/1918	06/20/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH -OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Bessie Mae Hoskin-WIFE 115 S. Evans Street San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ Mark Nation	06/26/1995

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	06/26/1995 M. Mitchell	9508489 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery. 3751 Market St. San Diego, CA 92120	11B. DATE BURIED 7/3/95	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 W.O. # E-12331

NOTE

$ 1163.30 San Diego, California June 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 Eleven Hundred Sixty Three & 30/100 DOLLARS with interest from August 7, 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 JESSIE M. HOSKIN SIGNATURE X Jessie Hoskin

ADDRESS X 5 20 Ellen St. S D 92113

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X 548-14-4311

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46376

Date: _____, 19__

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

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 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$		

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

12331

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. ✓ 085663

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE ✓ 7/13/95

PAID BY (CIRCLE ONE) (CA) CK MF

PAYMENT REFERENCE NUMBER Hand delivered

AMOUNT PAID $500.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME ✓ Bessie M. Hoskins

PAYOR NAME + (IF OTHER THAN CUSTOMER ACCOUNT NAME) Edward Jenkins

CUSTOMER (PAYOR) ADDRESS 3829 Marlborough Ave.
#
San Diego, 92105

REMARKS

CASHIER

INV. NO. 255870

TR-1881 (2-82)

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/15/95

DATE: 08/16/95
TIME: 011751
PAGE: 10

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
255870	07/07/95	083663	BESSIE M HOSKIN					08/15/95	CA		400.00	1,163.30	263.30
			100	072		77181	000072				128.94		PARTIAL PAYMENT
			100	072		77182	000072				69.33		
			100	072		77183	000072				15.47		
			100	072		77184	000072				81.15		
			100	072		77185	000072				49.86		
			60101			78390					4.57		
			67007			77184					54.68		

E-1233/

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46441

Date: 7/13, 19 95

From Edward Jenkins Address: 3829 Harbrook Drive #2 92105

Five hundred & no/100 Dollars ($ 500.00)

In Payment of interment of Morgan Hoskin

Lot 141 Grave 11 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12331

BALANCE DUE ~~$663.30~~

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

PAID
JUL 13 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

ISSUED BY Carolyn

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77184	
Burial Containers	100 77182	VOID
Handling Fee	100 77185	
Recording & Misc Fees	100 77183	
Pre-Need Trust	53033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	500 00

used aux inv.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

4C441

Date: _____, 19____

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

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	
20% Sales Care	67007 77184
80% Sales of Lots	100 77184
Opening/ Closing	100 77161
Burial Containers	100 77182
Handling Fee	100 77185
Recording & Misc. Fees	100 77183
Pre-Need Trust	63033 9022
Sales Tax	60101 78390
TOTAL PAID	$

VOID

weekend inv.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

P.A. Indigent burial

Date 6/28/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Cox #PA. 1182358

in a liner Vault/Liner Funeral, date, time 1pm 7/3/95

~~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 61 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	

Jim

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 12332

Invoice # 955872

Acct. # 000952

PY-593 (Rev. 8-92)

12332

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	----	Doe	Unknown	04/04/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator-M.Hostetter 5201-A Ruffin RD. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking possession	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Av. San Diego, CA 92116	1424	▶	07/03/1995

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
95-0668
AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7/00	07/03/1995 ▶	

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market ST. San Diego, CA 92102	11B. DATE BURIED	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

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-12332

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	PAYMENT DUE	PERIOD COVERED
07/07/95	08/06/95	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12332
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE RE 95-0644	
PO 1132153 SERVICES	
LOT 61 GRAVE 4 S C 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. 255074

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

P. A. Indigent

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/28/95

MF 08:9

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe P.A. #1182366

in a Liner (Vault/Liner) Funeral, date, time Wed 7/5/95 2pm

Church, Chapel, Graveside delivery : Mayor Mortuary.

All Funeral cars must arrive 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 61 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	

Jim

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 12333

Invoice # 255873

Acct. # 000952

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 12333

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

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	—	Doer	unknown	04/04/1995	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Av. San Diego, CA 92116	1424	▶ [signature]	07/03/1995

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
95-0669
AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	07/03/1995 ▶	[signature]

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7/10	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Particle Board	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

12333

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 (CK) IF

PAYMENT REF NO 04-883709 AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/07/95	08/06/95	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12333
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE MB 95-0669	
PA 1102366 SERVICES	
LOT 61 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.

INV NO. 255873

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

Pre need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/29/95

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

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 4139 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	350.00
Handling Fees	18.50
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	$1867.50
Paid receipt number R-46445	1867.50
Balance due	-0-

Paid in full. 7-14-95

Public Guardian Manfee Paid

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

PUBLIC GUARDIAN, Conservator of the Estate of Rea Kern

X Signature by M Mooney Deputy

X Address Public Administrator Public Guardian

X City 5201-A Ruffin Road Zip Code

X Telephone San Diego, California 92123

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

_____
Signature of recorded holder of deed

Work Order # E 12334

Invoice # _____

Acct # _____

PY-593 (Rev. 8-92)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

12021

12334

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Ken Kern, c/o SD County Public Guardian for the sum of $ 995.00 (DOLLARS)

LEGAL DESCRIPTION Lot 4139 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-12334

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

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

Regulation Marker Size is 12" X 24", Flat Marker Only

Cemetery Manager

Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

4445

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

MOUNT HOPE CEMETERY
527-3400

Public Guardian

Date: 7-14, 19 95

From: San Diego County Address: 5201 Ruffin Rd, SD Ca 92123

Eighteen hundred sixty-seven 00/100 Dollars ($ 1867.50)

In Full Payment of Prepaid Interment for Kyriazis

case No. 1171-396

Lot 4139 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12334

BALANCE DUE 0

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

AC-212 (Rev. 5-94) 12/12

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

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184	144	00
80% Sales of Lots	100 77184	746	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	972	50
Sales Tax	60101 78390		
TOTAL PAID	$	1867	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Have set-up ready by 9:15am with 20 chairs

Date June 29, 1995

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

of Roy Ward

in a Old Coast Vault/Crypt Funeral, date, time Mon 6/3/95 10Am

~~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 $ ★

will be applied and billed to undersigned

~~War time veteran~~

Lot 24 Grave 6 Row Section 2 Division/~~Block~~ 12

Grave space & Care Fund PRE NEED E-2150 0

Additional spaces and care fund 0

Opening/Closing & Setup PRE NEED E-9623 0

Burial Container PRE NEED E-9623

Handling Fees

Flower vases – Marker setting fee

Recording and filing fee

Sales taxes

Crew will need to direct traffic

Total Due

Paid receipt number

Balance due

SEE W.O.

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.

E 12337

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 12335

Invoice #

Acct. #

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

Second of D.I.P 1977

City of San Diego

Date June 29, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leta M. Hughes 7

in a Liner (Vault/Liner) Funeral, date, time Mon 7/3/95 1PM

Church, Chapel, Graveside graveside : El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 50.00 will be applied and billed to undersigned X H H.

War time veteran X

Lot 5 Grave 8 Row ____ Section 100F ~~Division~~/Block P

Grave space & Care Fund PRE-NEED (B-4633)	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	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	768.30
Paid receipt number 46378	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

Harold R Hughes
Signature

685 Lincoln #E
Address

El Cajon CA 92020
City Zip Code

444-8176
Telephone

Work Order # E 12336

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

12336

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Leta	Marie	Hughes	06/26/1896	06/29/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Harold Hughes - Son 685 S Lincoln Ave #E El Cajon, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
El Cajon Mortuary 684 S Mollison Ave El Cajon, CA 92020	FD-1022	Phyllis Dell	06/30/1995

* 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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/30/1995	9508763 Phyllis Dell

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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery/3751 Market St San Diego, CA 92102	11B. DATE BURIED 7/3/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
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

46378

Date: 6 20 , 19 95

From: Hovus Hovo E Address: 685 Lincoln Av - E El Cajon 92021

Dollars ($ 788.30)

In WC Payment of

Lot 5 Grave 2 Row Section Division 2 Block

Invoice No.

Acct. No.

W.O. E - 2776

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 V Barbosa

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
	100		
Handling Fee	77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	13	30
TOTAL PAID	$	768	30

HAVE SET-UP READY BY 8:45am WITH 30 CHAIRS

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 Roy Ward

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon 6/5/95 10am

~~Church, Chapel~~, Graveside graveside ; Featherngill Mortuary.

All Funeral cars must arrive 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 24 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund PRE-NEED A-8150	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	—
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	872.50
Paid receipt number #46420	872.50
Balance due	0

CREW WILL NEED TO DIRECT TRAFFIC

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.

Sandra L Ward
Signature
8326 Tommy Dr
Address
San Diego CA 92119
City Zip Code
Tel 461-4931
Telephone

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

_____
Signature of recorded holder of deed

✓ 12337

Work Order # E _____

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

12-37

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ROY	Wayne	WARD, SR.	02/01/1950	06/28/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sandra Ward, wife 8326 Tommy Dr. San Diego, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115	FD 1083	B. Kinamund	06/29/1995

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/30/1995 Edward Feezell	9508799

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 7/1/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
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

4420

Date: _____, 19__

From: _____ Address: 8326 Tommy Dr. SD CA 92119

_____ Dollars ($ 375.50)

In _____ Payment of Interment of Roy Ward

Lot 4 Grave _____ Row 3 Section _____ Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E11377

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 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
Handling Fee	100 77185	125	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	53033 9022		
Sales Tax	50101 78390	17	50
TOTAL PAID	$	812	50

PRE-NEED LOT.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-30-95

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

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 101 Grave 10 Row _____ Section 2 Division/Block 12

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 46377	224.00
Balance due	671.00

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

Evelyn L. Bean
Signature
7337 Redcrest Drive
Address
San Diego Calif 92114
City Zip Code
4698639
Telephone

/

Work Order # E 12338

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

4:002

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-22 , 1997

From: Evelyn Bean Address: 337 Relcrest Dr. San Diego 92114

Twenty seven Dollars ($27.00)

In part Payment of Pre Need Lot

Lot 101 Grave 10 Row ____ Section 2 Division 12 ~~Block~~

Invoice No. ____

Acct. No. ____

W.O. E-12338

BALANCE DUE 28.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 3669

AC-212 (Rev. 5-94)

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

ISSUED BY L. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	27	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

4441

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 4-7 19 97

From: Evelyn Bean Address: 237 Redcrest Dr. San Diego 92114

twenty eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 101 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12338

BALANCE DUE 55.00

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

3649

AC-212 (Rev. 5-94)

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

ISSUED BY Cintina Duggan

CREDIT	67007	28	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 B022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 3 3

Date: 3-7 , 19 17

From: EVELYN BEAN Address: 337 EUCLID ST NE SAN DIEGO 92114

TWENTY ELEVEN AND NO/100 Dollars ($ 28 00)

In PART Payment of ITS NEED LOT

Lot 101 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. L-123-8

BALANCE DUE 83 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 [illegible]

CREDIT	67007	28	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

4 273

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-7, 19 97

From: Evelyn Bean Address: 337 Redcrest PK San Diego 92114

twenty eight and no/100 Dollars ($ 28.00)

In part Payment of Pre-need lot

Lot 111 Grave 10 Row ____ Section 2 Division 12 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12338

BALANCE DUE 111.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3620

AC-212 (Rev. 5-94)

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

ISSUED BY Carina Flanagan

CREDIT	67007	28	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

4 1 2

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-7, 19 77

From: Evelyn Pearl Address: 467 Pierce St. San Diego, CA

Twenty Eight and no/100 Dollars ($ 28.00)

In Cash Payment of Pre-need Tel

Lot 101 Grave E Row Section 22 Division Block 12

Invoice No.

Acct. No.

W.O. L-12258

BALANCE DUE Paid

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 Debra Wright

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4[illegible]6

Date: 12-6, 19 96

From: Evelyn Bean Address: 337 Redcrest Drive S.D 92114

Twenty Eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 101 Grave 10 Row _____ Section 2 Division/Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12338

BALANCE DUE 167.00

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

3593

AC-212 (Rev. 5-94)

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

ISSUED BY Carina Duarte

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4[illegible]06

Date: 11-6 19 96

From: Evelyn Bean Address: 337 Redcrest Dr. SD 92114

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 101 Grave 10 Row _____ Section 7 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E - 12338

BALANCE DUE _____

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3576

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shirkellon

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4: 75

Date: 10-4 , 19 96

From: Evelyn Bean Address: 337 Redcrest Dr. San Dieg 92114

twenty eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 101 Grave 10 Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. L-12338

BALANCE DUE 223.00

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

3560

AC-212 (Rev. 5-94)

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

ISSUED BY Carina Duncan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

4:37.2

Date: 8-5, 19 96

From: Evelyn L Bean Address: 237 Redcrest Dr S.D., Ca. 92114

Twenty Eight and no/100 Dollars ($ 28 00)

In part Payment of pre-need lot

Lot 101 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. C-12338

BALANCE DUE 279 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

3529

AC-212 (Rev. 5-94)

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

ISSUED BY Cathie Jurkovich

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

4563

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 7-3 , 19 76

From: Evelyn L Bean Address: 327 Redcrest Dr. San Diego Ca. 92114

Twenty eight and no/100 Dollars ($ 28 00)

In part Payment of pre-need lot

Lot 101 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12338

BALANCE DUE 307.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

25110

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Durgion

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4471

Date: 4-5, 19 96

From: Evelyn L. Bean Address: 237 Redcrest DR. San Diego, CA. 92114

Twenty Eight and NO/100 Dollars ($ 28.00)

In Payment of Pre-need lot

Lot 101 Grave 10 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-12338

BALANCE DUE 335.00

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

#3500

AC-212 (Rev. 5-94)

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

ISSUED BY Cathia Wigton

CREDIT	87007		
20% Sales Care	77164		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4-4-10

Date: 5-17 19 96

From: Evelyn L. Bean Address: 27 Redrest Dr. S.D. Ca. 92114

Twenty eight and no/100 Dollars ($ 28.00)

In Full Payment of Pre-Need Lot

Lot 110 Grave 10 Row ____ Section 2 Division 12 ~~Block~~ ____

Invoice No. ____

Acct. No. ____

W.O. ~~Pre-Need~~

BALANCE DUE 28.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
#-486

AC-212 (Rev. 5-94)

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

ISSUED BY Sandra Wright

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47300

Date: _____, 19__

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

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

Invoice No. _____

Acct. No. _____

W.O. _____

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	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4.145

Date: 3-6 , 1996

From: Lynn L. Bean Address: 357 Balcart P. [illegible]

Twenty Eight Dollars ($ 28 00)

In pre-t Payment of Pre Need

Lot 101 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12338

BALANCE DUE $419.00

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

AC-212 (Rev. 5-94)

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

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

4.67

Date: 2-7, 19 96

From: Evelyn & Bern Address: 337 Rexford Dr. San Diego, Ca 9211

Dollars ($ 27.00)

In part Payment of Pre-Need at Evelyn Bern

Lot 191 Grave 10 Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-12339

BALANCE DUE 447.00

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 Hutchison

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	23	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	27	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

4?019

Date: 1-17, 1996

From: Evelyn Bunn Address: 337 Robert St. San Diego 92114

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-need 1-1 - Evelyn Bunn

Lot 101 Grave 10 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-18327

BALANCE DUE 472

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

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	22	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	22	00

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

ISSUED BY D. Hamilton

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40-77

Date: 1-11, 19 71

From: [illegible] Address: [illegible]

[illegible] Dollars ($ 50.00)

In [illegible] Payment of [illegible]

Lot 101 Grave [illegible] Row [illegible] Section 2 Division Block 15

Invoice No. [illegible]

Acct. No. [illegible]

W.O. E 17338

BALANCE DUE [illegible]

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 [illegible]

CREDIT	57007	
20% Sales Care	77184	10 00
80% Sales of Lots	100 77184	40 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	50 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40775

Date: 11-6, 19 95

From: Evelyn Reed Address: 3 Elvador at Dan Diego Ave

Individual 92-1/2 Dollars ($ 20.00)

In Payment of Mt Hope Lot

Lot 161 Grave 10 Row Section 20 Division Block 12

Invoice No.

Acct. No.

W.O. E-10238

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 Touch

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	20 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63003 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	20 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43673

Date: 10/6, 19 95

From: Evelyn L. Ecard Address: 227 Redcrest Dr., El Cajon 92114

Twenty-eight & 00/100 Dollars ($ 28.00)

In cash Payment of Proved Int

Lot 101 Grave 16 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12338

BALANCE DUE

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

AC-212 (Rev. 5-94) 3343

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

ISSUED BY [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48005

Date: 4-12, 19 95

From: Evelyn Bass Address: 337 Redwood Dr, ENC 92114

Twenty-eight & 20/100 Dollars ($ 28.00)

In Payment of pre need lot

Lot 101 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12338

BALANCE DUE

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

AC-212 (Rev. 5-94) 3375

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

ISSUED BY Rouch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40434

Date: 2-4, 19 4-

From: Evelyn Diaz Address: 337 Ipswich St., #3114

Four-fifths w/ niche Dollars ($ 25.00)

In Payment of Interment w/ Vault

Lot 101 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13538

BALANCE DUE

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

AC-212 (Rev. 5-94) 3377

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

ISSUED BY Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40426

Date: _____, 19__

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

_____

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46377

Date: 6 30, 19 05

From: Evelyn L Bean Address: 337 Crescent Dr

Two Hundred twenty four Dollars ($ 224 00)

In part Payment of Pre need Cost for

Evelyn L Bean

Lot 101 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E - 12328

BALANCE DUE 671 00

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

AC-212 (Rev. 5-94) 3265

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

ISSUED BY V Eglobien

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	224	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	224	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-12338

Evelyn L. Bean

337 Redcrest Drive

San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ 28.00

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

$ ____

Amount Received $ 28.00

NAME EVELYN L BEAN

ADDRESS 337 REDCREST DRIVE

CITY SAN DIEGO STATE CALIF ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12338

Evelyn L. Bean
337 Redcrest Drive
San Diego, CA 92114

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. ▶ $ 28.00

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

$ ____

Amount Received $ ____

NAME Evelyn L. Bean

ADDRESS 337 Redcrest Drive

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

W-17336

Evelyn M. Dunn

337 Redmont Drive

San Diego, Ca. 92114

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 70.00

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. [illegible]

[illegible]

337 [illegible]

San Diego, CA 92114

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
						20					

Amount due when paid on or before due date above. ▶ $ 28.00

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

$ _____

Amount Received $ 28.00

NAME Edelgard Beare

ADDRESS 337 Rexford Drive

CITY San Diego STATE Calif 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.

[illegible]

[illegible]

[illegible]

[illegible]

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ 16.00

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

$

Amount Received $

NAME Carolyn & Dean & Debra

ADDRESS 33 Redwood Drive

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [redacted]

[redacted]

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ [redacted]

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

$ _____

Amount Received $ _____

NAME Evelyn J. Green

ADDRESS 337 Redcrest Drive

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ _____

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

$ _____

$ _____

Amount Received

NAME Evelyn L. BEAL - Della Bean

ADDRESS 337 Redwood Ridge

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ _____

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

$ _____

Amount Received $ _____

NAME Courtney Kathleen Erickson

ADDRESS 337 Redondo Ave

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

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

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

$

Amount Received $

NAME Evelyn Le Grand Declue Estate

ADDRESS 330 Kalmia Street

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME Evelyn Lyden - Defense Bloom

ADDRESS 33? Redwood Square

CITY Encinitas STATE Calif ZIP 92024

☐ check (✓) if this is new address

on with each remittance **COUPON** **11**

ENTIRE BOOK

No.

Month and Day Due Indicated Below

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

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

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

$

Amount Received $

NAME Evelyn L. Keay

ADDRESS 339 Redwood Avenue

CITY San Diego STATE Calif ZIP 92114

check (✓) if this is new address

...or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

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** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ _____

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

$ _____

Amount Received $ _____

NAME Evelyn L. Debra A Bet

ADDRESS 337 Redcrest Drive

CITY Los Gatos STATE Calif

☐ check (✓) if this is new addres.

Send or bring one cov... COUPON 14

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME Evelyn Bean

ADDRESS 3317 Redcrest Drive

CITY San Diego STATE Calif ZIP 92114

☐ check if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ _____

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

$ _____

Amount Received $ _____

NAME Evelyn L & Debra Evans

ADDRESS 337 Redcrest Avenue

CITY San Diego STATE Calif ZIP 92114

(check ✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ _____

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

$ _____

Amount Received $ _____

NAME Evelyn L. DeBrie Beall

ADDRESS 327 Redleaf Square

CITY Lewisville STATE N.C. ZIP 27023

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [redacted]

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ [redacted]

Amount due if paid more than ___ days after due date above ▶ $ [redacted]

$ [redacted]

Amount Received $

NAME Evelyn L. & Betty A. Bean

ADDRESS 337 Redcrest Drive

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

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

Amount due if paid more than ____ days after due date above: $

$

Arrears Received $

NAME Evelyn L. & Delga Bacon

ADDRESS 33 Redcrest Ave

CITY San Diego STATE Calif ZIP 92114

☐ check if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE-BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ _____

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

$ _____

Amount Received $ 2200

NAME Kelly & Elizabeth Dean

ADDRESS 337 Redcrest Drive

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ _____

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

$ _____

Amount Received $ _____

NAME Estelle Lefgren A. Brann

ADDRESS 330 Redondo Ave

CITY Long Beach STATE Calif ZIP 90814

Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ _____

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

$ _____

Amount Received $ _____

NAME Evelyn Y Bolanos Evans

ADDRESS 337 Redwood Drive

CITY San Diego STATE Calif ZIP 92114

☐ check (✓) if this is new address

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

23

Month and Day Due Indicated Below

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

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 Evelyn & Barbara Brown

ADDRESS 337 Redcrest Drive

CITY San Diego STATE Calif ZIP 92114

☐ check [✓] if this is new address

NAME Pre Need Int E-12350 ACCT. NO.

ADDRESS RATING 279.00

DATE		ITEMS		DEBIT	✓	CREDIT	BALANCE
9-5 96	Coupon # 15	R - 47766				28.00	215.00
10-96	# 16	R - 47875	✓			28.00	223.00
11-6 96	" 17	R - 47996	✓			28.00	195.00
12-6 96	" 18	R - 48080				28.00	167.00
1-7 97	" 19	R - 48182	✓			28.00	139.00
2-7 97	" 20	R - 48273	✓			28.00	111.00
3-7 97	" 21	R - 48363	✓			28.00	83.00
4-7 97	" 22	R - 48444				28.00	55.00
5-22 97	" 23	R - 47602	✓			27.00	28.00
	7-22-98 PER KAREN PAID IN FULL						

E-12338

NAME Bean, Evelyn L. ACCT. NO.

ADDRESS 337 Redcrest Drive, S.D. 92114 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
6/30/95	Pre Need Lot for : EVELYN L. BEAN AND				
	Lot 101; Grave 10; Sec. 2; Div. 12 DEBRA BEAN	895.00			
	Payment Receipt # 46377 ✓		✓	224.00	671.00
7/10/95	Coupon # 1 Receipt # 46426		✓	28.00	643.00
8/4/95	" 2 " 46494		✓	28.00	615.00
9/12/95	" 3 R-46605		✓	28.00	587.00
10/6/95	" 4 R-46673		✓	28.00	559.00
11/6/95	" 5 R-46775		✓	28.00	531.00
12/6/95	" 6 R- 46877		✓	28.00	503.00
1-17-96	" 7 R- 47019		✓	28.00	475.00
2-7-96	" 8 R- 47067		✓	28.00	447.00
3-6-96	" 9 R- 47145		✓	28.00	419.00
4-10-96	" 10 R- 47300		✓	28.00	391.00
5-17-96	" 11 R- 47410		✓	28.00	363.00
6-6-96	" 12 R- 47471		✓	28.00	335.00
7-3-96	" 13 R- 47563		✓	28.00	307.00
8-5-96	" 14 R- 47672		✓	28.00	279.00

FORM NO. 26-204 BEAN, Evelyn L. AVERY Pre-Need Lot PRINT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/30/95

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

in a top seal Vault/Liner Funeral, date, time MON. 7/3 11am.

Church, Chapel, Graveside Church Grave Side Burial Mortuary

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

War time veteran no

Lot 4 Grave 3 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	1667.50
Paid receipt number R-46379	500.00
Balance due	$1167.50

Paid in full 8/8/95

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

X _____
Signature

X 14000 Park Valley Dr
Address

X Lemon Grove Calif 91942
City Zip Code

X 465-3903
Telephone

Work Order # E 12339

Invoice # 355871

Acct. # 085664

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E12339

NOTE

1167.50 San Diego, California 6/30 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-seven 50/100 DOLLARS with interest from 8/3/95 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 X DAVID CANNON SIGNATURE X

ADDRESS X 7400 Jackson Dr Lemon Grove Calif 91942

CALIFORNIA DRIVER LICENSE NUMBER X N0734269 SSN # X 565-92-6741

PY-1012 (11-89)

12339

Wells Fargo Bank

1051

LA MESA OFFICE 1695 PALM AVENUE LA MESA, CA 91941

16-24
1220/7

Pay to the Order of MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102

6-30 19 95

$ 500 00

Five Hundred and 00/100 Dollars

GOLDEN STATE PAINTING COMPANY
9966 DOLORES ST
SPRING VALLEY, CA 91977-1525

Memo



⑈122000247⑆051⑈ 0970 035⑈27⑈

12331

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 08/10/95

DATE: 08/10/95
TIME: 234903
PAGE: 10

DEPARTMENT 072 PROPERTY DEPT-AT 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
								08/08/95	CK	1074	1,167.50	1,167.50	0.00
255871	07/07/95	085664	DAVID CANNON										PAID IN FULL
			100	072		77181	000072				375.00		
			100	072		77182	000072				250.00		
			100	072		77183	000072				45.00		
			100	072		77184	000072				136.00		
			100	072		77185	000072				185.00		
			60101			78390					17.50		
			67007			77184					159.00		

12339

12339

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Charmaine	Annette	Cannon	04/28/1958	06/28/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	David Cannon-HUSBAND 7400 Parkway Dr. #48 La Mesa,CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5880 El Cajon Blvd. San DIego,CA 92115	F-1358	▶ [signature]	06/30/1995

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7054 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	M. Mitchell 07/03/1995	9508811 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery. 3151 Market St. San Diego, CA	11B. DATE BURIED 7/3/95	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	13B. DATE RECEIVED	13C. SIGNATURE OF 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

49837

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4-8, 1998

From: Alan E. Howe Address: P.O. Box 424 Alpine Ca 91903

One Hundred Twenty five Dollars ($ 125.00)

In full Payment of Marker Installation fee for Charmaine Cannon

Lot 4 Grave 3 Row ____ Section 3 Division 12 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12339

BALANCE DUE -0-

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 D. Hamilton

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46379

Date: _____, 19__

From: _____ Address: _____

_____ Dollars ($ _____)

In _____ Payment of _____

Lot 4 Grave 3 Row _____ Section 6 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E 10339

BALANCE DUE 410.50

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 77184	410	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	410	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-30-95

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

In a Top Seal Vault (Vault/Liner) Funeral, date, time Wed. 7/5 11AM

Church, Chapel, Graveside Graveside : Pacific Beach Mortuary (Murham)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 130.00 will be applied and billed to undersigned. X Richard C. Callan

War time veteran NO

Lot 1926 Grave ____ Row ____ Section 3 Division/Block 8

Grave space & Care Fund E-3173 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
Total Due	872.50
Paid receipt number R-46384	872.50
Balance due	0

PAID
JUL 03 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

Richard C. Callan
Signature
7828 S. Harrison Circle
Address
LITTLETON CO 80122
City Zip Code
(303) 779-5097
Telephone

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

Signature of recorded holder of deed

Work Order # E 12340

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

2340

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

1A. NAME OF DECEDENT—FIRST (Given)	1B. MIDDLE	1C. LAST (Family)	2. DATE OF BIRTH Month, Day, Year	3. DATE OF DEATH Month, Day, Year	4. SEX
MAUREEN	-	CALLAN	06/23/1907	06/30/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	RONALD CALLAN - SON 6988 FISK AVENUE SAN DIEGO, CA 92122

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PACIFIC BEACH MORTUARY 4710 CASS STREET, SAN DIEGO, CA 92109	815	▶ [signature]	07/03/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/03/1995	▶ [signature]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7/15	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	13B. DATE RECEIVED	13C. SIGNATURE OF 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

46334

Date: 7-3, 1995

From: Ronald Callan Address: 4488 Tisha Dr. El Cajon 92022

Eight hundred seventy-two + 50/100 Dollars ($ 872.50)

In full Payment of Interment of Maureen Callan

Lot 1426 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E-12340

BALANCE DUE -0-

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

AC-212 (Rev. 5-94) 4113

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

ISSUED BY Kaul

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	17	50
TOTAL PAID	$	872	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/3/95

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

in a Liner (Vault/Liner) Funeral, date, time Wed 7/5 11 A.M.

Church, Chapel, Graveside Church + Graveside; Rogdale 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 Jacqueline Morgan Clayton

War time veteran YES

Lot 111 Grave 4 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 R-46390	390.00
Balance due	1173.30
	1173.30

PAID
JUL 07 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Paid in full 7-7-95

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

Bal. Ø

X Jacqueline Morgan Clayton
Signature
X 129 Ferrindale Pl
Address
X Durham, NC 27713
City Zip Code
X 919 544-7893
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 12341

Invoice # 255874

Acct. # 085665

PY-593 (Rev. 6-92)

1173

DN. $390.00

12341

255874 07/07/95 085665 JACQUELINE MORGAN HAMPTON 07/07/95 CA

E 1234

100	072	77181	000072	1,173.30	1,173.30	0.00
100	072	77182	000072	375.00		
100	072	77183	000072	190.00		
100	072	77184	000072	45.00		
100	072	77185	000072	246.00		
60101		78390		145.00		
67007		77184		13.30		
				159.00		

PAID IN FULL

NUMBER OF INVOICES PAID 3
TOTAL AMOUNT PAID 2,298.30

MT. HOPE CEMETERY

W.O. # E-12341

NOTE

$1173.30 San Diego, California 5 JULY 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 5 AUGUST 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 Jacqueline Morgan-Hampton SIGNATURE Jacqueline Morgan-Hampton

ADDRESS 98 Terracotta #1 Encinitas CA 92013

CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # 563-68-5394

PY-1012 (11-89) NIECE OF DECEASED: DR SHIRLEY THORNTON-JOHNSON EDD CA DL A8750133 exp 8-7-98

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 12341

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
James	-	Morgan	02/08/1891	06/30/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Arcola McWilliams, Sister 340 S. 37th St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	07/03/1995

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10378 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/05/1995	9508868 ▶

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, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, Ca	11B. DATE BURIED 7/5/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal non-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.

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

E 12341

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT No. 085665

PAYMENT DATA

PAYMENT P.M. RECEIVED-DATE 7-7-95

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

PAYMENT REFERENCE NUMBER —

AMOUNT PAID $173.30

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Jacqueline Morgan-Hampton

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) (same)

CUSTOMER (PAYOR) ADDRESS 98 Periwinkle Pl.
Durham NC 27713

REMARKS Paid in full

PAID
JUL 07 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

CASHIER —

INV. No. 255874

TR-1561 (1-92) Jane MT. Hope

26.70

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46390-A

HAMPTON

Date: 7-5, 1995

From: JACQUELINE MORGAN Address: 98 PERRIWINKLE PL. DURHAM NC 27713

Three hundred ninety & no/100 Dollars ($ 390.00

In part Payment of Interment of James Morgan

Lot 111 Grave 4 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-12341

BALANCE DUE $1173.30

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. Rauch

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184	390	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	390	00

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102-4527 E 12341

STATEMENT TELEPHONE: 527-3400

DATE	YOUR ORDER NO.
December 13, 1995	

TO: *Jacqueline Hampton*
98 Perriwinkle Pl.
Durham, N.C. 27713

DESCRIPTION OF CHARGE	AMOUNT
A government marker for the grave of JAMES MORGAN has arrived at this office. As per agreement it will be installed upon receipt of the below listed installation charge. It is necessary that this be accomplished immediately due to inadequate storage facilities at the cemetery. Please be advised that all markers are retained by us at the owners risk.	
Marker installation charge . . .	$125.00

PR-988 (REV. 4-79)

Mount Hope Cemetery

3751 Market Street
San Diego, California 92102

STATEMENT E 1234 | TELEPHONE: 527-3400

DATE	YOUR ORDER NO.
June 25, 1998	

TO: JACQUELINE HAMPTON
98 PERRIWINKLE PLACE
DURHAM NC 27713

DESCRIPTION OF CHARGE	AMOUNT
SECOND BILLING	
A government marker for the grave of JAMES MORGAN has arrived at this office. As per agreement it will be installed upon receipt of the below listed installation charge. It is necessary that this be accomplished immediately due to inadequate storage facilities at the cemetery. Please be advised that all markers are retained by us at the owners risk.	
Marker installation charge	**$ 125.00**

***MARKER WILL NOT BE SET UNTIL FEE IS PAID.**

9-1-00
Set marker
per Peg Sadie

~~PAID~~

SS

2-17-00
NO

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

12341

STATEMENT

TELEPHONE: 264-3151

DATE	YOUR ORDER NO.
March 19, 1996	

TO: Jacqueline Hampton
98 Perriwinkle Pl.
Durham, N.C. 27713

DESCRIPTION OF CHARGE	AMOUNT
SECOND BILLING	
A government marker for the grave of JAMES MORGAN has arrived at this office. As per agreement it will be installed upon receipt of the below listed installation charge. It is necessary that this be accomplished immediately due to inadequate storage facilities at the cemetery. Please be advised that all markers are retained by us at the owners risk.	
Marker installation charge . . .	$125.00

Sold in Lima

Have not received

money

5.20

12341

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102 -4527

E 12341

STATEMENT

TELEPHONE: 527-3400

DATE	YOUR ORDER NO.
July 22, 1997	

TO: JACQUELINE HAMPTON
98 PERRIWINKLE PL
DURHAM NC 27713

DESCRIPTION OF CHARGE	AMOUNT
THIRD BILLING 111-4-2-11 A government marker for the grave of JAMES MORGAN has arrived at this office. As per agreement it will be installed upon receipt of the below listed installation charge. It is necessary that this be accomplished immediately due to inadequate storage facilities at the cemetery. Please be advised that all markers are retained by us at the owners *risk*.	
Marker installation charge . . .	$125.00
THE MARKER WILL BE SET WHEN WE RECEIVE THE INSTALLATION FEE. marker arrived 12/13/95	

PR-933 (REV. 4-79)

12-12-95 12341
re-billed
3-19-96
7-22-97

12341

Form approved, OMB No. 2900-0222
Respondent Burden: 15 minutes

FOR DEPARTMENT OF VETERANS AFFAIRS USE ONLY
MICROFILM ID NO.

IMPORTANT: Read the General Information sheet before completing this form. Type or print clearly all information except for signatures. Incorrect spelling or illegible printing could result in an incorrect headstone or marker or delivery. All blocks NOT shaded must be completed or this application cannot be processed. SHADED blocks are optional inscription items or for cemetery completion. The copy of this application is for the applicant's use.

1. NAME OF DECEASED TO BE INSCRIBED ON HEADSTONE OR MARKER (Do not show nickname or title)

FIRST (Or Initial)	MIDDLE (Or Initial)	LAST
James		MORGAN

2. CHECK BOX BELOW IF REMAINS ARE NOT BURIED AND EXPLAIN IN BLOCK 27. (e.g. lost at sea, cremains scattered, etc.)

☐ REMAINS NOT BURIED

VETERAN'S SERVICE AND IDENTIFYING INFORMATION (Use numbers only, e.g., 05-15-41)

NOTE: Failure to provide correct nos. may delay receipt of headstone or marker

PERIODS OF ACTIVE MILITARY DUTY (For additional space use Block 27)

3A. SOCIAL SECURITY NO.	3B. SERVICE NO.	5A. DATE(S) ENTERED			5B. DATE(S) SEPARATED		
		MONTH	DAY	YEAR	MONTH	DAY	YEAR
703 10 9825	2813195	04/30/	30	1913	07	18	1919

4A. DATE OF BIRTH			4B. DATE OF DEATH		
MONTH	DAY	YEAR	MONTH	DAY	YEAR
		1891			1995

6. HIGHEST RANK ATTAINED: Cpl

7. BRANCH OF SERVICE (Check box(es) - must be consistent with rank)

☒ ARMY (AR) ☐ NAVY (NA) ☐ AIR FORCE (AF) ☐ MARINE CORPS (MC) ☐ COAST GUARD (CG) ☐ ARMY AIR CORPS (AC) ☐ OTHER (Specify)

8. VALOR OR PURPLE HEART AWARD(S) (Check box(es) and provide documentation)

☐ MEDAL OF HONOR (MOH) ☒ DIST SVC CROSS (DSC) ☐ NAVY CROSS (NC) ☐ AIR FORCE CROSS (AFC) ☐ SILVER STAR (SS) ☐ PURPLE HEART (PH)

9. WAR SERVICE (Check applicable box(es))

☒ WORLD WAR I (WWI) ☐ WORLD WAR II (WWII) ☐ KOREA (KD) ☐ VIETNAM (VN) ☐ OTHER (Specify)

10. TYPE OF HEADSTONE OR MARKER REQUESTED (Check one)

☐ FLAT BRONZE (B) ☒ FLAT GRANITE (G) ☐ UPRIGHT MARBLE (U) ☐ FLAT MARBLE (F)

11. DESIRED EMBLEM REFLECTIVE OF ONE'S BELIEF (Check one)

☒ LATIN CROSS (Christian) (01) ☐ WHEEL OF RIGHTEOUSNESS (Buddhist) (02) ☐ STAR OF DAVID (Judaism) (03) ☐ OTHER (Specify)

12. APPLICANT'S NAME AND ADDRESS (No., street, city, State and ZIP Code)

98 Perriwinkle Pl.
~~xxxDiegoxx&x~~ Durham, N. C. 27713

13. RELATIONSHIP TO DECEASED

Daughter

14. DAYTIME TELEPHONE NO. (Include area code)

~~xxx~~ (919) 544-7893

CERTIFICATION: I certify the headstone or marker will be installed on the deceased's unmarked grave at no expense to the Government and all statements made are true and correct to the best of my knowledge.

15. SIGNATURE OF APPLICANT

[signature]

16. DATE

July 2, 1995

STATE VETERANS CEMETERY AND GRAVE LOCATION (If applicable) | **PRIVATE CEMETERY**

17A. ID CODE	17B. SECTION	17C. GRAVE NO.	18. ID CODE (If applicable)

19. NAME AND ADDRESS OF PERSON, CEMETERY, OR OFFICIAL (CONSIGNEE) WHO WILL ACCEPT PREPAID DELIVERY (No. and street, city, State and ZIP Code): P.O. BOX IS NOT SUFFICIENT

MT HOPE CEMETERY
3751 MARKET ST
SAN DIEGO CA 92102

20. TELEPHONE NO. (Include Area Code)

619/527-3400

21. NAME AND LOCATION OF CEMETERY (City and State)

MT HOPE CEMETERY
3751 MARKET ST
SAN DIEGO CA 92102

CERTIFICATION: I agree to accept the headstone or marker on behalf of the applicant.

22. SIGNATURE OF PERSON TO ACCEPT DELIVERY (CONSIGNEE)

JoAnn Waits [signature]

23. DATE

7-5-95

CERTIFICATION: I certify the type of headstone or marker checked in block 10 is permitted on the unmarked grave of the deceased.

24. SIGNATURE OF CEMETERY OFFICIAL

JoAnn Waits, Cemetery Manager [signature]

25. DAYTIME TELEPHONE NO. (Include Area Code)

619-527-3400

26. DATE

7-5-95

27. REMARKS (For additional space continue on reverse)

111 -4- 2-11

E 12341 Service paid 12-12 2-10. billed for setting fee

Pre-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-3-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy M. Rose

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

War time veteran _____.

Lot 3229 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	D-9932	-0-
Additional spaces and care fund		
Opening/Closing & Setup	D-9952	-0-
Burial Container	D-9952	-0-
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee	E-12342	45.00
Sales taxes		
Total Due		45.00
Paid receipt number	R-46380	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

Work Order # E 12342

Invoice # _____

Acct # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46380

Date: 7-3, 1995

From: Betty Bursold Address: 6751 Cypress Rd., Plantation FL 33317

Forty-five & no/100 Dollars ($ 45.00)

In Payment of Recording fee Dorothy McRoss

Lot 3229 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12342

BALANCE DUE -0-

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

AC-212 (Rev. 5-94) 569

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

ISSUED BY J Rauch

CREDIT 20% Sales Care	57007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	45	00
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-3-95

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

of HICKS, KEVIN Michael PA 1181955

In a Liner (Vault/Liner) Funeral, date, time Tuesday 7/25 12 noon

Church, Chapel, Graveside Delivery : ADA Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 81 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	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00

Catherine Howard

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 12343

Invoice # 356491

Acct. # 000952

PY-593 (Rev. 8-92)

E 12343

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
KEVIN	MICHEAL	HICKS	02/22/1951	06/17/1995	

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KATHERINE HOWARD (P.A.) 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Relinquishing permit	8B. DATE SIGNED
ADA MORTUARY SERVICES, INC 3444 CITRUS STREET, LEMON GROVE, CA 91945	FD-1469	▶ [signature]	07/24/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/24/1995	▶ [signature]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] 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 HOLY CROSS CEMETERY AND MAUSOLEUM 4470 HILLTOP DRIVE, SAN DIEGO, CA 92102	11B. DATE BURIED 7/25/95	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.

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

12343

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 NU 04-883709

AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/25/95	08/24/95	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12343
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
KEVIN M HICKS PA 1181955 SVCS	
LOT 81 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. 256421

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-3-95

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

In a Liner (Vault/Liner) Funeral, date, time FRI 7/7 1 P.M.

Church, Chapel, Graveside Church of Santa Magdalena 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. † Lula M Day

War time veteran NO.

✓ Lot 91 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund E-11952 Bal due	163.00
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	931.30
Paid receipt number R-46381	931.30
Balance due	-0-

PAID
JUL 03 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

† Lula M Day
Signature
† 5371 Bonita Dr.
Address
† SD 92114
City Zip Code
† 264-5024
Telephone
-5024

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

_____
Signature of recorded holder of deed

Work Order # E 12344

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS C 12344

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Barbara	-	Martin	05/30/1930	07/02/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lala Day, Daughter 5371 Bonita Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329		07/05/1995

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/05/1995	9508896

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 7/7/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Walt
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 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.

Correct Size
L 21
W 11/4
H

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/3/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bowen/Galvan Baby Nicole Marie

In a _____ Funeral, date, time 7/7/95 Friday 10:30 a.m.

Church, Chapel (Graveside) Graveside: Chapel of the Mortuary. DOROTHY

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 Rosalba Galvan Bowen

War time veteran —.

Lot 3149 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 46386	200.00
Balance due	70.00

paid in full per Greg 4/4/96

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 Rosalba Galvan Bowen
Signature

X3853-A Caminito Aguilar
Address

X San Diego 92111
City Zip Code

X 627-9917 or 560-4883
Telephone

Work Order # E 12345

Invoice # 955923

Acct. # 085693

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12345

NOTE

$ 70.00 San Diego, California 7-3- 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 Seventy & no/100 DOLLARS with interest from 7 August 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 Rosalba Galvan Bowen SIGNATURE X Rosalba Galvan Bowen

ADDRESS X 3853-A Caminito Aguilar S.D., CA 92111

CALIFORNIA ~~DRIVER LICENSE~~ ID NUMBER X A7212792 SSN # X 568-95-6707

PY-1012 (11-89)

E 12345

County of San Diego

BRIAN D. BLACKBOURNE, M.D.
MEDICAL EXAMINER

OFFICE OF THE MEDICAL EXAMINER
5555 OVERLAND AVE., BLDG 14, SAN DIEGO, CALIFORNIA 92123-1219
TEL: (619) 694-2895 FAX: (619) 495-5956

HARRY J. BONNELL, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

July 3, 1995

TO WHOM IT MAY CONCERN;

Rosalba Galvan delivered an 18 weeks gestation fetal demise at home on June 21, 1995 at 1946 hours.

Mark A. Super M.D.

By: Cal Vine
Supervising Medical
Investigator

E 12345

Pathologists
Jack W. Bonar, M.D., Dir.
H.R. Irwin, M.D., Dir.
P.E. Steen, M.D.
Lynn A. Tanchaisiri, M.D.
Sharon R. Longley, M.D.

SHARP
HEALTHCARE

DEPARTMENT OF PATHOLOGY

F.J. Lobel, M.D., Dir.
Angel E. Mendiola, M.D.
Wayne O. Miller, M.D., Dir.

GALVAN,ROSALBA 95-S-04940

Age: 21Y	Sex: F DOB: 06/22/1974	Room #:	0
Date Ordered:	06/20/95	Patient Type:	OMS
Admit Phy:	WONG,MICHAEL	Mrun:	70-90-16
Ordering Phy:	WONG,MICHAEL	Financial #:	2108667

SHARP MEMORIAL HOSPITAL - SURGICAL PATHOLOGY REPORT

Adm Dx: PREGNANCY 18 WEEKS

Specimen(s): 1. POC

CLINICAL HISTORY (95S04940) IUP 18 weeks, elective abortion.

GROSS: The specimen is received fresh, labeled "POC". It consists of 124 grams of hemorrhagic tan tissue. It includes grossly identifiable fragmented fetal tissue, grossly identifiable placental tissue and umbilical cord tissue. The fetal fragments include two relatively intact feet. A fragmented collapsed cranium is identified. A fragmented torso with vertebral column is seen. Portions of two upper extremities and two lower extremities are present. The foot length is 2.6 cm. Also identified are multiple fragments of hand. The left hand has five digits and is only partially disrupted. The right hand is fragmented into at least two pieces. Reconstructed it appears to have five digits. In addition, there is another fragment of three digits that appears to be either part of one of the previously dissected hands. A corresponding extremity is not identified. Representative sections are submitted in two cassettes. AEM/clh/ml

MICRO: (95S04940) Representative sections of the specimen demonstrate the presence of a trivascular umbilical cord. Amnion, chorion, immature chorionic villi and well preserved fragmented fetal tissue is noted. There is no evidence of excessive trophoblastic hyperplasia. AEM/lmd

Pathologists
Jack W. Bonar, M.D., Dir.
H.R. Irwin, M.D., Dir.
P.E. Jensen, M.D.
Lynn A. Lancaster, M.D.
Sharon R. Longway, M.D.

SHARP HEALTHCARE
DEPARTMENT OF PATHOLOGY

F.J. Luibel, M.D., Dir.
Arturo E. Mendoza, M.D.
Wayne D. Muller, M.D., Dir.
Howard S. Robin, M.D., Dir.
John B. Stewart, M.D.
Jane Strachan-Lazo, M.D.

MICROSCOPIC DIAGNOSIS: (95S04940)

"POC": FRAGMENTED FETAL TISSUE (FOOT LENGTH 2.6 CM).

TRIVASCULAR UMBILICAL CORD.

AMNION.

CHORIONIC MEMBRANE.

IMMATURE CHORIONIC VILLI.

GESTATIONAL ENDOMETRIUM.

88304

JBS/lwd
06/23/95T

J B Stewart MD

John B. Stewart, M.D.

SHARP CABRILLO HOSPITAL
3475 Kenyon Street
San Diego, CA 92110-5007
(619) 221-8600

SHARP MEMORIAL HOSPITAL
Scripps Memorial Pathology Laboratory
7901 Frost Street
San Diego, CA 92123-2708
(619) 541-5600

SHARP REFERENCE LABORATORY
5525 Metro Street
San Diego, CA 92110
(619) 295-0824

SHARP HEALTHCARE MURRIETA CLINICAL LABORATORY
25500 Medical Center Drive
Murrieta, CA 92562
(909) 696-6000

SHARP HEALTHCARE SERVICE LABORATORY
25425 Medical Center Drive
Murrieta, CA 92562
(909) 696-6141

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46336

Date: 7/3, 19 95

From: Rosalyn Bowen Lehman Address: 3853-A Camino de Aguilar S.D. 92111

Two Hundred & no/100 Dollars ($ 200.00)

In part Payment of interment of Violet Rose Marie Thomas

Lot 3149 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-12345

BALANCE DUE ~~400.00~~

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 Carolyn

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	100	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PRE-NEED LOT

Date 7-3-95

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

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 1854 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

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 46389	249.00
Balance due	746.00

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 _____
Signature

X 12433 DORMOUSE RD
Address

X SAN DIEGO CA 92129
City Zip Code

X 619 538-1389
Telephone

Work Order # E 12346

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46339

Date: 7-3, 1995

From: JULIE LI Address: 12433 DORMOUSE RD., SD 92129

Two hundred forty-nine & no/100 Dollars ($ 249.00)

In part Payment of Pre-need for Yu Chaw Pang

Lot 1854 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12346

BALANCE DUE $746.00

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. Rauch

CREDIT 20% Sales Care	97007 77184		
80% Sales of Lots	100 77184	249	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	93033 9022		
Sales Tax	80101 78300		
TOTAL PAID	$	249	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46499

Date: 8/7, 1975

From: Julie Li Address: 12433 Dormouse Rd. San Diego 92129

Seven Hundred & Forty-Six Dollars ($ 746.00)

In Full Payment of Pre-Need Lot for Yu Chau Song.

Lot 1854 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12346

BALANCE DUE 0

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

#597

AC-212 (Rev. 5-84)

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

ISSUED BY J. Weisner

CREDIT	67007		
20% Sales Care	77184	199	00
80% Sales of Lots	100 77184	547	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	746	—

-6

center right

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~DAVIS,~~ MAZIE ⊗ Cline

in a ASH VAULT (Vault/Liner) Funeral, date, time 10-24 Thur. AYD

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 24 Grave 1 Row _____ Section 5 Division/~~Block~~ 5

Grave space & Care Fund ..... C-6883 ~~0~~

Additional spaces and care fund .....

Opening/Closing & Setup..... 105.00

Burial Container..... 55.00

Handling Fees 60.00

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes..... 4.26 ~~3.85~~

PAID
OCT 22 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 269.26 ~~268.85~~

Paid receipt number R-47934 269.26

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 Betty J DeWeese
Signature

X 9763 W. Evans Creek Rd
Address

X Rogue River OR 97537
City Zip Code

X 541-582-4706
Telephone

✓ 12347

Work Order # E _____

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12347

Would you please
send me a note
to let me know when
the Ceremonies of my
mother was buried.
Thank you
Betty DeWolf
9763 D. Evans Creek Rd
Rogue River OR 97537

E 12347

78

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Hazie	M.	Cline	08/26/1916	08/04/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Burns	Oregon	John Cline - Husband 7325 Vaughn Rd. Tillamook, OR 97141

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Niswonger & Reynolds, Inc. , Bend, OR	Oregon	▶ Beverly DeWitt	10/15/1996

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	10/15/1996	David J Herfindahl, MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-	P.O. Box 85222, San Diego 92112

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego, CA	11B. DATE BURIED 10/24/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Central Oregon Crematory, Bend, OR	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
527-3460

47034

Date: 10-22, 19 96

From: Betty J. DeWitt Address: 9763 W. Evans Creek Rd. Rogue

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

In full Payment of Interment of Mazie Clinie

Lot 24 Grave 1 Row Section 5 Division Block 5

Invoice No.

Acct. No.

W.O. E-12347

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 11712

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgen

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	85033 9022		
Sales Tax	90101 78390	4	26
TOTAL PAID	$	269	26

Military detail + 6 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-95

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

in a liner (Vault/Liner) Funeral, date, time Tues 7/11/12. NOON

Church, Chapel, Graveside Church Graveside Rogdale (March) 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 Marion Danielly

War time veteran YES.

✓ Lot 502 Grave ____ Row ____ Section 10 Division/Block 7

Grave space & Care Fund E-6330 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 #64415 768.30

Balance due 0

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

X Marion Danielly
Signature

X 2982 L Street
Address

X San Diego, Ca. 92102
City Zip Code

X (619) 233-7982
Telephone

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

Signature of recorded holder of deed

✓ 12348

Work Order # E

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

E 12348

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ewell	Lee	Danielly	01/05/1916	07/04/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Marion Danielly - Wife 2942 "L" St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	Debra Wheleus	07/07/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/07/1995	9509078

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 7/11/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
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

46415

Date: 7/7, 19 95

From: Marion Daniella Address: 2943 L St. S.D., 92102

Seven hundred sixty eight 30/100 Dollars ($ 768.30)

In Payment of services for Ethell Daniella

Lot 502 Grave Row Section 10 Division Block 7

Invoice No.

Acct. No.

W.O. F-12348

BALANCE DUE 0

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

AC-212 (Rev. 5-94) 1090

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

ISSUED BY Carolyn

CREDIT	67007	-	
20% Sales Care	77184	-	
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	768	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot & Trust

Date 7-5-95

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

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

Church, Chapel, Graveside — : — Mortuary.

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

will be applied and billed to undersigned. ____

War time veteran ____.

Lot 92 Grave 6 Row ____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1563.30
Paid receipt number R-46390	1563.30
Balance due	0

PAID
JUL 05 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Paid in full

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 Blanche M. Parker
Signature

X 10215 Pinetree Drive
Address

X San Diego, CA 92131
City Zip Code

X (619) 271-5172
Telephone

✓ 12349

Work Order # E

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46390-B

Date: 7-5, 1995

From: BLANCHE W. PARKER Address: 10215 Pine Tree Dr., SD 92131

Fifteen hundred sixty-three & 30/100 Dollars ($ 1563.30)

In full Payment of pre-need for Lola Wooten

Lot 92 Grave 6 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12349

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

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

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	768	30
Sales Tax	60101 78390		
TOTAL PAID	$	1563	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of POWELL, Thomas PA 1182099

in a Liner (Vault/Liner) Funeral, date, time Thur 7/6 11AM

Church, Chapel, Graveside Delivery ; Ragsdale Deluxe Mortuary.

All Funeral cars must arrive 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 66 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	

Paid

Lee Jamie

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 12350

Invoice # 255922

Accl. # 000952

PY-593 (Rev. 8-92)

E-12350

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Thomas	Roosevelt	Powell	07/25/1939	06/20/1995	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	Debbie Wallens	07/05/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/05/1995	9508897

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 7/6/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J Wait
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A Purs card hand	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.

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E12350

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 9-13-95
BY: CA (CK) IF

PAYMENT REF NU 04-902871 | AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/10/95	08/09/95	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12350
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
THOMAS POWELL PA 1182099 SVCS	
LOT 66 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. 255922

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

2nd ashes in this grave Right side Head of the grave

Date 7-5-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MUKAI, TOM D ⊗

in a Ash vault Vault/Liner Funeral, date, time Mon. 7/10/95 - 1 P.M.

Church, Chapel, Graveside Witness : Humphreys CV Mortuary. Boyd

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 Idaluena Mukai

War time veteran YES

Lot 5113 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund D-6267 0

Additional spaces and care fund ____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases – Marker setting fee ____

Recording and filing fee 45.00

Sales taxes 3.85

PAID
JUL 05 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

WITNESSES TO CALL
HATSUNE 420-6345
MARGIE 698-2431 - ANS. SVC.

Total Due 268.85

Paid receipt number R-46393 268.85

Balance due 0

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

X Idaluena Mukai
Signature

X 345 MOSS ST.
Address

X Chula Vista, CA. 91911
City Zip Code

X 1-619 420-6345
Telephone

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

Signature of recorded holder of deed

Work Order # E 12351

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

Family wants 2 days notice. Called both 7/6/95 10:45 am. 12351

E 12351

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
THOMAS	D.	MUKAI	03/11/1916	06/26/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Hatsune Mukai - Wife 345 Moss Street Chula Vista CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway--Chula Vista CA 91911	F-964	Judith E. King	06/29/1995

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/30/1995 J E King	9508733

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 7/10/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium,Inc. 571-J Crane St. Lake Elsinore CA 92530	12B. DATE CREMATED 7/3/95	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46393

Date: 7-5, 1995

From: HATSUNE MUKAI Address: 345 Moss St, CV CA 91911

Two hundred sixty-eight & 85/100 Dollars ($ 268.85)

In full Payment of Tom D. MUKAI Assessment

Lot 5113 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12351

BALANCE DUE 0

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

6311

AC-212 (Rev. 5-94)

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

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184	—	
80% Sales of Lots	100 77184	—	
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 6022		
Sales Tax	60101 78390	3	85
TOTAL PAID	$	268	85

PRE-NEED

add to full body burial.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-6-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LEINSTEINER, FRANK JR. ⊗

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

960 ~~959~~ Lot _____ Grave _____ Row _____ Section 1 Division/~~Block~~ 8

PAID
JUL 06 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Grave space & Care Fund	—
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	3.85
Total Due	268.85
Paid receipt number R-46396	268.85
Balance due	-0-

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

Lorraine Holeman
Signature
1329 "D" Street
Address
Chula Vista CA 91910
Zip Code
619-427-4784
Telephone

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

_____
Signature of recorded holder of deed

✓ 12352

Work Order # E _____

Invoice # _____

Acct. # _____

PY-583 (Rev. 8-92)

E 12352

CA Dr
N5536559
ex 1-14-98

The Bank of California

CHULA VISTA OFFICE - 419 H STREET, CHULA VISTA, CALIFORNIA 91910

2327

16-105/1220
228209560

July 6 19 95

Pay to the order of Mt. Hope Cemetery $268.85

two hundred sixty-eight 85/100 dollars

FRANK J. LEINSTEINER
DIANE LORRAINE HOLIMAN
423 CHURCH AVE., NO. 219 PH. 422-5687
CHULA VISTA, CA 91910

Lorraine Holiman

⑈122001055⑈2327⑈228⑈209560⑈

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46396

Date: 7-6, 1995

From: Lorraine Holsman Address: 423 Church Ave # 219 CV 91910

Two hundred sixty-eight & 85/100 Dollars ($ 268.85)

In full Payment of Pre-Need - interment of Frank Leinstein Jr. Ø

Lot 959 Grave Row Section 1 Division 8 Block

Invoice No.

Acct. No.

W.O. E-13352

BALANCE DUE -0-

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

AC-212 (Rev. 5-94) 2327

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

ISSUED BY J. Rausch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	268	85
Sales Tax	60101 78300		
TOTAL PAID	$	268	85

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-6-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe 95-0798 PA 1182374

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

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 _____ Grave _____ Row _____ Section _____ Division/Block _____

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

VOID

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 12353

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Debbie
Let service on Dec 11 Date 7/7/95

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

in a mock gold ship military Funeral, date, time Wed 7/12 - 2:30 pm

Church, Chapel, Graveside Graveside ; Lagerdale Mortuary.

All Funeral cars must arrive 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 _____ 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	50.00
Paid receipt number _____	
Balance due	

Per Vladimir

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 12354

Invoice # _____

Acct. # _____

PY-583 (Rev. 8-92)

Mock - Set up on Veterans section

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-7-95

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

in a — (Vault/Liner) Funeral, date, time Wed 7-12, 12:30 P.M

Church, Chapel, Graveside Graveside : Rogsdale Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot ___ ___ Grave ___ Row ___ Section 1 Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	50.00
Paid receipt number R-46432	50.00
Balance due	-0-

Rogsdale to Bury 50.00 check

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12355

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46432

Date: 7-11, 1995

From: Ragdale Mortuary Address: 5055 Federal Blvd, SD 92102

Fifty & no/100 Dollars ($ 50.00)

In Payment of Mach. set-up for Lin Jackson on 7-12-95

Lot Grave Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. F-12355

BALANCE DUE

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

AC-212 (Rev. 5-94) 3774

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

ISSUED BY J Rauch

CREDIT		
20% Sales Care	67007 77184	
60% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	50 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID		$ 50 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/10/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Norma C. Buschman

in a Liner (Vault/Liner) Funeral, date, time Thurs 7-13- 2:00PM

Church, Chapel, Graveside Witness, 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 A126 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund	-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	15.00
Sales taxes	43.30
Total Due	$ 768.30
Paid receipt number 46422	768 30
Balance due	0

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

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

_____
Signature of recorded holder of deed

Beatrice Roberto
Signature
1193 Elm Ave
Address
Chula Vista, Ca 91911
City Zip Code
(619) 422-0548
Telephone

Work Order # E 12356

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 12356

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Norma	Elise	Buechman	01/13/1902	07/09/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Beatrice Roberts: P.O.A. 1193 Elm Avenue Chula Vista, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Greenwood Mortuary I-805 & Imperial Avenue San Diego, CA 92102	F-843	▶ Victoria Mayo	07/12/1995

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 AND SHOW FINAL DISPOSITION.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	07/13/1995	Victoria Mata 9509305 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 7/13/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46422

Date: 7-10, 19 95

From: Beatrice Roberts Address: 1193 Elm Ave, Chula Vista, CA 91911

seven hundred sixty eight 30/100 Dollars ($ 768.30)

In full Payment of interment of Norma Burshman

Lot 2126 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E-12356

BALANCE DUE 0

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

363

AC-212 (Rev. 5-94)

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

ISSUED BY V. Balobla

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	13	30
TOTAL PAID	$	768	30

PRE NEED LOTS FOR MUSLIM ORG.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-10-95

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

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 22E24 Grave _____ Row _____ Section MUSLIM Division/Block _____

Grave space & Care Fund	2EA 550.00	1100.00
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		1100.00
Paid receipt number 46423		1100.00
Balance due		0

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 12357

Acct. # _____

PY-593 (Rev. 8-92)

E 12357

Muslim Organization of San Diego
P.O.Box 261058
San Diego, CA 92126

Herewith cheque
for 2 grams.
Please mail
receipt.
Thanks.

7/2/95

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46423

Date: 7-10, 19 95

From: Muslim Organization Address: P.O BOX 261058. S.D. CA. 92126

eleven hundreds Dollars ($ 1100.00)

In full Payment of for two plots

Lot 22 & 24 Grave Row Section Muslim Division Block

Invoice No.

Acct. No.

W.O. E 12357

BALANCE DUE 0

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

AC-212 (Rev. 5-94) 181

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

ISSUED BY V. Balodsky

CREDIT 20% Sales Care	67007 77184	220	00
80% Sales of Lots	100 77184	880	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1100	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/10/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Steven Tucker PA 1182552

In a Liner (Vault/Liner) Funeral, date, time Thurs. 7/13 1 PM

Church, Chapel, Graveside Delivery ; Meakley Mortuary.

All Funeral cars must arrive 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 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	[illegible]
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 12358

Invoice # 256146

Acct. # 000952

PY-593 (Rev. 8-92)

E 12358

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
STEVEN	STUART	TUCKER	08/29/1948	06/30/1995	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ Ed Leach	07/12/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	07/12/1995 T.C. MITCHELL	9509244 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 7/13/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wait	
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

E 12358

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 (CK) IF

PAYMENT REF NO 04-883709 | AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/14/95	08/13/95	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12358
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
STEVEN TUCKER PA 1182552 SVCS	
LOT 76 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.

INV NO. 256146

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/10/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains (Last name)

of Wendell Wilson PA 1182617

in a Liner (Vault/Liner) Funeral, date, time Wed. 7/12 1 PM

Church, Chapel, Graveside Delivery only: Merkley Mortuary.

All Funeral cars must arrive 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 61 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	

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 12359

Invoice # 256147

Acct. # 000952

PY-593 (Rev. 8-92)

E12359

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
WENDELL	-	WILSON	09/02/1904	07/02/1995	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	Ed Leach	07/10/1995

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	07/10/1995 Ed Leach	9509132

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 7/12/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Walt
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

E 12359

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 9/11/1995
BY: CA CK IF

PAYMENT REF NO 04-901401

AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/14/95	08/13/95	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12359
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
WELDELL WILSON PA 1182617 SVCS	
LOT 61 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.

UNV NO. 256147

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/10/95

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

War time veteran _____.

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

Grave space & Care Fund	195.00
Additional spaces and care fund	
Opening/Closing & Setup	195.00
Burial Container	95.00
Handling Fees	50.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	6.65
Total Due	586.65
Paid receipt number *46429	586.65
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

Work Order # E 12360

Invoice # _____

Acct. # _____

PY-583 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

L-60"
W-18"

Date 7-10-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ebony (George) Jones

In a Liner #1 (Vault/Liner) Funeral, date, time Wed 7-12 2:00 P.M

Church, Chapel, Graveside Church + G.S. : Reynsdale 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 RC

War time veteran NO.

Lot 126 Grave ____ Row ____ Section 3 Division/Block 9

Grave space & Care Fund	195.00
Additional spaces and care fund	
Opening/Closing & Setup	195.00
Burial Container Liner #1	95.00
Handling Fees	50.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	6.65
Total Due	586.65
Paid receipt number 46429	586.65
Balance due	0

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

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

Signature of recorded holder of deed

x Raymond D. Jones
Signature

x 3645 77th Ave
Address

x Oakland CA 94605
City Zip Code

x 510-632-9192
Telephone

Work Order # E 12361

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

12361

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ebony	Vernice Lenay	Jones	05/30/1990	07/04/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Annie George - Mother 4444 Redwood St. Apt. 6 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-3299		07/07/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/11/1995	9509166

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 7/13/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
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

46429

Date: 7/10, 19 95

From: Logsdon Mort. Address: 5050 Federal Blvd

Five Hundred Eighty Six and 65/100 Dollars ($ 586.65)

In full Payment of interment of

Cleary (George) Jones

Lot 126 Grave Row Section 3 Division 9 Block

Invoice No.

Acct. No. 12361

W.O: E-1660

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ #3776

AC-212 (Rev. 5-94)

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

ISSUED BY Carolyn

CREDIT	67007	39	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	156	00
Opening/ Closing	100 77181	195	00
Burial Containers	100 77182	95	00
	100	50	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78350	6	65
TOTAL PAID	$	586	65

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-10-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SEDANO, ARTURO AKA: Robert Aguilar in a Double Depth Crypt (Vault/Liner) -Funeral, date, time THURS 7-13-9000 A.M Church, Chapel, Graveside CHURCH + GRAVESIDE DARK 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. X Alejandro Serrano

War time veteran _____.

Lot 267 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	~~375.00~~
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	1941.60
Paid receipt number R-46430	500.00
Balance due	1441.60

Paid in full 8/8/95

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

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

_____
Signature of recorded holder of deed

X Alejandro Serrano
Signature

X 1246 DOS HERMANOS GLEN
Address

X ESCONDIDO CA 92027
City Zip Code

X 489-6148
Telephone

Work Order # E 12362

Invoice # 256145

Acct. # 085753

PY-593 (Rev. 9-92)

4

MT. HOPE CEMETERY

W.O. # E-12362

NOTE

$ 1441.60 San Diego, California 7-10 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 Fourteen hundred fatyone & 60/100 DOLLARS with interest from 14 AUGUST 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 ALEJANDRO ZERMENO SIGNATURE X Alejandro Zermeno

ADDRESS X 1246 Dos Hermanos Glen Escondido CA 92027

CALIFORNIA DRIVER LICENSE NUMBER X A7778189 SSN # X 565-89-9844

PY-1012 (11-89)

E12362

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Arturo	-	Sedano	01/30/1957	07/08/1995	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Alejandro Zermeno-Brother 1246 Dos Hermanoe Glen Escondido, CA 92027

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Park Crest Funeral Home 2441 University Avenue San Diego, CA 92104	FD 1507		07/12/1995

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	K.K. Smith 07/13/1995	9509300

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 51 Market St San Diego, CA 92102	11B. DATE BURIED 7/13/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J Waits	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal non-dealer	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.

12362

256145 07/14/95 085753 ALEJANDRO ZERMENO 08/08/95 CK 1667 1,441.60 1,441.60 0.00

E-12362

100	072	77181	000072	375.00	
100	072	77182	000072	380.00	
100	072	77183	000072	45.00	
100	072	77184	000072	136.00	
100	072	77185	000072	320.00	
60101		78390		26.60	
67007		77184		159.00	

PAID IN FULL

NUMBER OF INVOICES PAID 2

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46430

Date: 7-10, 1995

From: ALEJANDRO ZERMENO Address: 1246 DOS HERMANOS GLEN, ESCONDIDO 92027

Five hundred & no/100 Dollars ($ 500.00)

In Part Payment of Interment of Arturo Zedano

Lot 267 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O: E-12362

BALANCE DUE 1441.60

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 J. Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	500	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	500	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/11/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe 95-0798 #182374

in a Liner (Vault/Liner) Funeral, date, time 7/13 12 noon

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 76 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	986.00
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 12363

Invoice # 256148

Acct. # 000952

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 12363

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	-	Doe	Unknown	04/24/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator-K. Howard 5201-A Ruffin Rd. San Diego, CA92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE
Mayer Mortyary, 2859 Adams Avbe, San Diego, CA	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 [illegible]	8B. DATE SIGNED
		▶ [signature]	07/13/1995

PERMIT 95-0798 AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.		$7.00	7/13/1995	▶ [signature] JM

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] 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, 4470 Market St., San Diego, CA	11B. DATE BURIED 7/13/95	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.

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

E 12363

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	PAYMENT DUE	PERIOD COVERED
07/14/95	08/13/95	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12363
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE 95-0798 PA 1182374	
LOT 76 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. 256148

AC-22 (Rev. 2/90) *White - Customer Copy • Yellow - Remittance Copy*

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust

Date 7-11-95

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

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

Church, Chapel, Graveside _____ : _____ Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 64 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund E-8433	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-46431	350.00
Balance due	418.30
R-46434	418.30

PAID
JUL 12 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Paid in full 7-12-95

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

Bal 0

X John Buono Jr
Signature

X 3703 Broadway
Address

X San Diego Calif.
City Zip Code

X 264 8062
Telephone

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

_____
Signature of recorded holder of deed

✓ 12364

Work Order # E _____

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46431

Date: 7-11, 1995

From: John Burns, Jr. Address: 3903 Broadway SD 92102

Three hundred fifty & no/100 Dollars ($ 350.00)

In part Payment of pre Need trust for self

Lot 64 Grave 3 5 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12364

BALANCE DUE $418.30

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

AC-212 (Rev. 6-94) 4253

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

ISSUED BY J Rauch

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46434

Date: 7-12 , 1995

From: John Buono Jr. Address: 3903 Broadway SD CA 92102

Four hundred eighteen & 30/100 Dollars ($ 418.30)

In full Payment of pre-need trust

Lot 64 Grave 5 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12364

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑
4254

AC-212 (Rev. 5-94)

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

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022	418	30
Sales Tax	60101 76360		
TOTAL PAID	$	418	30

Casket
L-82"
W-31 1/4"
D-23"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-12-95

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

In a Liner #7 (Vault/Liner) Funeral, date, time Friday 7-14; 1:00 P.M

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

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

War time veteran NO

Lot 260 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container Liner #7	270.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.40
Total Due	1595.40
Paid receipt number 46433	400.00
Balance due	1195.40

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 Waymon J. Pearce Jr
Signature
x 4459 50th ST #1
Address
x S.D. CA. 92115
City Zip Code
x 286-7039
Telephone

Work Order # E 12365

Invoice # 256170

Acct. # 085762

PY-593 (Rev. 6-92)

MT. HOPE CEMETERY

W.O. # E-12365

NOTE

$ 1,105.40 San Diego, California 7-12 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 ninety five 40/100 DOLLARS with interest from August 14, 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 WAYMON J. PEARCE SR SIGNATURE x Waymon J. Pearce Sr.

ADDRESS x 4454 50TH ST #I

CALIFORNIA DRIVER LICENSE NUMBER x A0480251 SSN # x 553-80-5996

PY-1012 (11-88)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 12365

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Alverse	-	Wilkerson	10/21/1923	07/08/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Waymon Pearce - Son 4454 50th St. No. 1 San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329		07/10/1995

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/13/1995	9509293

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 7/14/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Wait	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A non-dealer	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

46433

Date: 7-12, 19 05

From: Rosedale Mortuary Address: 5050 Federal BLVD. S.D CA. 92102

four hundreds Dollars ($ 400.00)

In part Payment of interment of

WILKESON ALVERSIE

Lot 260 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12365

BALANCE DUE 1195.40

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

AC-212 (Rev. 6-94) 2796

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

ISSUED BY V Balaban

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	400	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/12/95

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

in a ~~Vault~~ liner Funeral, date, time FRI 7-14 ; 12:00

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 _____.

Lot 666 Grave 12 Row _____ Section 16 Division/Block 7

Grave space & Care Fund	D-4613	0
Additional spaces and care fund		
Opening/Closing & Setup		875.00
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 46437		768.30
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.

Philip son Signature: Philip E Fondaw

Address: 3344 Calavo Dr.

City: Spring Valley, CA Zip Code: 91978

Telephone: 670-6894

Signature of recorded holder of deed

Work Order # E 12366

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12366

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
OSCAR	ADELBERT	FONDAW	11/23/1919	07/12/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Grace B. Fondaw - Wife 3344 Calevo Drive Spring Valley CA 91978

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ Judith E Kang	07/13/1995

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/13/1995 Gokang	9509349 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 7/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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

46437

Date: 7-13, 1905

From: Grace B. Fondaw Address: 3344 Calavo Dr. Spr. Vall. CA. 91978

seven hundreds sixty eight 30/100 Dollars ($ 768 30)

In full Payment of interment of

Oskar Fondaw

Lot 66 Grave 12 Row Section 16 Division Block 7

Invoice No.

Acct. No.

W.O. E- 12366

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 6057

AC-212 (Rev. 5-94)

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

ISSUED BY V. Balcolm

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	140	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	768	30

Pre-need trust for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/13/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vergie M. Ates

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 197 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund ..... Pre Need #E-3330 0

Additional spaces and care fund ..... _____

✓ Opening/Closing & Setup 375.00

✓ Burial Container ..... PAID IN FULL 190.00

✓ Handling Fees 11-27-96 145.00

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

✓ Recording and filing fee 45.00

✓ Sales taxes 13.30

Total Due 768.30

Paid receipt number #46438 300.00

Balance due 468.30

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 Vergie M. Ates
Signature

X 7405a. 36 st. #26
Address

X San Diego Ca 92113
City Zip Code

X 619. 231 5905
Telephone

Work Order # E 12367

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46438

Date: 7/13, 19 95

From: Verge M. Ates Address: 740 S. 36th #426 - S.D. 92113

Three Hundred & no/100 Dollars ($ 300.00)

In 2 Payment of Pre need Trust for Verge M. Ates

Down-Payment 1 of 2 + Comp = 1, 2, 3 & 4 (August - Nov.)

Lot 127 Grave 5 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. F-12367

BALANCE DUE #468.30

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 Carolyn

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	300	00
Sales Tax	60101 78390		
TOTAL PAID	$	300	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46519

Date: 8-10, 1995

From: Vergie Ates Address: 740 So 36th St. San Diego, CA 92113

one hundred Dollars ($ 100 00)

In part Payment of pre-need trust for

Vergie Ates

Lot 137 Grave 5 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12367

BALANCE DUE 368.30

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

AC-212 (Rev. 5-94)

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

ISSUED BY V. Balobin

CREDIT	87007		
20% Sales Care	77184		
60% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	100	00
Sales Tax	80101 78300		
TOTAL PAID		$ 100	00

OFFICIAL RECEIPT

47719

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-16 19 96

From: Verajc Ates Address: 740 S. 30th #426 S.D. Ca. 92113

One hundred and no/100 Dollars ($ 100.00)

In part Payment of pre-need trust

Lot 137 Grave 5 Row Section 1 Division/Block 12

Invoice No.

Acct.-No.

W.O. E-12367

BALANCE DUE 168.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ 1220

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Vargas

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	100	00
Sales Tax	80101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48052

Date: 11-27, 1996

From: Vergie Ates Address: 740 S. 36th #426 San Diego 92113

One hundred sixty eight & 30/100 Dollars ($ 168.30)

In full Payment of Pre-Need Trust

Lot 137 Grave 5 Row 1 Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12367

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

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

ISSUED BY L. Shelton

CREDIT	97007		
20% Sales Care	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	168	30
Sales Tax	80101 78360		
TOTAL PAID	$	168	30

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47094

Date: 2-9 19 96

From: V. Ates Address: 740 S. 36th St. #426 SD 92113

One Hundred Dollars ($ 100.00)

In Part Payment of Pre-need Trust

Lot 137 Grave 5 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12367

BALANCE DUE 268.30

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

1172

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	77164	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	83033 9022	100 00
Sales Tax	80101 78390	
TOTAL PAID	$	100 00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust #-12367

Vergie Ates
740 So. 36th St., #426
San Diego, Ca. 92113
(137-5--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. ▶ $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12367

Vergie Ates
740 So. 36th St., $426
San Diego, Ca. 92113.
(137-5-1-12)

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. ▶ $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust #-12367

Vergie Ates
740 So. 36th St., #426
San Diego, Ca. 92113
(137-5-01-12)

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. $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12367

Vergie Ates
740 So. 36th St., $426
San Diego, Ca. 92113
(137-5-1-12)

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. $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. Pre-Need Trust #-12367

Vergie Ates
740 So. 36th St., #426
San Diego, Ca. 92113
(137-5-01-12)

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. $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12367

Vergie Ates
740 So. 36th St., $426
San Diego, Ca. 92113
(137-5-1-12)

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. ▶ $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust #-12367

Vergie Ates
740 So. 36th St., #426
San Diego, Ca. 92113
(137-5-01-12)

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. $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12367

Vergie Ates
740 So. 36th St., $426
San Diego, Ca. 92113
(137-5-1-12)

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. ▶ $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust #-12367

Vergie Ates
740 So. 36th St., #426
San Diego, Ca. 92113
(137-5-01-12)

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 ▶ $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12367

Vergie Ates
740 So. 36th St., $426
San Diego, Ca. 92113
(137-5-1-12)

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. ▶ $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust #-12367.

Vergie Ates
740 So. 36th St., #426
San Diego, Ca. 92113
(137-5-01-12)

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: $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12367

Vergie Ates
740 So. 36th St., #426
San Diego, Ca. 92113
(137-5-1-12)

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. $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust #-12367

Vergie Atee
740 So. 36th St., #426
San Diego, Ca. 92113
(137-5-01-12)

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. $ 24.00

Amount due if paid more then _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12367

Vergie Aces
740 So. 36th St., $426
San Diego, Ca. 92113
(137-5-1-12)

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. ▶ $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT NO. Pre-Need Trust #-12367

Vergie Aten
740 So. 36th St., #426
San Diego, Ca. 92113
(137-5-01-12)

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. $ 24.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12367

Vergie Ates
740 So. 36th St., #426
San Diego, Ca. 92113
(137-5-1-12)

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. ▶ $ 24.00

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 7-13-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BARTLETT, MARION 18 chapel arrive at 2 P.M.

In a Liner (Vault/Liner) Funeral, date, time TUE 7/[redacted]

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. X Minnie J. Bartlett

War time veteran NO

Lot ____ Grave 20 Row 6 Section 9 Division/Block 7

Grave space & Care Fund A-2454	0
Additional spaces and care fund	—
Opening/Closing & Setup D-3763	0
Burial Container D-3763	0
Handling Fees	—
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF R-410440	45.00
Balance due	0

PAID JUL 13 1995

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

X Minnie J. Bartlett
Signature

X 8852-A Citation Ct
Address

X Lemon, Ca 92071
City Zip Code

X 562-0379
Telephone

Work Order # E 12368

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12368

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARION	VIOLET	BARTLETT	04/17/1909	07/11/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	MINNIE BARTLETT: SISTER-IN-LAW 8852-A CITATION COURT SANTEE, CA 92071

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ Victoria Meza	07/18/1995

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	07/18/1995	Victoria Meza 9509528 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7/18/95	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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46440

Date: 7-13, 1995

From: Minnie D. Bartlett Address: 8852-A Citation Ct. Santee

Forty-five & no/100 Dollars ($ 45.00)

In Payment of Recording fee Marion Bartlett

Lot Grave 20 Row 6 Section 9 Division 7

Invoice No.

Acct. No.

W.O. E-12368

BALANCE DUE 0

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

AC-212 (Rev. 5-94) 4885

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

ISSUED BY J. Rauch

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

PRE NEED LOT & TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-14-95

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

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

War time veteran _____.

Lot 1996 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 46442	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

Signature

1304 SASSAFRAS ST
Address

SAN DIEGO, CA 92101
City Zip Code

619 692-4357
Telephone

Work Order # E 12369

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Lot 1996 Div. 10 (Pre-need Lot & E-12369 Trust)

Joseph M. Bareno (for Victoria)

1304 Sassafras St.S.D. 92101

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 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. F- 12369 (Pre-Need Lot & Trust)

Joseph M. Bareno (for Victoria)
1304 Sassafras St. S.D. 92101
Lot 1996 Div. 10

Month and Day Due Indicated Below

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

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

Lot 1996 Div. 10 (Pre-need Lot &
E-12369 Trust)
Joseph M. Bareno (for Victoria)
1304 Sassafras St.S.D. 92101

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 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** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. F- 12369 (Pre-Need Lot Trust)

Joseph M. Bareno (for Victoria)
1304 Sassafras St. S.D. 92101
Lot 1996 Div. 10

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 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** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Lot 1996 Div. 10 (Pre-need Lot &
E-12369 Trust)
Joseph M. Bareno (for Victoria)
1304 Sassafras St.S.D. 92101

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 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 such remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

P- 12840 (Pre-Need Lot
Trust

Joseph M. Barone (for Victoria)
1304 Sassafras St. S.D. 92101
Lot 1996 Div. 10

Month and Day Due Indicated Below

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

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

Lot 1996 D17-12369 (Pre-deed Lot & Trust)

Joseph M. Bareno (for Victoria)

1304 Sassafras St.S.D. 92101

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 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. M. 11240 (Pre-Need Lot & Trust)

Joseph M. Bareno (for Victoria)
1304 Sassafras St. S.D. 92101
Lot 1996 Div. 10

Month and Day Due Indicated Below

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

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

Lot 1996 Div 19 (Pre-need Lot & Trust)
E-12369
Joseph M. Barsno (for Victoria)
1304 Sanseffre St.S.D. 92101

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 59.00

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

$ _____

Amount Received $ 59.00

NAME Laura P. & Maria L. Barsno

ADDRESS 2350-C GREENBRIAR DR

CITY CHULA VISTA STATE CA ZIP 91915

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E 11220 (Pre-Need Lot & Trust)

Joseph M. Barano (for Victoria)
1304 Sassafras St. S.D. 92101
Lot 1996 Div. 10

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							2				

Amount due when paid on, or before, due date above. $ 59.00

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

$ 59.00

Amount Received $ 59.00

NAME Louis P. & Maria L. Barano

ADDRESS 2350-C Greenbriar Dr.

CITY Chula Vista STATE Ca ZIP 91915

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Lot 1996 Div. D B-1369 (Pre-Need Lot & Trust)

Joseph H. Bruno (for Victoria)

1304 Cascafras St.S.D. 92101

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 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 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E. 17366 (Pr.-Head Tot & Trus)

Joseph M. Moreno (for Victoria)
1304 Sassafras St. S.D. 92101
Lot 1996 Div. 10

Month and Day Due Indicated Below

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

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.

Lot 1996 Div 10 (Pre-need Lot & Trust)
E-12369
Joseph N. Boreso (for Victoria)
1304 Snowcrest St. S.D. 92101

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 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** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] (Pre-Typed) Lot #

[illegible]

Joseph M. Barero (for Victoria)
1304 Succaires St. S.D. 92101
Lot 1996 Div. 19 →

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 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 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Lot 1996 Day 18 (Pre-Deed Lot & Tract)
P-12369

Joseph M. Barreno (for Victoria)
1304 Cascafire St.S.D. 92101

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 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. [illegible] Pre-Zoned Lot 2

Joseph K. Barone (for Victoria)
1304 Sausalito St. S.D. 92101
Lot 1996 Div. 10

Month and Day Due Indicated Below

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

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

Lot 1996 Blk. 19 (Proposed Lot 6
E-1369 Tract)
Joseph N. Bareso (for Victoria)
1304 Seaside St.S.B. 93101

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 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** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Joseph M. Barese (for Victoria)
1304 Sacramento St. S.F. 94101
Lot 1996 Div. 10

Month and Day Due Indicated Below

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

Amount due when paid on or before; due date above: ▶ $ 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.

Lot 1996 Block 19 (Platted Lot 4
Trust)
Joseph A. Bacon (for Biloxi)
1304 Seashore St.S.D. 9/10:

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 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. [illegible]

Joseph M. Barone (for Victoria)
1304 Sunshine St. S.D. 92101
Loc 1496 Div. 10

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Lot 1996 B-1-369 (Proposed Lot & Tract)

Joseph A. Barone (for Victoria)
1304 Encanfrom St. S.D. 92161

Month and Day Due Indicated Below

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

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 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Joseph R. Marano (Vic Victoria)
1304 Kennedy St. S.E. 9/101
Lot 1994 Div. 10

Month and Day Due Indicated Below

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

[redacted] ▶ $ 49.50

[redacted] days ▶ $

$

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

46442

Date: 7-14, 19 95

From: Joseph BARENO Address: 1304 Sassafras St. S D CA 92101

four hundreds sixty seven — Dollars ($ 467.00)

In part Payment of pre-need Lot & trust for

Bareno Victoria

Lot 1996 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12369

BALANCE DUE 1400 50

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

3644

AC-212 (Rev. 5-94)

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

ISSUED BY V Baloblw

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	467	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	467	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46546

Date: 8/22, 1995

From: Joseph M. Barone Address: 1304 Sassafras, Sp 92103

Fifty-nine & no/100 Dollars ($ 59.00)

In Payment of Pre-need lot & trust

Lot 1996 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12369

BALANCE DUE

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

AC-212 (Rev. 5-94) 3708

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

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	59	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	59	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46620

Date: 9-18, 1995

From: Joseph Barrero Address: 1304 Sassafras. SD 92103

One hundred eighteen & no/100 Dollars ($ 118.00)

In Payment of Pre need lot & trust

Lot 1996 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12367

BALANCE DUE

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

3791

AC-212 (Rev. 5-94)

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

ISSUED BY J Rauch

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	118	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	118	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46640

Date: 9-29-, 1995

From: J M Barenso Address: 2868 Elm St, San Diego 92102

One hundred eighteen & no/100 Dollars ($ 118.00)

In Payment of Pre-need lot & trust

Lot 1996 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-12369

BALANCE DUE

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

3807

AC-212 (Rev. 5-94)

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

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	118	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	118	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46668

Date: 10/5, 1995

From: Joseph M. Barens Address: 2568 Elm St., SD 92102

Fifty-nine & no/100 Dollars ($ 59.00)

In Part Payment of Pre-need lot & trust

Lot 1996 Grave Row Section Division Block 10

Invoice No. 10/5/95

Acct. No.

W.O. E-12369

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 3814

AC-212 (Rev. 5-94)

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

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184	25	00
80% Sales of Lots	100 77184	34	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	59	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46669

Date: 10/5, 1995

From: Louis Barrón Address: 2350-C Greenbriar Dr., C.V. 91915

One Hundred eighteen & no/100 Dollars ($ 118.00)

In Part Payment of Pre-need lot & trust

Lot 1996 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-12369

BALANCE DUE

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

AC-212 (Rev. 5-94) 1748

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

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184	118	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	118	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46690

Date: 10/10, 1995

From: J M Barens Address: 2868 Elm SD 92102

One Hundred eighteen & no/100 Dollars ($ 118.00)

In Part Payment of Pre-need lot & trust

Lot 1996 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12369

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
3823

AC-212 (Rev. 5-94)

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

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184	64	50
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	51	50
Sales Tax	60101 76390		
TOTAL PAID	$	118	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46710

Date: 10-17, 1995

From: Joseph Barnes Address: 2868 Elm St, SD 92102

Two Hundred thirty-six & 00/100 Dollars ($ 236.00)

In part Payment of Pre need lot & trust

Lot 1996 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E - 12369

BALANCE DUE

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

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	236	00
Sales Tax	60101 78390		
TOTAL PAID	$	236	00

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

3846

ISSUED BY J Rauch

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46738

Date: 10-27, 1995

From: Joseph Barens Address: 1304 Sassafras St. SD 92101

Two Hundred & Thirty-Six— Dollars ($ 236.00)

In Part Payment of Pre-Need Lot & Trust for Victoria Barens

Lot 1996 Grave Row Section Division Block D

Invoice No.

Acct. No.

W.O. E-12369

BALANCE DUE 338.00

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

3884

AC-212 (Rev. 6-94)

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

ISSUED BY J. Weisner

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	236	00
Sales Tax	60101 78390		
TOTAL PAID	$	236	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46731

Date: 11/7, 19 95

From Joseph Barrero Address: 2868 Elm Street, S.D. Co 92102

Two Hundred Thirty Six 00/100 Dollars ($ 236.00)

In Payment of Pre Need Lot 1 Trust

Lot 1996 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. F 12369

BALANCE DUE $ 102.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☑
3803

AC-212 (Rev. 5-94)

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

ISSUED BY Margie Dak

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022	236	00
Sales Tax	60101 78300		
TOTAL PAID	$	236	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DISINTERMENT

Date 14 JULY 1995

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

in a - - - (Vault/Liner) Funeral, date, time THURS 9-7-95 ; 8:30A.M

Church, Chapel, Graveside _____ ; Goalby's Mortuary.

All Funeral cars must arrive 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 104 Grave 4-T Row _____ Section 2 Division/Block 11

Grave space & Care Fund	_____
Additional spaces and care fund	_____
Opening/Closing & Setup	_____
Burial Container	_____
Handling Fees	_____
Flower vases – Marker setting fee	_____
Recording and filing fee	_____
Sales taxes	_____
Total Due	$1,000.00
Paid receipt number 46568	1,000.00
Balance due	0

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 Jay Walley Mom
Signature

X 6616 Barry Whittaker Pl.
Address

X Charlotte N.C. 28227
City Zip Code

X (704) 545-1036 home
Telephone (704) 597-9090 work
(800) 952-4085

Invoice # _____

Acct. # _____

Work Order # E 12370

PY-593 (Rev. 8-92)

7/3/95 E 12370

Wants to disinter

3:19 P.M 7-12-

JOY NOVY
6616 BARRY WHITAKER PLACE
CHARLOTTE NC 28227

HOme 704-545-1036
work 704-597-9070

JoAnn, I'm not getting very far with this disinterment - would you have time, or shall it be my priority on Wed?

Jane
7/11/95

Call when it's shed.

FAX 704-597-9082

E 12370

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

BA # 1036505

Date 9-3-87

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth Montrose Whitley Jr

in a _____ (Vault/Liner) Funeral, date, time Friday 9/4 1pm

Church, Chapel, Graveside _____ Goodrich Mortuary.

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

Drop off

Lot 104 Grave 4 Row _____ Section 2 Division/Block 11

Top

Grave space & Care Fund	55.00
Additional spaces and care fund	
Opening/Closing & Setup	90.00
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	145.00
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

_____
State Zip Code

_____
Telephone

Invoice # 060998

Acct. # [redacted]

Work Order # E 6893

PY-593 (REV. 8-85)

THE CITY OF

SAN DIEGO

E12370

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

AUTHORITY TO DISINTER, REMOVE OR REINTER

08 95
MONTH YEAR

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

KENNETH MORTIMER WALLEY

from Lot 104 Grave 4-T Section 2 Row _____ Block _____

Division 11 and to remove the same to and reinter said remains

in Lot _____ Grave _____ Section _____ Row _____ Block _____

Division _____ Cemetery _____

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

Signature	Relation to deceased	Address
Harold E. Walley	Brother	1043 Keystone Ct Charlotte NC 28216
Joy Walley Novy	Sister	10616 Barry Whitaker Pl. Charlotte NC 28207

I hereby authorize the above disinterment:

_____ _____
(Lot owner must sign if not legal custodian) Date

NOTARIZATION OF ABOVE SIGNAURES:

Subscribed and sworn to before me this 11th day of August, 1995
Notary Public Rebecca P. Brown

REBECCA P. BROWN NOTARY PUBLIC MECKLENBURG COUNTY, NC

My Commission Expires 11-15-98

AUTHORITY TO DISINTER, REMOVE OR REINTER E 12370

SUPPLEMENTAL PAGE

FOR KENNETH MORTIMER WALLEY

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 Cemetary harmless from any liability on account of said authorization, disinternment, removal, and reinterment.

Keith W. Walley — Brother — 8555 Newington Forest Ct. Springfield, VA. 22153
SIGNATURE — RELATION TO DECEASED — ADDRESS

(1) AS TO KEITH W. WALLEY — NOTARY SEAL

signed and sworn to me this 14 day of Aug 19 95

notary public signature [signature]

my commission expires [illegible] 19____

Lorene F. Walley-Essbach — SISTER — 21 Division Ave. Belleville, NJ. 07109
SIGNATURE — RELATION TO DECEASED — ADDRESS

(2) AS TO LORENE F. WALLEY-ESSBACH — NOTARY SEAL

signed and sworn to me this 16th day of Aug. 19 95

notary public signature [signature]

my commission expires _____ 19____

JOSE MURADO
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES JUNE 30, 1999

Brian G. Walley — Brother — 29 Oak St Billerica Mass 01862
SIGNATURE — RELATION TO DECEASED — ADDRESS

(4) AS TO BRIAN G. WALLEY — NOTARY SEAL

signed and sworn to me this 23rd day of Aug. 19 95

notary public signature [signature]

my commission expires MY COMMISSION EXPIRES MARCH 15, 2002 19____

12370

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

July 14, 1995

Joy Novy
6616 Barry Whitaker Place
Charlotte, North Carolina 28227

Dear Mrs. Novy:

This is to follow up the telephone conversation that I had with you on July 13, 1995. I am enclosing two forms that require signatures by family members.

Please sign the Interment/Disinterment Work Order, Number E-12370, on the lines indicated by the red "x's". Return this original, signed form, along with a check made payable to Mt. Hope Cemetery in the amount of $1,000, (the charge for a disinterment), to us at the above listed address.

Also, enclosed is our form that authorizes disinterments. If you are able to locate Mr. Walley's mother, only her signature is required on the form and it must be notarized.

If you are unable to locate his mother, then each of the 5 siblings must sign the form with each signature being notarized. A second page for signatures and notary stamps may be attached to the form if necessary.

Previously, I faxed to you the list of mortuaries in the San Diego area. Please make arrangements with a mortuary of your choice to assist you in obtaining a Disinterment Permit from the County of San Diego and for the shipping of Mr. Walley's remains for you.

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

12370

When we have received the signed Disinterment Work Order, the completed Authority to Disinter form, the Disinterment Permit from the mortuary and the payment, we will schedule the disinterment. We will notify the mortuary who is working with you regarding the date and time of the disinterment and they will then complete their arrangements with you. If you would like, we can also notify you when the disinterment is scheduled. Please let us know if you wish us to do so.

If I can be of any further assistance to you in this matter, please do not hesitate to contact me.

Sincerely,

Jane K. Rauch

Jane K. Rauch,
Clerical Assistant II

JKR:JW:jw

enclosures

E-12370 E-6893

Name Walley, Kenneth Mortimer
LAST FIRST MIDDLE ASHES

Buried Top 104 4 2 11
LOT GRAVE ROW SECTION BLK. DIV.

08/28/1987 09/04/1987 Age 40 02/12/1947
DATE OF DEATH DATE OF BURIAL YRS. DATE OF BIRTH

San Diego M
PLACE OF DEATH RACE SEX

Removed

Remarks Public Administrator/Goodbody

FW-972

E 12370

7/5/95

Rebecca Barr from the County office called today and stated that the family of Kenneth Mortimer Walley, Jr. has paid the County back for his burial and would like for this office to be aware of that and cooperate with the family in disinterment.

Carolyn

Burial Card missing
104-4-2-11 Top E-6893

found on Janis's desk.

LTR_COMM 1036505 E 12370

County of San Diego

BARBARA A. BAKER
PUBLIC ADMINISTRATOR
PUBLIC GUARDIAN
(619) 694-3500
FAX (619) 694-3987

PUBLIC ADMINISTRATOR • PUBLIC GUARDIAN
5201-A RUFFIN ROAD, SAN DIEGO, CALIFORNIA 92123-1699

AUGUST 24 1995

JOANNE WAITS-CEMETERY MANAGER
MOUNT HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO,CA 92113

REFERENCE: Estate of KENNETH MORTIMER WALLEY JR., deceased.
Date-of-death: 08/28/87

Dear Joanne Waits:

Please be advised that the above-named decedent's relative has made contact with our office and is in the process of mailing your order for disinterrment along with a check made payable to the County of San Diego in the amount of $415 to reimburse our indigent burial program.

Upon receipt of these documents, please forward the check to the undersigned in the self-addressed stamped envelope which in enclosed. If all documents are in order, our office shall not object to the relatives disinterring the human remains of the decedent.

If you have any questions or concerns, please contact the undersigned and thank you very kindly for your attention to detail in this case.

Very truly yours,
BARBARA A. BAKER
Public Administrator/Guardian

By: _____
Rebecca R. Barr
Deputy Public Administrator

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46568

Date: 9-1, 1995

From: Paula Donahen Address:

one thousand dollars Dollars ($ 1000.00)

In full Payment of Disinterment of Kenneth Mortimer

Valley

Lot 104 Grave 4-T Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12370

BALANCE DUE 0

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

083470

AC-212 (Rev. 5-94)

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

ISSUED BY J Bulsbley

CREDIT	67007		
20% Sales Cars	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	1,000	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1,000	00

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 12370

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
KENNETH	MORTIMER	WALLEY	02/12/1947	08/28/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOY NOVY: SISTER 6616 BARRY WHITAKER PLACE CHARLOTTE, NC 28227

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY: 5027 EL CAJON BLVD., SAN DIEGO, CA 92115	F-790	▶ Victoria Mora	09/07/1995

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	09/07/1995	Victoria Mora 095090002 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [x] 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	11B. DATE BURIED 9/1/95	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 NICHOLS FUNERAL HOME: 187 MIDDLESEX AVENUE, WILMINGTON, MA 01887	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/14/95

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

in a liner (Vault/Liner) Funeral, date, time 7/19 Wed, 1:00 pm

Church, Chapel, Graveside Church 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. Odessa Antwine

War time veteran _____.

✓ Lot 78 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1663.30
Paid receipt number A-46447	416.00
Balance due	1247.30

Paid in full 8/1/95

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

Signature: Odessa Antwine

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

Signature of recorded holder of deed

Address: 1727 Guyal St

City: San Diego CA Zip Code: 92102

Telephone: 264-3731 264-1791

✓ 12371

Work Order # E

Invoice # 256373

Acct. # 085818

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-12371

NOTE

1,247.30 San Diego, California July 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 One thousand two hundred forty-seven 30/100 DOLLARS with interest from August 17, 1995 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

Part II, Chapter 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 Lonsie Antwine SIGNATURE Lonsie Antwine

ADDRESS 17210 Ulva Ct

CALIFORNIA DRIVER LICENSE NUMBER C.A F0021268 CA F0021268 SSN # 442-28-0213

PY-1012 (11-89)

E 12371.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ODESSA	-	ANTWINE	04/22/1920	07/12/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LENSIE ANTWINE: HUSBAND 1727 DUVAL STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	F-843	▶ Victoria Meza	07/18/1995

* 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

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	07/18/1995	Victoria Meza 9509574 ▶

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7/19/95	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.

12371

256373 07/21/95 085818 LENSIE ANTWINE

F-12371

100	072				
100	072				
100	072				
100	072				
100	072				
60101					
67007					
		08/01/95 CK 1263		1,247.30	1,247.30
		77181	000072	375.00	
		77182	000072	190.00	
		77183	000072	45.00	
		77184	000072	300.00	
		77185	000072	145.00	
		78390		13.30	
		77184		179.00	

0.00 PAID IN FULL

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46447

Date: 7/17, 19 95

From: Lenie Antunez Address: 1727 Quint St. S.D. 92102

Four hundred sixteen ~~no~~ Dollars ($ 416.00)

In Payment of interment of Odessa Antunez

Lot 78 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12971

BALANCE DUE $1247.30

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

AC-212 (Rev. 5-94) # 1259

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

ISSUED BY Carolyn

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	416	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77153		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	416	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-17-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BROMBERG, SANFORD 7/20 12N

in a Top of double depth. Vault/Liner Fuperal, date, time ~~Wed~~ THUR 7/19 12 N

Church, Chapel, Graveside Delivery/~~Eastlawn~~, Neptune Mortuary. VINCE 561-6400

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 Susan Lindeman

War time veteran YES

✓ Lot 102 Grave 9-T Row _____ Section 1 Division/Block 11

Grave space & Care Fund	D-8533	—
Additional spaces and care fund		
Opening/Closing & Setup	"	—
Burial Container	Pd. E-9516	
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee	Pd. E-9517	
Sales taxes	Pd E-9516	
Total Due		0
Paid receipt number _____		
Balance due		0

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

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

_____
Signature of recorded holder of deed

Susan Lindeman
Signature
432 West Lane
Address
El Cajon Ca 92021
City Zip Code
619 442-7913
Telephone

✓ 12372

Work Order # E _____

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

Interfund transfer DP on 7/25

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 12372

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SANFORD	-	BROMBERG	09/10/1928	07/14/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	SUSAN LINDEMANN-SISTER 432 WEST LANE EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON,CA 92021	FD-1352	▶	07/19/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	07/19/1995 JANET HUMAN	9509622 ▶

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS [illegible] 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 7/20/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wait	
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	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.

LEFT, UPPER CORNER OF THE GRAVE, APPX 25'-28' DOWN

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-17-95

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

in a ash vault (Vault/Liner) Funeral, date, time Fri. 7/21 1PM

Church, Chapel, Graveside Graveside : L.C. Benbough 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 Y/S

War time veteran NO X

Lot 25 Grave 2 Row ____ Section 11 Division/Block 7

Grave space & Care Fund E-11571	0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.85
Total Due	268.85
Paid receipt number MASTER CARD	268.85
Balance due	0

PAID
JUL 21 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Annie - phone 587-9838
Bus 587-1643

Husband

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.

X [signature] Signature

X [illegible] Address

X San Diego Ca. 92111 City Zip Code

X 277-1058 Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 12373

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

12373

Annie, there are 7 spaces to be filled in at the [illegible]

If you have any questions please call - 527-3400.

Our FAX is 527-3403.

Jane
Jane Rauch 7/17/95

MT HOPE CEMETERY
INTERMENT ORDER

Date 7/17/95

You are hereby authorized to receive the remains of [illegible]
in a [illegible] Time of Service 2 PM
Church Chapel Graveside Graveside A.S. Rosedale Mortuary.
All Funeral cars must arrive before [illegible] 500.00
will be applied and used as undersigned X [illegible]
War time veteran [illegible] X [illegible]
Lot 25 Grave 2 Row [illegible] Section [illegible] Plot space 2
Grave space & Care Fund [illegible]
Additional spaces and care fund [illegible]
Opening/Closing & Setup [illegible]
Burial Container [illegible]
Handling Fees [illegible]
Flower vases - Marker setting fee [illegible]
Recording and filing fee [illegible]
Sales taxes [illegible]
Total [illegible]

ANNIE Y. SIEVOSH

I hereby certify I am the X [illegible] of the above named deceased and this is your authority to make disposition of the remains as stated above and that I have the right to make this authorization. I agree to indemnify and hold harmless from any liability on account of the disposition and burial.

I hereby authorize the interment to be made in the lot I now hold under deed.

X [illegible]
X [illegible]
X [illegible]
X [illegible]

Signature of responsible party if other

Work Order # E 12373
PV-583 (Rev. 8-92)

E 12373

FACSIMILE TRANSMISSION

TO:

FAX NO.:

DATE:

RE:

MESSAGE:

Attached is the [illegible] Order. I will be sending you a check this evening so you should receive it by Wednesday.

Thank you for your help!

For your information, the mass is being held at the Temple and the Reverend will be bringing it the day of the service. The Borough does not have the maps. Could you send/fax me a map of the exact location of my mother's lot -- if possible.

Thanks again.

Burial Permit

Annie
622-9900

Grace

LEWIS COLONIAL
67335 E 12373

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
YOSHIKO	--	SUKYOSHI	07/28/1932	04/02/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	YOSHINOBU SUKYOSHI - HUSBAND 4822 MOUNT BIGELOW DRIVE SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENDOUCH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	04/04/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/04/1995	▶ [signature]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY (4/5 CREMATED REMAINS) 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4/21/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY/MAUSOLEUM 3953 IMPERIAL AVE SAN DIEGO, CA 92113	12B. DATE CREMATED 4/19/95	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 SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/17/95

7/9/95 PA

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eugene Gray Moseley # 183087

In a liner Vault/Liner Funeral, date, time 2nd-7/19 11am Mortuary: Merkley

Church, Chapel, Graveside del. only

All Funeral cars must arrive 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 11 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 47031	386.00
Balance due	0

PAID
JAN 23 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Kathryne Woodard

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 12374

Invoice # 256375

Acct. # 000952

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 12374

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
EUGENE	FRANKLIN	MOSELEY	11/09/1915	07/09/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPRING VALLEY	SAN DIEGO	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	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HENKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119		07/17/1995

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 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	07/17/1995 T.C. MITCHELL	9509466

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 7/19/95	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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47031

Date: 1/23, 1996

From: County of SD Address: 1600 Pacific Hwy. SD 92101

Three Hundred & Eighty-Six Dollars ($ 386.00)

In Full Payment of Interment of

Eugene Franklin Mosley

Lot 76 Grave 11 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12374

BALANCE DUE 0

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

AC-212 (Rev. 5-94) 04-979478

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

ISSUED BY J. Weisner

CREDIT	67007		
20% Sales Care	77184	20	00
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181	165	00
Burial Containers	100 77182	50	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	386	00

04-9[redacted]78

REMITTANCE COPY # 12374

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
CA0277601	SEE ATTACHED				386.00
	NOT NEGOTIABLE				

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101-2478
(619) 531-5321

01327

TOTAL 386.00

E 12374

PUBLIC ADMINISTRATOR
SAN DIEGO COUNTY
INDIGENT BURIAL PROGRAM

PAYEE: MT. HOPE CEMETERY

CLAIM NUMBER: GC 557407

DATE: DECEMBER 1995

ESTATE	CASE #	AMOUNT
Eugene Moseley	1183087	386.00
	TOTAL	$ 386.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

39

Date 7-17-95

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

in a Liner (Vault/Liner) Funeral, date, time Wed 7/19/95 11AM

Church, Chapel, Graveside Church, Grossmont 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 Beverly L Bethune

War time veteran NO.

Lot 116 Grave 8 Row — Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	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 Mastercard	1563.30
Balance due	0

PAID
JUL 17 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 Beverly L Bethune
Signature
x 6241 Adamsbury Dr.
Address
x San Diego, CA. 92114
City Zip Code
x 619-262-7444
Telephone

Work Order # E 12375

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 12375

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Vertis	Lloyd	Martin Jr.	10/23/1955	07/13/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Beverly Bethune-MOTHER 6241 Amesbury Street San DIego1 CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking charge	8B. DATE SIGNED
California Cremation & Burial 5880 El Cajon Blvd. San Diego,CA 92115	F-1357	▶ Mark Mitchell	07/18/1995

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT SHOWING FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	M. Mitchell 07/18/1995 ▶	9509556

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San DIego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 7/18/95	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 7-17-95

BOTTOM

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MILLS, Lula M.

in a Double Depth Vault/Liner Dbl. Funeral, date, time Thur 7/20 1PM

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. X [signature]

War time veteran NO .

Lot 77 Grave 10 Row _____ Section 2 Division/Block 11

Grave space & Care Fund		895.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	380.00	~~250.00~~
Handling Fees	320.00	~~185.00~~
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes	26.60	~~17.50~~
Total Due	2041.60	~~1767.50~~
Paid receipt number	mastercard	442.00
	mastercard	324.10
Balance due		1325.50
		1335.50

PAID
AUG 14 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Barbara Walker
234-8906

I hereby certify I am the ~~t~~ daughter VISA of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Balance

~~t~~ [signature]
Signature

~~t~~ 1877 Whaley Ave.
Address

~~t~~ San Diego, CA 92104
City Zip Code

~~t~~ (619) 702-7722
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12376

Invoice # 256374

Acct. # 085817

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12376

NOTE

1325.50 San Diego, California July 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 Thirteen twenty-five & 50/100 -DOLLARS with interest from 20 August 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 Donna Mills SIGNATURE X Donna Mills

ADDRESS X 1877 Whaley Ave San Diego CA 92104

CALIFORNIA DRIVER LICENSE NUMBER X CDL-N7625352 SSN # X 552-08-2630

PY-1012 (11-89)

E 12376

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Lula	Mae	Mills	10/30/1932	07/15/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Donna Mills, Daughter 1877 Whaley Ave. San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA	F-1329		07/17/1995

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/18/1995	9509524

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 7/20/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
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.

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

C 12376

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 085817

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 8-14-95

PAID BY (CIRCLE ONE): CA CK MF (VISA)

PAYMENT REFERENCE NUMBER _____

AMOUNT PAID $132.50

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME DONNA MILLS

PAYOR NAME _____
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 1877 WHALEY AVE
SD CA 92104

REMARKS _____

CASHIER _____ INV. NO. 256374

TR-1501 (2-92) Jane - MT
HOPE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/17/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elaine Ventimiglia

in a liner (Vault/Liner) Funeral, date, time Thursday 7/20 11 am

Church, Chapel, Graveside Library Lutheran Woodlawn Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned. Joseph M Ventimiglia

War time veteran _____

Lot 84 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	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1673.30
Paid receipt number 46449	416.00
Balance due	1247.30

PAID
AUG - 4 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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.

1247.30

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Joseph M Ventimiglia
Signature
6470 LANSTON ST
Address
SAN DIEGO 92111
City Zip Code
277-7094
Telephone

Work Order # E 12377

Invoice # 256372

Acct. # 085819

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-12377

NOTE

$1,247.30 San Diego, California 7/17 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 One thousand two hundred forty seven 30/100 DOLLARS with interest from August 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 JOSEPH M VENTIMIGLIA SIGNATURE Joseph M Ventimiglia

ADDRESS 6470 LANSTON ST 92111

CALIFORNIA DRIVER LICENSE NUMBER A BD 4116927 SSN # 124-14-1242

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 12377

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ELAINE	R.	VENTIMIGLIA	12/12/1935	07/17/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOSEPH VENTIMIGLIA: HUSBAND 6470 LANSTON STREET SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY: 5027 EL CAJON BLVD., SAN DIEGO, CA 92115	F-790	Victoria Mesa	07/19/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	07/20/1995	Victoria Mesa 9509659

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7/21/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J Waits	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

E-12377

Make Remittance Payable to
CITY TREASURER
P.O Box 2289
San Diego, California 92112
Please Return YELLOW Copy with Your Payment

JOSEPH M VENTIMIGLIA
6470 LANSTON ST
SAN DIEGO CA 92111
SAN DIEGO CA 92111

ACCT NO
085819

TREASURERS USE ONLY

PAYMENT DATE 8-4-95
BY: CA CK IF

PAYMENT REF NO 952 5265625

AMT PAID: 1,247.30

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/21/95	08/20/95	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12377
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ELAINE VENTIMIGLIA SERVICES	
LOT 84 GRAVE 8 SEC 2 DIV 12	895.00
OPENING/CLOSING	375.00
LINER	190.00
HANDLING FEE	145.00
TAX ON LINER	13.30
RECORDING FEE	45.00
LESS PAYMENT ON R-46449	416.00-
TOTAL DUE	1,247.30

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. 256372

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46449

Date: 7/17, 19 95

From: Joseph M. Ventimiglia Address: 6470 Lawton Dr. S.D. 92111

Four Hundred Sixteen 00/100 Dollars ($ 416.00)

In Payment of interment of Elaine Ventimiglia

Lot 84 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12977

BALANCE DUE $1,247.30

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.

PAID

ISSUED BY Carolyn

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	416	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	416	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/18/95

casket L-3'4½" W-18" Grave 43+21

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Demetri Franklin

In a _____ Vault/Liner Funeral, date, time Thurs 7/20 2pm.

Church, Chapel, Graveside graveside only; Rapadale 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. Rapadale Mortuary

War time veteran _____.

Lot 3625 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 #6451	270.00
Balance due	0

Paid in full 7-18-95

I hereby certify I am the Great grandfather of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

5635 McHugh Sq.
Address
San Diego CA 92114
City Zip Code
264-8825
Telephone

Work Order # E 12378

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 12378

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Demetris	-	Franklin	02/19/1994	07/13/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Nadine Franklin - Grandmother 2615 28th St. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	Debbie Williams	07/18/1995

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10378 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/18/1995	9509563

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-52222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 7/20/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
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
527-3460

46451

Date: 7/18, 19 95

From: Mrs Jean Delano Address: 5635 Mt Cook St. S.D. 92114

Two Hundred seventy & no/100 Dollars ($ 270.00)

In Payment of interment of Deborah Franklin

Lot 3625 Grave Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E-123778

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	270	00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ # B1950127

ISSUED BY Carolyn

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

488-5553
483-4465 - FAX

Date 7-19-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PLEMMONS, SALLY

in a Liner (Vault/Liner) Funeral, date, time Fri. 7/21 1PM ?

Church, Chapel, Graveside Chapel/Graveside Pacific Beach Mortuary. Gatsby

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 40 Grave 12 Row _____ Section MAS Division/Block O

Grave space & Care Fund	D-6250	0
Additional spaces and care fund		
Opening/Closing & Setup	D-8819	0
Burial Container	D-8819	0
Handling Fees	D-8819	0
Flower vases – Marker setting fee		
Recording and filing fee		
Sales taxes	D-8819	0
Total Due		0
Paid receipt number _____		
Balance due		0

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 _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

✓

Work Order # E 12379

Invoice # _____

Acct. # _____

PY-583 (Rev. 8-92)

E 12379

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SALLIE	ELMYRA	PLEMMONS	01/18/1897	07/19/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FREEDA FAYE ADAMS - DAUGHTER 3769 RIVIERA DRIVE SAN DIEGO, CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
PACIFIC BEACH MORTUARY 4710 CASS STREET, SAN DIEGO, CA 92109	815

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [signature]	07/19/1995

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/20/1995	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS, P. O. BOX 85222 SAN DIEGO, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7/21/95	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.

E 12379

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-19-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PARKS, PATRICK A.

in a liner (Vault/Liner) Funeral, date, time MON 7/24 11AM.

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 [signature]

War time veteran NO

Lot 1791 Grave ____ Row ____ Section ____ Division/Block 10

PAID
AUG 21 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – ~~Marker cutting fee~~ TRIAN	46.75
Recording and filing fee	45.00
Sales taxes	13.30
CA BURIAL TO BRING CK. $452 ~~CA Burial to bring $452.00 deposit cannot do Sec until~~ 7/21/95 Total Due	1810.05
Paid receipt number B-46464	452.00
Aux. Inv. Balance due	1358.05
	1358.05

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.

Bal: 0

[signature]
Signature

7749 Belden St Apt 92
Address

San Diego CA 92111
City Zip Code

(619) 278 2259
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 12380

Invoice # 256420

Acct. # 085833

PY-593 (Rev. 8-92)

11:45
9:45 E 1230.

To Jane

Date 7/20/95 Time 10:59 ☑ AM ☐ PM

WHILE YOU WERE OUT

M Martin of A Burial

Phone ( ) 234-3272
Area Code Number Extension

TELEPHONED		PLEASE CALL	✓
CALLED TO SEE YOU		WILL CALL AGAIN	
WANTS TO SEE YOU		URGENT	
RETURNED YOUR CALL			

Message Services at Parks for Monday
Not able to bring check for deposit.
Equity Family Ins. Lapse Carolyn

reorder 23-700 Operator

AMPAD

OVER →

Green Cycle™ RECYCLED PAPER

JoAnn said they could bring the money prior to the service, or just after.

I spoke w/Sandra on Thur 7/20 at 2:50 p.m.

E 12380

256420	07/25/95	085833	SANDRA TILLMAN			08/21/95	CA	HAND DELI	1,358.05	1,358.05	0.00
			100	072	77181	000072			375.00		PAID IN FULL
			100	072	77182	000072			215.00		
			100	072	77183	000072			45.00		
			100	072	77184	000072			344.00		
			100	072	77185	000072			165.00		
			60101		78390				15.05		
			67007		77184				199.00		

MT. HOPE CEMETERY

W.O. # E-12380

NOTE

$ 1358.05 San Diego, California 19 JULY 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 fifty-eight & 08/100 DOLLARS with interest from 24 AUG. 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 Sandra Tillman SIGNATURE X [signature]

ADDRESS X 7777 Belden St. Apt 92 S.D. CA 92111

CALIFORNIA DRIVER LICENSE NUMBER X C6876870 SSN # X 268-76-9965

PY-1012 (11-89) ex 7-'1997

L 12380

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Patrick	Allen	Parks Sr.	08/28/1974	07/16/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sandra M. Tillman-SISTER 7777 Belden St. #92 San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5880 El Cajon Blvd. San DIego,CA 92115	F-1357	▶ Mark Parks	07/21/1995

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	M. Mitchell 07/21/1995	9509764 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, Ca 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 7/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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.

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

E 12380

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 085833

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 8-21-95

PAID BY (CIRCLE ONE): (CA) CR NP

PAYMENT REFERENCE NUMBER Hand delivered

AMOUNT PAID 1358.05

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME SANDRA TILLMAN

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) REVA PARKS, MOTHER

CUSTOMER (PAYOR) ADDRESS 3740 EUCLID AV
SD 92105

PAID
AUG 21 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

CASHIER _____

INV. NO. 256420

TR-1561 (2-82) Jane

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46464

Date: 7-24, 1995

From: CA Burial Address: 5880 El Cajon Blvd, SD 92115

Four hundred fifty-two & no/100 Dollars ($ 452.00)

In Part Payment of Interment of Patrick Parks

Lot 1791 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12380

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 J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	452	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	452	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-19-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of STEWARD, LEON JR

in a T.S Vault (Vault/Liner) Funeral, date, time MON 7-24; 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. Jean Osby

War time veteran NO

Lot 42 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... under tree.	1095.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	1967.50
Paid receipt number #46462	492.00
Balance due	1475.50

I hereby certify I am the Jean Osby, sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Jean Osby
Signature

3095 Olive View Rd
Address

Alpine CA 91901
City

619 445-4386
Zip Code Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 12381

Invoice # 256419

Acct. # 085832

PY-593 (Rev. 8-92)

Larry Steward
963-9467

Carol King
470-2720

MT. HOPE CEMETERY W.O. # E-12381

NOTE

$ 1,475.50 San Diego, California July 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 One thousand four hundred seventy five 50/100 DOLLARS with interest from August 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 JEAN OSBY SIGNATURE Jean Osby

ADDRESS 3095 OLIVE VIEW RD ALPINE, CA 91901

CALIFORNIA DRIVER LICENSE NUMBER D0 594034 SSN #

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 12381

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Leon	-	Steward	09/05/1930	07/17/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Larry E. Steward-SON 340 Los Soneto Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5880 El Cajon Blvd. San DIego,CA 92115	F-1357	▶ Mark Ward	07/20/1995

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

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT. SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	M. Mitchell 07/20/1995	9509665 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San DIego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL, (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San DIego, CA	11B. DATE BURIED 7/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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 ▶	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

46462

Date: 7/21, 19 95

From: Jean Oxley Address: 3095 Olive Peak Rd. - 92101

Four Hundred ninety two ^{00/100} Dollars ($ 492.00)

In Payment of Interment of Leon Stewart, Jr.

Lot 42 Grave 9 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E12981

BALANCE DUE ~~$1,475.50~~

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

636
DC 5/10/94

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carolyn

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	492	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	492	00

Pre need lot Trust Olivas Shaw

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/24/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ (Vault/Urn) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

War time veteran _____.

Lot 25 Grave 10 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 _____	
Balance due	

E 12510

See

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 12382

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-24-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jones, MaggIE,

in a Liner (Vault/Liner) Funeral, date, time Tuesday 7/25 11 am

Church, Chapel, Graveside Chapel + G.S.; Rosedale (Mortuary).

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. * N/A.

War time veteran NO.

Lot 101 Grave 12 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1563.30
Paid receipt number 46483	1563.30
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

* Donna L. Gibson
Signature
* 14809 Madison
Address
* Harvey Ill. 60426
City Zip Code
* 708-331-1707
Telephone

Work Order # E 12383

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12383

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Maggie	Lee	Jones	06/30/1913	07/18/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sonya L. Gideon - Niece 14809 Madison Ave. Harvey, IL 60426

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	Debbie Williams	07/24/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/25/1995	9509884

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 7/25/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
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	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

46463

Date: 7-24, 19 95

From: SONIA GIDEON Address: 14809 Maddison Ave. Harvey, Il. 60426

fifteen hundred sixty three 30/100 Dollars ($ 1563 30)

In full Payment of interment of Maggie Jones

Lot 101 Grave 12 Row ____ Section 3 Division ____ Block 12

Invoice No. ____

Acct. No. ____

W.O. E 12383

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Balabby

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77152	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	1563	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Casket size, 1 mo. old cloth cover, 20" length 12" wide

Date 7/24/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dante Waller

in a — Vault/Liner Funeral, date, time Thursday 7/27 11 am

~~Church, Chapel,~~ Graveside only Graveside, Pinkham Mortuary. 266-8576

- 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 AQuttu

War time veteran _____.

✓ Lot 2924 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 GALVANIZED	18.00
Handling Fees	13.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	.70
Total Due	293.70
Paid receipt number 46465	293.70
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.

X Amanda Marie Waller
Signature

5972 KEWATIN COURT
Address

X SAN DIEGO, CA 92114-5512
City Zip Code

(619) 266-8576
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

✓ 12384

Work Order # E _____

Invoice # _____

Acct. # _____

PY-593 (Rev. 6-92)

12384

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DANTE	ELIJAH	WALLER	06/30/1995	07/20/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sharon K. Waller-Mother 5972 Kenyatta Ct. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—person taking permit	8B. DATE SIGNED
Pinkham-Mitchell Mortuary 808 13th St. Imperial Beach, CA 91932	FD-1178		07/24/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/25/1995	9509857

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 7/27/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
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

40465

Date: 7-25, 19 95

From: Amando Waller Address: 5972 Kenyatta Court S.D. CA. 92114

two hundred ninety three 70/100 Dollars ($ 293.70)

In full Payment of interment of Dante Walker

Lot 2924 Grave _____ Row _____ Section 1 Division 9 Block _____

Invoice No. _____

Acct. No. _____

W.O. E 12384

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Balcotlen

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182	10	00
	100	13	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		70
TOTAL PAID	$	293	70

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46466

Date: 7-25, 19 95

From: Amando Walker Address: 3972 Kenyatta Court. S.D CA 92114

thirty one and 40/100 Dollars ($ 31.40)

In full Payment of installation of MEMORIAL MARKER

"(TEMPORARY) for Dante Walker

Lot 2024 Grave ____ Row ____ Section 1 Division Block 9

Invoice No. ____

Acct. No. ____

W.O. E 12384

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Balobley

CREDIT	67007		
20% Sales Care	77154		
80% Sales of Lots	100 77154		
Opening/ Closing	100 77151		
Burial Containers	100 77152		
	100	10	00
Handling Fee	77155		
Recording & Misc. Fees	100 77163	20	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300	1	40
TOTAL PAID	$	31	40

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-25-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ethelbert LONG

in a LINER (Vault/Liner) Funeral, date, time Thurs, 7/27 11:00am

Church, Chapel, Graveside Del 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 121 Grave 6 Row _____ Section 1 Division [redacted] 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	50.00
Handling Fees	104.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	700.00
Paid receipt number 46474	700.00
Balance due	-0-

Mortuary Will bring Check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12385

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12385

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ETHELBERT	-	LONG	12/06/1928	07/13/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	CO. OF SAN DIEGO PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	▶Karen Warrant	07/25/1995

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.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Karen Warrant 07/27/1995	9510008 ▶

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

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7/27/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
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

46474

Date: 7/27, 19 95

From: Conrad Mortuary Address: 7387 Broadway Lemon Grove 91945

Seven hundred 00/100 Dollars ($ 700.00)

In full Payment of Elbert Long

Lot 121 Grave 6 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12385

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

27480 11361

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carolyn

CREDIT 20% Sales Cons	57007 77184	25	00
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	50	00
Handling Fee	100 77185	104	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	700	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/25/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold Pardenhary Aff 183753

In a Liner (Vault/Liner) Funeral, date, time Thurs 8/10 - 11:00AM

Church, Chapel, Graveside Delivery only El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 13 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	

Kevin Judkins

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 12386

Invoice # 257193

Acct. # 000952

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E 12386

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HAROLD	GENE	PARDENBARY	02/17/1938	07/19/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOHN JOHNSON - NEPHEW 889 GROSSMONT AVE EL CAJON, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAJON MORTUARY 684 S MOLLISON AVE EL CAJON, CA 92020	FD-1022	Phyllis Dell	08/09/1995

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10575 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/09/1995 PHYLLIS DELL	9510609

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT*
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY/3751 MARKET ST SAN DIEGO, CA 92101	11B. DATE BURIED 6/10/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Walt
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.

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE - [redacted] F12386

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 9/11/1995
BY: CA (CK) IF
PAYMENT REF NO 04-901401
AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/10/95	09/09/95	JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12386
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
HAROLD PARDENBARY PA 1183753	
SERVICES	
LOT 13 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. 257193

AC-422 (Rev. 2/92) *White - Customer Copy • Yellow - Remittance Copy*

Head
1200 1261
294 - 0812
left

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/25/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna Shreves

in a top seal vault Funeral, date, time Fri 7/28 1 pm Church, Chapel, ~~Graveside~~ Church Graveside Pacific Beach Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned. John Shreves

War time veteran _____.

Lot 1261 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	E 12321	0
Additional spaces and care fund		
Opening/Closing & Setup	E-12321	-0
Burial Container	"	-0
Handling Fees	"	-0
Flower vases – Marker setting fee		
Recording and filing fee	E 12321	-0
Sales taxes	"	-0
Total Due		-0
Paid receipt number	463698 463974	
Balance due		-0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

John Shreves
Signature
5561 BIRKDALE WAY
Address
SAN DIEGO CA 92117
City Zip Code
619 292 0212
Telephone

Work Order # E 12387

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

Interfund Transfer D.P. Typed 8/8/95

Pre-need lot only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/25/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria Santiesteban

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 96 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	795.00
Paid receipt number #46469	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

Maria Santiesteban
Signature

#492 6475 ATLANTIC AV
Address

LONG BEACH CA 90805
City Zip Code

310 984-44-64
Telephone

Work Order # E 12388

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46716

Date: 10/19, 1995

From: Maria Santiesteban Address: 6475 Atlantic Ave, Long Beach 90805

Twenty-five & no/100 Dollars ($ 25.00)

In part Payment of Pre-need lot

Lot 96 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13388

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

98

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164	25	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
	100		
Handling Fee	77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 8022		
Sales Tax	60101 78300		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46565

Date: 8-31, 19 95

From: Santies-Eban, Maria Address: 6475 Atlantic Ave. Long Beach 90805

twenty five Dollars ($ 25.00)

In part Payment of pre-need lot for

Santies-Eban, Maria

Lot 96 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 12388

BALANCE DUE 570.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1464

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Balobles

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46469

#929 Date: 7/25, 19 95

From: Maria Santiesteban Address: 6475 Atlantic Ave Long Beach

Two hundred & no/100 Dollars ($ 200.00) 7605

In Payment of Pre-need lot only

Lot 96 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12388

BALANCE DUE $595.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	57007	
20% Sales Care	77164	
80% Sales of Lots	100 77184	200 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	200 00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

ISSUED BY Carolyn

AC-212 (Rev. 5-94)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-12388 Pre-Need Lot only

Maria Santiesteban
6475 Atlantic Avenue
Long Beach, CA 90805

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
								X			

Amount due when paid on or before due date above ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ 25.00

$ ____

Amount Received $ ____

NAME MARIA SANTIESTEBAN

ADDRESS 6475 ATLANTIC AV #909

CITY LONG BEACH STATE CA ZIP 90805

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12388

Pre-need Lot only

Maria Santiesteban
6475 Atlantic Avenue
Long Beach, CA 90805

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
								X			

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME MARIA SANTIESTEBAN

ADDRESS 6475 ATLANTIC AV #929

CITY LONG BEACH STATE CA ZIP 90805

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/26/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marie E. Dillard

In a TS Vault Vault/Liner Funeral, date, time Friday 7/28 - 10:30am

~~Church, Chapel~~ Graveside only : Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 50.00 will be applied and billed to undersigned. Winnifred Rankin

War time veteran _____.

Lot 20 Grave _____ Row _____ Section IOOF ~~Division~~/Block 39

Grave space & Care Fund Purchased 5/1948, no E-ticket shown -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
Total Due	872.50
Paid receipt number	872.50
Balance due	-0-

I hereby certify I am the Power of Attorney of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Winnifred Rankin
Signature
8537 Rancho Canada Rd.
Address
El Cajon, 92021
City Zip Code
561-3133
Telephone

Work Order # E 12389

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

12389

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARIE	E.	DILLARD	07/03/1897	07/24/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	WINNIFRED RANKIN: NIECE 8557 RANCHO CANADA ROAD #5 EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	F-843	▶ Victoria Meza	07/27/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	Victoria Meza 07/27/1995	9510051 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46470

P.O.A.

Date: 7/26, 19 95

From: Jennifer L Rankin Address: 8557 Rancho Carmel Dr. Chula Vista 91911

Eight hundred seventy two & 50/100 Dollars ($ 872.50)

In Payment of Interment of Marie E. Dillard

Lot 20 Grave Row Section 200F Division Block 39

Invoice No.

Acct. No.

W.O. E-12389

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2378

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 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77162	250	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	50
TOTAL PAID	$	872	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-26-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HOLLINQUEST, HARDY

in a Liner (Vault/Liner) Funeral, date, time Fri 7/28 1 P.M.

Church, Chapel, Graveside Church Graveside Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. x Shelah L Baker

War time veteran YES

Lot 105 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 R-46473	390.00
Balance due	1173.30
GEN. INV.	1173.30

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.

x Shelah L Baker
Signature

x 4031 BROADWAY
Address

x SAN DIEGO CA 92102
City Zip Code

x 263-0407
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12390

Invoice # 256972

Acct. # 08601 2

PY-593 (Rev. 8-92)

E 12390

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Hardy	-	Hollinquest, Jr.	12/31/1924	07/21/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Sheilah L. Baker - Daughter 4031 Broadway St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, Ca	F-1329		07/26/1995

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/27/1995	9510035

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
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.

ACO-7.5

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 12390

SHEILAH L BAKER
4031 BROADWAY
SAN DIEGO CA 92102
SAN DIEGO CA 92102

ACCT NO
086012

TREASURERS USE ONLY

AYMENT DATE 08-23-95
Y: CA CK IF

AYMENT REF NO 24612 AMT PAID: 1173.30

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/03/95	09/02/95	JULY

OR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12390
EPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
RDY HOLLINQUEST SERVICES	
LOS GR 8 SEC 2 DIV 11	795.00
PENING/CLOSING	375.00
INER	190.00
ANDLING FEE	145.00
AX ON LINER	13.30
ECORDING FEE	45.00
ESS PAYMENT ON R-46473	390.00-
TOTAL DUE	1,173.30

OTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT UST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO VOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE BJECT TO A COLLECTION FEE OF 10% OR $10, HICHEVER IS GREATER, INTEREST OF 1% PER MONTH THE UNPAID BALANCE, AND APPLICABLE PENALTIES. Y QUESTIONS SHOULD BE DIRECTED TO THE CONTACT TIED ABOVE.

INV NO. 256972

Rev. 2/93 *White - Customer Copy • Yellow - Remittance Copy*

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47044

Date: 1-31, 1996

From: Sheilah Baker Address: 4031 E. Broadway San Diego 92101

One Hundred Twenty five Dollars ($ 125.00)

In full Payment of Veterans marker for Hardy Hollenquest

Lot 10 5 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12390

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2525

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D. Shields

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	125	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46473

Date: 7-26, 1995

From: Sheilah L. Baker Address: 4031 E. Broadway, 2D CA 92102

Three hundred ninety & 00/100 Dollars ($ 390.00)

In part Payment of interment of Hardy Hollingquist

Lot 105 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12390

BALANCE DUE $1173.30

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 2442

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77154		
80% Sales of Lots	100 77164	390	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 75360		
TOTAL PAID	$	390	00

MT. HOPE CEMETERY

W.O. # E-12390

NOTE

$ 1173.30 San Diego, California 7-26 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 seventy-three 30/100 DOLLARS with interest from 28 Aug. 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 SHEILAH L BAKER SIGNATURE X Sheilah L Baker

ADDRESS X 4031 BROADWAY SAN DIEGO CA 92102

CALIFORNIA DRIVER LICENSE NUMBER X N5016329 SSN # X 571-02-3750

PY-1012 (11-89)

12390

256972 08/03/95 086012 SHEILAH L BAKER

08/23/95 CK 2460

100	072	77181	000072	1,173.30	
100	072	77182	000072	375.00	
100	072	77183	000072	190.00	
100	072	77184	000072	45.00	
100	072	77185	000072	246.00	
60101		78390		145.00	
67007		77184		13.30	
				159.00	

1,173.30 PAID IN FULL 0.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/26/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus Martinez PA# 183702 ME95-1232

in a Liner (Vault/Liner) Funeral, date, time Tues 8-1; 10:30 A.M

Church, Chapel, Graveside Delivery only Conrad Mortuary. (Funeral Home)

All Funeral cars must arrive 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 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	$126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	$386.00
Paid receipt number	
Balance due	

Paid

Kezia Watkins

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 12391

Invoice # 256973

Acct # 000952

PY-593 (Rev. 8-92)

E 12391

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E12391

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JESUS	—	MARTINEZ	07/31/1944	06/29/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CO. OF SAN DIEGO PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	▶Karen Warrant	07/31/1995

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Karen Warrant 07/31/1995	9510157 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP-IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) ▶

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6/11/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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.

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

12391

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 9-13-95
BY: CA (CK) IF

PAYMENT REF NO 04-902871 AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/03/95	09/02/95	JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12391
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JESUS MARTINEZ, PA 1183702	
ME 95-1232 SERVICES	
LOT 17 GR 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. 256973

AC-22 (Rev. 2/92) *White - Customer Copy • Yellow - Remittance Copy*

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-27-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Scott, Eve

in a DBL CRYPT (Vault/Liner) Funeral, date, time Mon 7-31- 1:00 P.M

Church, Chapel, Graveside Graveside ; Bayfield Lodge (1-510-841-2300) Mortuary.

Morris & Morris Tyrrell

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 MS

War time veteran NO

Lot 6 Grave 2 Row _____ Section 2 Division/~~Block~~ 4

Grave space & Care Fund E-8993	0
Additional spaces and care fund	
Opening/Closing & Setup (one) E-11320	0
Burial Container	60.00
Handling Fees	150.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	16.76
Total Due	271.76
Paid receipt number 46476	271.76
Balance due	0

PAID
JUL 31 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Family will sign Insurance order form at 1-510-843-5338 before service

I hereby certify I am the x daughter Marcia Stelt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Marcia Stelt
Signature
x PO Box 429
Address
x Santa Fe, NM 87504
City Zip Code
x 505-986-0911
Telephone

✓ 12392
Work Order # E

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

Interfund DP typed 8/8/95

MT. HOPE CEMETERY

INTERMENT ORDER

12392

5

PM

INT-2500

00

00

00

00

76

76

1509

NAME Scott, Eve (for Marcia Stehr) ACCT. NO. E-11320

ADDRESS 2951 Derby St., B101 Berkeley, CA RATING 94705 LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted]	94	Pre-need Trust opened for Marcia Stehr: Opening/Closing; Dbl. depth crypt (previously paid for t.s.vault-difference in cost=$205.00) handling fee (difference in cost=$150.00); tax on crypt (difference in cost=$16.76); recording fee.				
		(Lot Paid in Full - 6-2-2-4)	791.76			791.76
2-8	94	Receipt #44606			70.00	721.76
3-7	94	Coupon #1, Rec. # 44702			30.00	691.76
4-4	94	Coupon #2, Rec # 44805			30.00	661.76
5-12	94	Coupon #3, Rec #44946			30.00	631.76
6-6	94	Coupon #4, Rec 45089			30.00	601.76
7-	94	Coupon #5, Rec. # 45187			30 -	571.76
8-	94	Coupon #6 Receipt # 45317			30 -	541.76
9-2-	94	Coupon # 7 Receipt # 45396			30 -	511.76
10-6	94	CPN #8 Rec. 45549			30 -	481.76
11-9	94	Cpn # 9 Rec # 45651			30	451.76

NAME Scott, Eve (for Marcia Stehr) ACCT. NO. E-11320

ADDRESS 2951 Derby St., B101 Berkeley, CA RATING 94705 LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted]	94	Pre-need Trust opened for Marcia Stehr: Opening/Closing; Dbl. depth crypt (previously paid for t.s.vault-difference in cost=$205.00) handling fee (difference in cost=$150.00); tax on crypt (difference in cost=$16.76); recording fee.				
		(Lot Paid in Full - 6-2-2-4)	791.76			791.76
2-8	94	Receipt #44606			70.00	721.76
3-7	94	Coupon #1, Rec. # 44702			30.00	691.76
4-4	94	Coupon #2, Rec # 44805			30.00	661.76
5-12	94	Coupon #3, Rec # 44946			30.00	631.76
6-6	94	coupon #4, rec 45089			30.00	601.76
7-[redacted]	94	Coupon #5, rec. # 45187			30 -	571.76
8-[redacted]	94	Coupon #6 receipt ~~#~~ 45317			30 -	541.76
9-2-	94	Coupon # 7 receipt # 45396			30 -	511.76
10-6	94	cpn #8 Rec. 45549			30 -	481.76
11-9	94	cp # 9 rec # 45651			30	451.76

E12392

518

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Evelyn.	Gertrude	Scott	06/11/1908	07/27/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Berkeley	Alameda	Marcia G. Stehr - Daughter P.O. Box 429 Santa Fe, New Mexico 87504

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Bayview Chapel, 1918 Martin Luther King Jr. Way Berkeley, CA	F446	▶ Chris Reynolds	7/28/95

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7-	7/28/1995	▶ Debi Nam

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT. SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Berkeley H.D. - 2180 Milvia St. Berkeley, CA	San Diego Co. H.D. - 3851 Rosecrans St. San Diego, CA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA	11B. DATE BURIED 7/31/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
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

46476

Date: 7-31, 19 05

From: Hayden Mitchell Address: P.O BOX. 1089. BLUE HILL, ME 04614

two hundred seventy one 70/100 Dollars ($ 271.76)

In full Payment of interment of

Scott, Eve

Lot 6 Grave 2 Row Section 2 Division Block 4

Invoice No.

Acct. No.

W.O. E-12392

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4671

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Balobsky

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182	60	00
Handling Fee	100 77185	150	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	16	76
TOTAL PAID	$	271	76

80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/28/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martha Faber TOBLER

in a Vault/Liner Funeral, date, time 9/2/95 11:00 AM

Church, Chapel, Graveside Deliverance Humphries 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. Luisa F. Smith

P-AT 435-9114

War time veteran _____.

Lot 4038 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund C.5527	-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	13.90
Total Due	768.30
Paid receipt number 46475	200.00
Balance due	568.30

Family to Witness

I hereby certify I am the Cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Luisa F. Smith
Signature

6944 Fulmer St
Address

San Diego Ca. 92114
City Zip Code

(619) 450-3246
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12393

Invoice # 256968

Acct. # 086010

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E 12323

NOTE

$ 568.30 San Diego, California 7/28 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 Five hundred sixty-eight & 30/100 DOLLARS with interest from August 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 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 Keithun F. Smith SIGNATURE Keithun F. Smith

ADDRESS 6044 Fulmer St S.D. Ca. 92114

CALIFORNIA DRIVER LICENSE NUMBER L0621513 SSN # 556-36-1949

PY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E12392

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARTHA	-	TOBLER	10/31/1914	07/27/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Pauline Phillips Mother 835 Missouri St. San Diego CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	D Wilkins	08/01/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/01/1995 D. Wilkins	9510219 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 8/2/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A Particle Board	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

46475

Date: 7/28, 19 95

From: Lethia Smith Address: 6644 Eastmont St. 92114

Two Hundred & no/100 Dollars ($ 200.00)

In Payment of interment of Martha Fabian

Lot 4038 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. # E 12393

BALANCE DUE 568.30

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 Carolyn

CREDIT			
20% Sales Care	67007 77184		
60% Sales of Lots	100 77184		
Opening/ Closing	100 77181	175	00
Burial Containers	100 77182	25	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

B4

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of WILSON, VERNON

In a Liner (Vault/Liner) Funeral, date, time Friday-8/4/95 1:00

Church, Chapel, Graveside Graveside ; Thompson (Stockton) 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. BH

War time veteran _____.

Lot 180 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1763.30
Paid receipt number 46480	441.00
Balance due	1322.30

Paid in full 9-2-95

VERONICA 1-213-937-5237 1-209-465-8971

I hereby certify I am the Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

+ Veronica Coleman
Signature
× 629 Irving
Address
× Los Angeles Ca
City Zip Code
× (213) 9375237
Telephone

12394

Work Order # E _____

Invoice # 257098

Acct. # 086046

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12394

NOTE

$ 1322.30 San Diego, California August 3 19 9[illegible]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of thirteen hundred twenty two 30/100 DOLLARS with interest from September 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 x B Johnette Phillips SIGNATURE x B. Johnette Phillips

ADDRESS x 12801 Lewis Street # 28 GARDEN GROVE CA 92640

CALIFORNIA DRIVER LICENSE NUMBER x E0096807 SSN # x 562 76 3499

PY-1012 (11-89)

E 12394

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
VERNON	LORANZO	WILSON	11/24/1959	07/29/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
FRENCH CAMP	SAN JOAQUIN	MARY WILSON-MOTHER 629 E. 5TH. STREET STOCKTON, CA. 95206

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
THOMPSON MEMORIAL CHAPEL, 435 S. WILSON WAY STOCKTON, CA. 95205	FD 1521	Gudiel Thompson	08/02/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$1.00	08/02/1995	Evan Chandler M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
1601 E. HAZELTON AVENUE STOCKTON, CA. 95205	SAN DIEGO COUNTY HEALTH DEPT. 3851 ROSECRANS ST., SAN DIEGO, CA. 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3151 MARKET STREET SAN DIEGO, CA. 92102	11B. DATE BURIED 8/1/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Bronze sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46480

Date: 8/3, 1995

From: Veronica Coleman Address: 629 Truing, Los Angeles, CA

four hundreds forty one Dollars ($ 441.00)

In part Payment of interment of Wilson Vernon

Lot 180 Grave 5 Row Section 2 Division 12 Block 68

Invoice No.

Acct. No.

W.O. E-12394

BALANCE DUE 1322.30

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.

or PI 3

ISSUED BY V. Balobloo

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	441	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	441	00

E 12394

E-12394

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-102

ACCOUNTS RECEIVABLE
PAID INVOICE REPORT BY DEPARTMENT
AS OF 09/07/95

DATE: 09/07/95
TIME: 233318
PAGE: 19

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE OPER	'D BY BN/EQ	PAYM REF NO FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
257098	08/07/95	086046	B. JOHNETTE PHILLIPS					09/02/95	CK	2001	1,322.30	1,322.30	0.00
			100	072		77181	000072				375.00		PAID IN FULL
			100	072		77182	000072				190.00		
			100	072		77183	000072				45.00		
			100	072		77184	000072				355.00		
			100	072		77185	000072				145.00		
			60101			78390					13.30		
			67007			77184					199.00		

NUMBER OF INVOICES PAID 1

92

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ludders, Clotilda.

in a Vault (Vault/Liner) Funeral, date, time Wed 8-2. 2:30 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 $ 150.00 will be applied and billed to undersigned. X E. L.

War time veteran _____.

Lot 4236 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	D-788	Ø
Additional spaces and care fund		
Opening/Closing & Setup	E 9895	Ø
Burial Container	E-9895	Ø
Handling Fees	E-9895	Ø
Flower vases – Marker setting fee		
Recording and filing fee	E-9895	Ø
Sales taxes	E-9895	Ø
Total Due		Ø
Paid receipt number		Ø
Balance due		Ø

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

X Earl James Ludders
Signature
4111 Eruinus St. 22
Address
S.D. 92104
City Zip Code
282 9690
Telephone

Work Order # E 12395

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

Interfund DP typed 8/8/95

E 12395

7/31/95

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Clotilda	B.	Ludders	06/03/1903	07/31/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Earle James Ludders - Husband 4111 Illinois St. #22 San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary MAYER 2859 Adams Av. San Diego, CA 92116	1424	▶ [signature]	08/01/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	John Mayer 08/01/1995	9510242 ▶

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-[illegible]	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

[illegible]RIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8/2/95	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.

83

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JENGOZIAN, DIROOHI

in a Liner (Vault/Liner) Funeral, date, time Wed 8-2; 10:00 A.M

Church, Chapel, Graveside Church + G S ; Mayer 11:00 Mortuary.

All Funeral cars must arrive 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 4325 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	D-9195	Ø
Additional spaces and care fund		
Opening/Closing & Setup	D-9195	Ø
Burial Container	D-9195	Ø
Handling Fees	D-9195	Ø
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		
Total Due		45.00
Paid receipt number R-46521		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

Work Order # E 12396

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

12396

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Dirouhi	B.	Jingozian	09/13/1911	07/29/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Adrienne Mandossian - Sister 4162 10th Avenue San Diego, CA 92103 Ph. 296-2383

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams AV. San Diego, CA 92116	14284	▶ John Mayer	07/31/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	John Mayer 08/01/1995	9510180 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 8/8	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.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46521

Date: 8/10, 1995

From: Dr. Adrienne Mandossian Address: 4162 Tenth Ave. SD 92103

Seventy-five & 20/100 Dollars ($ 4500)

In Payment of Recording fee Dikrouhi Jingozian

Lot 4325 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12396

BALANCE DUE

Pre-Need Lot ☐ At Need ☑ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

519

AC-212 (Rev. 6-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63035 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	45	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-31-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Micah Tabares

in a Liner (Vault Liner) Funeral, date, time Thurs, 8/3 1:00pm

Church, Chapel, Graveside Church + Grave - Featherlawn 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 Tabares

War time veteran _____.

Lot 259 Grave 7 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	13.32
Total Due	1563.32
Paid receipt number 46477	1563.32
Balance due	0

PAID
JUL 31 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Stephanie M. Tabares
Signature
1793 Tamarand Wy
Address
San Diego 92154
City Zip Code
(619) 424-7827.
Telephone

Work Order # E 12397

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12397

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MICAH	AMOS	TABARES	11/10/1976	07/30/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Stephanie M. Tabares - mother 1793 Tamarand Way San Diego, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY 6322 El Cajón Blvd. San Diego, CA 92115	FD 1083	▶ B. Thomasud	07/31/1995

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/01/1995 Edward Feezall	9510205 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222, San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 8/3/95	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.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46477

Date: 7-31, 1995

From: South Bay Baptist Church Address: 960 Fifth Ave. C.V. 92011

Fifteen Hundred Sixty-Three 30/100 Dollars ($ 1563 30)

In Payment of Interment & Burial Tobacco

Lot 259 Grave 7 Row 1 Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12397

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

#10173

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT	67007		
20% Sales Care	77154	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76360	13	30
TOTAL PAID	$	1563	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Burial on top - "D.I.P."

Date 7/31/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Inez Whaley

in a Liner (Vault/Liner) Funeral, date, time Fri. 8/4 11 AM

Church, Chapel, Graveside Church : Pagadale & 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. Rick Whaley

War time veteran NO.

Lot 133 Grave 11 Row ____ Section 1 Division/Block 12

Grave space & Care Fund E-638	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 VISA	192.00
Balance due E-46491	576.30 576.30

PAID
AUG - 4 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.

Rickie Whaley
Signature

745 S. 45th
Address

San Diego 92113
City Zip Code

264-0675
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 12398

Invoice # ____

Acct. # ____

PY-593 (Rev. 6-92)

MT. HOPE CEMETERY

W.O. # E-12398

NOTE

576.30 San Diego, California 1 Aug. 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 $30/100 DOLLARS with interest from 4 Sep. 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 Rick Whaley SIGNATURE x Rick Whaley

ADDRESS x 745 S. 45th St SD 92113

CALIFORNIA DRIVER LICENSE NUMBER x N7846401 SSN # x 566-31-0922

PY-1012 (11-89)

12398

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Inez	-	Whaley	03/05/1925	07/29/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Tommy Whaley - Son 745 S. 45th St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	[signature]	08/01/1995

* 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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/02/1995	9510301

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 8/4/95	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.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46491

Date: 8-4, 1995

From Ragsdale Nors Address: 5050 Federal Blvd. SD 92102

Five Hundred Seventy-Six + 30/100 Dollars ($ 576.30)

In full Payment of Interment of Inez Whaley.

Lot 133 Grave 41 Row Section 1 Division 12 ~~Block~~

Invoice No. L

Acct. No.

W.O. E-12398

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 J. Weisner

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	183 00
Burial Containers	100 77182	190 00
	100	45 00
Handling Fee	77185	
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78360	13 30
TOTAL PAID	$	576 30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-1-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnell R. Steven Hogan PA4184075

in a liner (Vault/Liner) Funeral, date, time Fri 8/4 12 N

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 25 Grave 10 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 Baker

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 12399

Invoice # 957099

Acct. # 000952

PY-593 (Rev. 8-92)

12399

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOHNELL	-	HOGAN	10/17/1947	07/28/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	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	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA. 92102	FD-1425	▶ [signature]	08/03/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	ROSSI MARTINEZ 08/03/1995	9510363 ▶

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 [redacted]S., P.O. BOX85222 SAN DIEGO, CA. 92186-5222	—

10. [redacted]RIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] [redacted]RIAL (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

[redacted]RIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3752 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 8/4/95	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 [redacted]GE OF DISPOSING OF THE CREMATED REMAINS.

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

12399

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 9/11/1995
BY: CA (CK) IF
PAYMENT REF NO 04-901401
AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/07/95	09/06/95	JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12399
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHNELL HOGAN PA 1184075 SVCS	
LOT 25 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. 257099

AC-22 (Rev. 2/92) *White - Customer Copy • Yellow - Remittance Copy*

PRE-NEED LOTS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-3-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Phillips, B. Johnette

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 168 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	PAID IN FULL 8-25-1997
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number 46481	225.00
Balance due	670.00
	670.00

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

B Johnette Phillips
Signature

12801 Lewis Street #29
Address

Garden Grove Ca 92640
City Zip Code

(714) 750 1406
Telephone

12400

Work Order # E _____

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46481

Date: 8-3, 19 05

From: Johnette B. Phillips Address: 12801 LEWIS STR. #28 GARDEN GROVE, CA 92640

two hundred twenty five Dollars ($ 225.00)

In part Payment of pre-need lot for

Johnette B. Phillips

Lot 168 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12400

BALANCE DUE 670.00

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 V Rodriguez

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	225	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	225	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46609

Date: 9-12, 1995

From: B. Jolnette Phillips Address: 12801 S. Lewis #22, Garden Grove 92640

Twenty-eight & no/100 Dollars ($ 28.00)

In Payment of Pre-need lot

Lot 168 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12400

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94) 1053

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46684

Date: 10/10, 1995

From: Bobnette Phillips Address: 12501 S. Lewis, #28, Garden Grove 92640

Twenty-eight & no/100 Dollars ($ 28.00)

In part Payment of Pre need lot.

Lot 168 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12400

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94) 1082

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46319

Date: 12/18, 19 95

From: B. Johnette Phillips Address: 12801 Lewis St. Garden Grove, CA 92640

Fifty-Six Dollars ($ 56.00)

In Payment of Pre-Need Lots

Lot 168 Grave 10 & 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

E-12531 W.O. & E-12400

BALANCE DUE $614.00 $558.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1140

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	56	00
Sales Tax	60101 78390		
TOTAL PAID	$	56	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47008

Date: 1-12 1996

From: B. Johnette Phillips Address: 12801 Lewis St. #38 Garden Grove CA 92641

Eighty-four Dollars ($ 84.00)

In part Payment of Pre-Need Lot

Lot 168 Grave 10-11-12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12400, 12531, 12618

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1166

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Weisner

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	84	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	84	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47096

Date: 2-13 , 19 96

From: B. Johnette Phillips Address: 12801 Lewis St #28 Garden Grove 92640

Eighty Four Dollars ($ 84.00)

In part Payment of Pre-Need Lot

Lot 168 Grave 10, 11, 12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12618 E-12400

BALANCE DUE E-12531

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1185

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Shelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	84 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	84 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47190

Date: 3/13 19 96

From: B. Johnette Phillips Address: 12801 Davis St. #28 Garden Grove, CA 92640

twenty eight and 00/100 Dollars ($ 28.00)

In Payment of pre-need lot

Lot 168 Grave 10, #, + ~~12~~ Row Section 2 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-13400 ~~474.00~~

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ #1211

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M. Durgin

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID		$ 28	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47302

Date: 4/11, 19 90

From: E Johnette Phillips Address: 12801 Lewis St. #28 Gardenevie, CA 9264

Twenty eight and no/00 Dollars ($ 28.00)

In part Payment of Pre-need Lot

Lot 168 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. C-1940

BALANCE DUE 440.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

#1340

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Cynthia Duran

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47430

Date: 5-14, 1996

From: B. Johnette Phillips Address: 12801 Lewis St. #28 Garden Grove, Ca 92640

Twenty Eight and no/100 Dollars ($ 28.00)

In part Payment of Pre-need lot

Lot 108 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. ~~E-12018~~ E-12460

BALANCE DUE 418.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Cons	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77151		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ # 1275

ISSUED BY Catina M. Duncan

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47402
E-12400

Date: 5-14, 1996

From: B Johnette Phillips Address: 12801 Dewis St. #28 Garden Grove, CA 92840

Twenty eight and 00/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 168 Grave 11 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12531

BALANCE DUE 474.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
#1275

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M. Smith

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47515

#78 Date: 6-14, 19 96

From: B. Johnette Phillips Address: 12801 Lewis St. Garden Grove, Ca. 92840

Twenty eight dollars and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 168 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12400

BALANCE DUE 390.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #1311

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Turgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

47613

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-15, 1996

From: B Johnette Phillips Address: 12801 Lewis St. #28 Garden Grove, Ca. 92640

Twenty Eight and no/100 Dollars ($ 28.00)

In part Payment of Pay Pre-need lot

Lot 108 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12400

BALANCE DUE 362.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1333

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Laura Burgin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47609

Date: 8-8 , 19 96

From: B Johnette Phillips Address: 12801 Lewis St #28 Garden Grove Ca. 92844

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 168 Grave 10 Row _____ Section 2 Division 12 Block

Invoice No. _____

Acct. No. _____

W.O. E-12400

BALANCE DUE 334.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1369

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jungo

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

47507

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-16, 19 96

From: B Johnette Phillips Address: 12801 davis Ct #128 Garden Glade Ct. 92140

Twenty eight and no/100 Dollars ($ 28.00)

In cash Payment of pre-need lot

Lot 1168 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-T-401

BALANCE DUE 306.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1402

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jillson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

47037

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10-22 19 96

From: B. Johnette Phillips Address: 12501 Lewis St. #28 Garden Grove 92640

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of Pre-need Lot

Lot 108 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12460

BALANCE DUE 278.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1439

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Turgeon

CREDIT	67007		
20% Sales Care	77184	28	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 75390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40040

Date: 11-19 19 90

From: B. Johnette Phillips Address: 5242 Trinidad Way S.D. 92114

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 108 Grave 10 Row _____ Section 2 Division 12 Block

Invoice No. _____

Acct. No. _____

W.O. E-12460

BALANCE DUE 250.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
1490

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Nina Jurgen

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID		$ 28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40152

Date: 12-31, 19 96

From: B. Johnette Phillips Address: 383 61st St. S.D. 92114

Twenty Eight and no/100 Dollars ($ 28.00)

In Pait Payment of Pre-need lot

Lot 108 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12400

BALANCE DUE 222.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1563

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Burgos

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

4 238

Date: 1-29, 19 97

From: B. Jolnette Phillips Address: 383 61st St. San Diego 92114

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of Pre-need Lot

Lot 168 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12400

BALANCE DUE 194.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1584

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Duryea

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

4830

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-25 , 19 97

From: B. Johnette Phillips Address: 383 W 1st St. San Diego 92114

Twenty Eight and no/100 Dollars ($ 28.00)

In PAH Payment of Pre-need lot

Lot 168 Grave 10 Row _____ Section 2 Division 12 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12468

BALANCE DUE 166.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
1001

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Lugo

CREDIT	67007	13	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	15	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

4341

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-21, 19 97

From: B. Johnette Phillips Address: 383 61st St. S.D 92114

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 108 Grave 10 Row ____ Section 2 Division Block 12

Invoice No. [redacted]

Acct. No. ____

W.O. E-12400

BALANCE DUE 138.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 1611

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Selina Wrigon

CREDIT	67007	28	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

4345

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-23, 19 97

From: B Jolinette Phillips Address: 383 W1st St. San Diego 92114

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 108 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12400

BALANCE DUE 110.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1645

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Donna Duggan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

43581

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-16, 1997

From: B. Johnette Phillips Address: 393 60ST Street San Diego 92114

Twenty Eight and 00/100 Dollars ($ 28.00)

In part Payment of Pre-Need lot

Lot 168 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12400

BALANCE DUE 28.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1671

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Burgess

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4870

Date: 6-16 19 97

From: B Johnette Phillips Address: 5242 Trinidad Way S.D. 92114

Twenty eight and no/100 Dollars ($ 28.00)

In PART Payment of pre-need lot

Lot 168 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12400

BALANCE DUE 54.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1691

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carma Avallone

CREDIT	67007	28	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

48792

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-17, 1997

From: B. Johnette Phillips Address: 383 61st Street San Diego 92114

Dollars ($ 28.00)

In part Payment of Pre-need Lot

Lot 1108 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12400

BALANCE DUE 28.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1726

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avallone

CREDIT	67007	28	00
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48902

Date: 8-25, 19 97

From: B. Michele Phillipp Address: 383 61st Street San Diego 92114

Utility Mix and Mfg Co Dollars ($ 26 00)

In Full Payment of Pre-Need Lot

Lot 168 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12460

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1737

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY C. Morgan AVALOS

CREDIT	67007	26	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	26	00

Send or bring one coupon with each remittance. **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12400 (Pre-Need Lot)

B. Johnette Phillips
12801 Lewis St. #28
Garden Grove CA 92640
(Lot 168, Gr 10, Sec. 2, 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 ▶ $ 28.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12531 Pre-Need Lot E12400

B. Johnette Phillips
12801 Lewis St. #28
Garden Grove CA 92640
(Lot 168 Gr. 11 Sec.2 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 ▶ $ 28.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28.00

NAME D. Hope

ADDRESS 12801 Lewis #28

CITY Garden Grove STATE Ca ZIP 92640

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 1

DO NOT MAIL ENTIRE BOOK

E-12401

ACCOUNT No. E-12618 (Pre-Need Lot)

B. Johnette Phillips
12801 Lewis St. #28
Garden Grove, CA 92640
(Lot 168, Gr. 12, Sec.2, 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. ▶ $ 28.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12531 *Pre-Need Lot

B. Johnette Phillips E 12400

12801 Lewis St. #28

Garden Grove CA 92640

(Lot 168 Gr. 11 Sec 2 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. ▶ $ 28.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12400 (Pre-Need Lot)

B. Johnette Phillips
12801 Lewis St. #28
Garden Grove CA 92640
(Lot 168, Gr. 10, Sec. 2 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: $28.00

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 E17400

ACCOUNT No. E-12618 (Pre-Need Lot)

By Johnette Phillips
12801 Lewis St. #28
Garden Grove, CA 92640

(Lot 168, Gr. 12, Sec.2 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. ▶ $ 28.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28.00

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-12531 Pre-Need Lot

Mr. Johnette Phillips
12801 Lewis St. #28
Garden Grove CA 92640
(Lot 168 Gr. 11 Sec. 2 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. $ 28.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 28.00

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●1240Q (Pre-Need Lot)

E 12400

B.Johnette Phillips
12801 Lewis St. #28
Garden Grove CA 92640

(Lot 168, Gr. 10, Sec. 2 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. ▶ $ 28.00

Amount due if paid more than ____ days after due date above. ▶ $ ____

$ ____

NAME Phillips Amount Received $ 28.00

ADDRESS 12801 Lewis #28

CITY Garden Grove STATE Ca ZIP 92640

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12400 *(Pre-Need Lot)

B. Johnette Phillips

12801 Lewis St. #28

Garden Grove CA 92640

(Lot 168, Gr 10, Sec. 2, Div. 12)

E 12400

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 ▶ $ 28.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28.00

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-12400 (Pre-Need Lot)

B. Johnette Phillips
12801 Lewis St. #28
Garden Grove CA 92640-

(Lot 168, Gr. 10, Sec. 2 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. $ 28.00

Amount due if paid more than ____ days after due date above. $

$

Amount Received $ 28.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

...ing one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12531 Pre-need Lot

B. Johnette Phillips
12801 Lewis St. #28
Garden Grove CA 92640
(Lot 168 Cr. 11 Sec 2 Div 12)

E12400

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. ▶ $ 28.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28.00

NAME B. Johnette Phillips

ADDRESS 12801 Lewis #28

CITY Garden Grove STATE CA ZIP 92640

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12400 (Pre-Need Lot)

B. Johnette Phillips
12801 Lewis St. #28
Garden Grove CA 92640
(Lot 168, Gr 10, Sec. 2, Div. 12)

E-12400

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. $ 28.00

Amount due if paid more than _____ days after due date above. $ _____

$ 28.00

Amount Received $ _____

NAME B. Johnette Phillips

ADDRESS 12801 Lewis #28

CITY Garden Grove STATE Ca ZIP 92640

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

- DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12400 (Pre-Need Lot)

B.Johnette Phillips
12801 Lewis St. #28
Garden Grove CA 92640
(Lot 168, Gr. 10, Sec. 2 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. $ 28.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 28.00

NAME B Johnette Phillips

ADDRESS 12801 Lewis #28

CITY Garden Grove STATE Ca ZIP 92640

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12400 (Pre-Need Lot)

B. Johnette Phillips

12801 Leslie St. #28

Garden Grove CA 92640

(Lot 168, Gr 10, Sec. 2, Div. 12)

E 12400

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 ▶ $ 28.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28.00

NAME B. Johnette Phillips

ADDRESS 12801 Leslie #28

CITY Garden Grove STATE CA ZIP 92640

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12400 (Pre-Need Lot)

B.Johnette Phillips
12801 Lewis St. #28
Garden Grove CA 92640

(Lot 168, Gr. 10, Sec. 2 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. $ 28.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 28.00

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-12400- (Pre-lead Lot)

B. Johnette Phillips
12001 Leslie St. #28
Garden Grove CA 92640

E12400

(Lot 168, Gr 10, Sec. 2, 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 ▶ $ 28.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28.00

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. W-12400 (Pre-Need Lot)

B. Johnette Phillips
12801 Lewis St. #28
Garden Grove CA 92640
(Lot 168, Gr. 10, Sec. 2 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 ▶ $ 28.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12480 (Pre-Need Lot)

B. Johnetta Phillips
12801 Ledin St. #28
Garden Grove CA 92640
(Lot 168, Gr 14, Sec. 2, 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 ▶ $ 28.00

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. 2-12400 (Pre-Need Lot)

B. Joinette Phillips
12801 Lewis St. #28
Garden Grove CA 92640
(Lot 168, Gr. 10, Sec. 2 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: $ 28.00

Amount due if paid more than ____ days after due date above: $ _____

$ _____

Amount Received $ 28.00

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-12400 (Pre-Need Lot)

E 12400

B. Johnette Phillips
12301 Levin St. #28
Garden Grove CA 92640
(Lot 168, Gr 10, Sec. 2, 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. $ 28.00

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ 29.00

NAME _____

ADDRESS 52Ye Kendrick Way

CITY San Diego STATE Ca ZIP 9214

☐ Check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12400 (Pre-Need Lot)

B. Johnette Phillips
12801 Lewis St. #28
Garden Grove CA 92640
(Lot 168, Cr. 10, Sec. 2 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. ▶ $ 28.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28.00

NAME

ADDRESS 383 61st Street

CITY San Diego STATE Ca ZIP 92114

X check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12436 (Pre-Need Lot)

E. Johnetta Phillips
12601 Lewis St. #28
Garden Grove CA 92648
(Lot 165, Gr 10, Sec. 2, 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. $ 28.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 28.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] (Pre-Seed Lot)

P. Johnette [illegible]

12801 Lewis St. #28

Garden Grove CA 92640

(Lot 168, Gr. 10, Sec. 2 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. ▶ $ 28.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

...open with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] (Pre-Need Lot)

D. Johnezic Phillips

12301 Lewis St. #28

Garden Grove CA 92640

(Lot 168, Gr 10, Sec. 7, 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: $ 28.00

Amount due if paid more than ____ days after due date above: $ _____

$ _____

Amount Received $ 28.00

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. 2-1243 (Pre-Need Lot)

B. Johnette Phillips
12891 Lewis St. #28
Garden Grove CA 92640
(Lot 168, Gr. 10, Sec. 2 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 ▶ $ 28.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28.00

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-L-[illegible] (Pre-need Lot)

B. Johnecia Phillips
12681 Lewis St. #28
Garden Grove CA 92640
(Lot 168, Sr 10, Sec. 7, Div. 12)

E 12400

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 ▶ $ 28.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ 28.00

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-13606 (Pre-Need Lot)

B. Johnette Phillips

12801 Lewis St. #28

Garden Grove CA 92840

(Lot 168, Gr. 10, Sec. 1 Div. 13)

E12400

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. ▶ $ 28.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28 00

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.

E. Jeanette Reilly
12301 Lewis St. #28
Garden Grove CA 92640
(Log 168, Cr 40, Sec. 7, Grv. 12)

EDLOD

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. ▶ $ 28.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 28.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring this coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12460 (Pre-Need Lot) E 12460

B. Johnette Phillips
12861 Louis St. #38
Garden Grove CA 92640
(Lot 168, Gr. 10, Sec. 2 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: $ ~~[illegible]~~ 26.00

Amount due if paid more than ____ days after due date above: $

$

Amount Received $ 26.00

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

NAME PHILLIPS, B. JOHNETTE 5242 Trinidad Way S.D. E-12400 92114 ACCT. NO.

deed # 12170

ADDRESS ~~12801 Lewis St. #28 Garden Grove, CA. 92640~~ RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
8/[redacted]	95	PRE-NEED'LOT 80=716				
		LOT: 168-10-2-12 20=179	89 500			89 5 00
8/3	95	DOWNPAYMENT-CASH PAID RECEIPT #E-46481			225 00	
		BALANCE DUE				6 70 00
9/12	95	CPN 1 R-46609			28 00	642 00
10/10	95	" 2 R-46684			28 00	614 00
11/21	95	" 3 R 46832			28 00	586 00
12/18	95	" 4 R 46919			28 00	558 00
1/12	96	" 5 R- 47009			28 00	530 00
2-13	96	" 6 R- 47096			28 00	502 00
3-13	96	" 7 R- 47190			28 00	474 00
4-11	96	" 8 R-47302			28 00	446 00
5-14	96	" 9 R-47400			28 00	418 00
6-14	96	" 10 R-47515			28 00	390 00
7-[redacted]5	96	" 11 R-47613			28 00	362 00
8-8	96	" 12 R-47689			28 00	334 00
9-10	96	" 13 R-47807			28 00	306 00
10-22	96	" 14 R- 47937			28 00	278 00

E12400

				CREDIT	BALANCE
11-19	96	CPN 15	R-48040	28.00	250.00
12-31	96	CPN 16	R-48152	28.00	222.00
1-29	97	CPN 17	R-48238	28.00	194.00
2-25	97	CPN 18	R-48319	28.00	166.00
3-21	97	" 19	R-48401	28.00	138.00
4-23	97	" 20	R-48495	28.00	110.00
5-16	97	" 21	R-48584	28.00	82.00
6-16	97	" 22	R-48700	28.00	54.00
7-17	97	" 23	R-48792	28.00	26.00
8-25	97	" 24	R-48902	26.00	0

Paid in full
8-25-97

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-need Trust

Date 8-4-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elena S. Ypena

in a liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 2345 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... E-2497 ~~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

PAID
AUG - 4 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 768.30

Paid receipt number 46489 768.30

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 9305 Spring Oak Way

City San Diego CA 92139 Zip Code

Telephone (619) 475-1846

Work Order # E 12401

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46489

Date: 8/4, 19 95

From: Myrna Medina Address: 2365 Spring Dale Way #2
San Diego, 92139 Seven Hund. & Thirty Eight 30/100 Dollars ($ 738.30)

In Full Payment of Pre-Need Trust for
Ebna S. Ebna

Lot 2345 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. E-12401

Acct. No. ____

W.O. E-12401

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Weisner

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	4 5	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	738	30

ashes to be placed left center.

56

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-4-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Asako Ann Horita ⊗

in a Ash Vault Vault/Liner Funeral, date, time Tuesday 8/8/95- Noon 11:00 AM

Church, Chapel, Graveside delivery to Benbough 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 RH

War time veteran no.

Lot ____ Grave 29 Row 5 Section 3 Division/~~Block~~ 2

Grave space & Care Fund C-6114 0

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

PAID
AUG - 4 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 268.85

Paid receipt number 46490 - 268.85

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

x 1260 3rd AVE #223
Address

x CHULA VISTA, CA 91911
City Zip Code

x (619) 426-0925
Telephone

Work Order # E 12402

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

LEWIS COLONIAL
68045

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E12402

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ASAKO	ANN	HORITA	04/24/1929	08/03/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	JEANNETTE FORD - DAUGHTER 24770 CONEJO DRIVE QUAIL VALLEY, CA 92587

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	08/04/1995

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

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/04/1995	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
--

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

• BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY (4/5 CREMATED REMAINS) 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8/8/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
• CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY/MAUSOLEUM 3953 IMPERIAL AVE SAN DIEGO, CA 92113	12B. DATE CREMATED 8/07/95	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 SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46490

Date: 8-4, 1995

From: Roy Horita Address: 1260 3rd. Ave. #283 Chula Vista, CA 91911

Two Hundred Sixty Eight & 85/100 Dollars ($ 268.85)

In Full Payment of Interment of Asako Ann Horita

Lot ____ Grave 29 Row 5 Section 3 Division ____ Block 2

Invoice No. ____

Acct. No. ____

W.O. E-12402

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	3	85
TOTAL PAID	$	268	85

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-4-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise Wolfe PA#1183427

in a Liner (Vault/Liner) Funeral, date, time Wed 8/9, 11:00AM

Church, Chapel, Graveside Delivery only; 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 29 Grave 10 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	

Kevin PA office

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 # 257194

Acct. # 000952

Work Order # E 12403

PY-593 (Rev. 8-92)

CITY OF SAN DIEGO, CALIFORNIA

E12403
D.T

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 9/11/1995
BY: CA (CK) IF

PAYMENT REF NO 04-901401

AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/10/95	09/09/95	JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12403
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
LOUISE NORIVLLE (WOLFE)	
PA 1183427 SERVICES	
LOT 29 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. 257194

E12403

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LOUISE	UNKNOWN	NORVILLE	01/20/1938	07/15/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CO. OF SAN DIEGO PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	▶Karen Warrant	08/07/1995

* 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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Karen Warrant 08/07/1995	9510465 ▶

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

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8/7/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
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 8-4-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARTINEZ, MARIA de JESUS

in a Top Soil Vault (Vault/Liner) Funeral, date, time MON 8/7 11 A.M.

Church, Chapel, Graveside Chapel & Nuestra Guadalupana Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Dominga Jimenez

War time veteran NO.

Lot 10 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	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	1,667.50
Paid receipt number 46493	417.00
Balance due	1250.50

Paid in full 8-18-95

DAUGHTER

Treasurer 1250.50

I hereby certify I am the Dominga Jimenez of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Bal - 0

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Dominga Jimenez
Signature
2160 Franklin Ave.
Address
San Diego CA, 92113
City Zip Code
231-5978
Telephone

Work Order # E 12404

Invoice # 257097

Acct. # 086047

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12404

NOTE

1250.50 San Diego, California 4 AUG 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 8 SEP 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 VICTOR MARTINEZ SIGNATURE X Victor Martinez

ADDRESS X 1007 5TH. 44 ST. SAN DIEGO CA. 92113

CALIFORNIA ~~DRIVER LICENSE NUMBER~~ X C0670383 SSN # X 560-55-5876

P.D.

PY-1012 (11-89)

E12404

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARIA	DE JESUS	MARTINEZ	02/05/1912	08/02/1995	F.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOMINGA JIMENEZ-MARTINEZ-DAUGHTER 2010 FRANKLIN AVE. SAN DIEGO,CA.92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE. SD.,CA.,92102	FD-1425	▶ Sergio Valencia	08/04/1995

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

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	SERGIO VALENCIA 08/04/1995	9510428 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222, SAN DIEGO, CA., 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO,CA.,92102	11B. DATE BURIED 8/7/95	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46493

Date: 8-4 19 95

From: Dominga Martinez Address: 3010 Franklin ave SD 92113

Four Hundred & Seventeen Dollars ($ 417.00)

In Payment of Interment of Maria de Jesus Martinez

Lot 10 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E12404

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 J. Weesner

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	417	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	417	00

E-12404

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

VICTOR MARTINEZ
1007 S 44TH ST
SAN DIEGO CA 92113
SAN DIEGO CA 92113

ACCT NO
086047

TREASURERS USE ONLY

PAYMENT DATE 8-18-95
BY: (CA) CK IF

Hand delivered to Jane

PAYMENT REF NO _____ AMT PAID: $1250.50

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/07/95	09/06/95	JULY

FOR INFORMATION CONCERNING YOUR BILL ~~ING~~ CONTACT:
JANE RAUCH REF NO: E-12404
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
MARIA DE JESUS MARTINEZ SVCS.	
LOT 10 GRAVE 2 SEC 3 DIV 12	795.00
OPENING/CLOSING	375.00
TOP SEAL VAULT	250.00
HANDLING FEE	185.00
TAX ON VAULT	17.50
RECORDING FEE	45.00
LESS PAYMENT ON R-46493	417.00-
TOTAL DUE	1,250.50

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. 257097

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

257097 08/07/95 086047	VICTOR MARTINEZ			08/18/95 CA		1,250.50	1,250.50	0.00
E 12404	100	072	77181	000072		375.00		PAID IN FULL
	100	072	77182	000072		250.00		
	100	072	77183	000072		45.00		
	100	072	77184	000072		219.00		
	100	072	77185	000072		185.00		
	60101		78390			17.50		
	67007		77184			159.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-7-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesse Thomas Wilkins

in a Liner (Vault/Liner) Funeral, date, time Wed 8-9: 1:00 P.M

Church, Chapel, Graveside Church 16.5 ; 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 AW

War time veteran NO.

Lot 252 Grave 4 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 46498	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 Annette Wilkins
Signature
5813 CHAUMONT DR
Address
SAN DIEGO CA 92114
City Zip Code
x (619) 263-5856
Telephone

Work Order # E 12405

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12405

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Jesse	Thomas	Wilkins	04/02/1957	07/19/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., STATE OR COUNTRY	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Vancouver	British Columbia	ANNETTE WILKINS, MOTHER 5813 Chaumont Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, Ca	F-1329	Annette Wilkins	08/07/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/07/1995	9510487

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 8/9/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
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

46498

Date: 8/7, 19 95

From: Annette Wilkins Address: 5813 Chaumont Dr. S.D. CA. 92114

fifteen hundred sixty three 30/100 Dollars ($ 1563 30)

In full Payment of interment of

Jesse Thomas Wilkins

Lot 252 Grave L1 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12405

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Ballistrieri

CREDIT 20% Sales Care	67007 77184	154	00
80% Sales of Lots	100 77184	630	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	140	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	1563	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-7-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BEARD, ARLYN

in a T.S. Vault/Liner Funeral, date, time Wed 8-9, 11:00 A.M

Church, Chapel, Graveside Church G.S : Rose dale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned X [signature]

War time veteran NO.

Lot 79 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	1667.50
Paid receipt number 46501	417.00
Balance due	1250.50

Paid in full 9-5-95

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

X [signature]
Signature

X 5859 Todey St
Address

X SD 92114
City Zip Code

X 527-4596
Telephone

Work Order # E 12406

Invoice # 257191

Acct. # 086094

PY-593 (Rev. 6-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46501

Date: 8-7, 19 95

From: Steven T. Beard Address: 5854 Tooley St. S.D. CA 92114

four hundred seventeen — Dollars ($ 417 00)

In part Payment of interment of Aelyn Beard

Lot 70 Grave 4 Row _____ Section 3 Division 12 Block

Invoice No. _____

Acct. No. _____

W.O. E-12406

BALANCE DUE 1250.50

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.

11667

ISSUED BY V Bakotzky

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	417	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	417	00

MT. HOPE CEMETERY

W.O. # E 12406

NOTE

$ 1250.50 San Diego, California 8-7 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 twelve hundred fifty 50/100 DOLLARS with interest from September 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 x STEVEN T. BEARD SIGNATURE x Steven T. Beard

ADDRESS x 5859 Tooley St SD 92114

CALIFORNIA DRIVER LICENSE NUMBER x N3825100 SSN # x # 415-92-2575

PY-1012 (11-89)

E 12406

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Arlyn	Angela	Beard	10/30/1955	08/04/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Steven T. Beard, Husband 5859 Tooley St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	Debbie Williams	08/08/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/08/1995	9510532

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 8/9/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
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.

E12406


CALIFORNIA
IDENTIFICATION CARD
N3825100
EXPIRES 07-24-97
STEVEN TYLER BEARD
5245 WOOD ST N
LA MESA CA 91941
SEX: M HAIR: BLK EYES: BLK
HT: 6-11 WT: 145 DOB: 07-24-56

E12406

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

STEVEN T BEARD
5859 TOOLEY ST
SAN DIEGO CA 92114
SAN DIEGO CA 92114

ACCT NO
086094

TREASURERS USE ONLY

PAYMENT DATE 9-5-95 H.D.
BY: CA. (CK) IF
PAYMENT REF NO 3591 AMT PAID: $1250.50

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/10/95	09/09/95	JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12406
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ARLYN BEARD SERVICES	
LOT 79 GRAVE 4 SEC 3 DIV 12	795.00
OPENING/CLOSING	375.00
TOP SEAL VAULT	250.00
HANDLING FEE OF VAULT	185.00
TAX ON VAULT	17.50
RECORDING FEE	45.00
LESS PAYMENT ON R-46501	417.00-
TOTAL DUE	1,250.50

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. 257191

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-7-94

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BROWN, RICHARD

in a Liner (Vault/Liner) Funeral, date, time Wed 8/9 12N

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. [signature]

War time veteran NO.

Lot 168 Grave 9 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 46512	360.00
Balance due	1203.30
46576	30.00
	1173.30

25% = #390.00

I hereby certify I am the X Cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[signature]
Signature
X3729 Grim [illegible] 4
Address
X San Diego Ca 92104
City Zip Code
X(619) 543-0915
Telephone

Work Order # E 12407

Invoice # 257192

Acct. # 086095

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-12407

NOTE

$ 1173.30 San Diego, California 8-9 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 hundreds seventy three 30/100 DOLLARS with interest from September 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 Arthur EVANS SIGNATURE Arthur Evans

ADDRESS 6961 Duluth AVE SDC 92114

CALIFORNIA DRIVER LICENSE NUMBER A0090928 SSN # 585-03-8116

PY-1012 (11-88)

MT. HOPE CEMETERY W.O. # E 12407

NOTE

$ 1203.30 San Diego, California 8-8 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 twelve hundred three and 30/100 DOLLARS with interest from September 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 x Regina Montgomery SIGNATURE Regina Montgomery

ADDRESS x 3727 Grim Ave #4 S.D. Ca 92104

CALIFORNIA DRIVER LICENSE NUMBER C0295166 SSN # 526-42-6863

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46512

Date: 8-8, 19 95

From: Montgomery, Regina Address: 3727 Grim Ave #4 S.D. CA. 92104

Three hundred sixty — Dollars ($ 360.00)

In part Payment of interment of Brown Richard

Lot 168 Grave 9 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12407

BALANCE DUE 1203.30

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V Bobofles

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	360	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	360	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46516

Date: 8-9, 19 95

From: Arthur Evans Address: 6461 Dulute Ave S.D 92114

Thirty dollars Dollars ($ 30.00)

In part Payment of interment of Brown, Richard

Lot 168 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. 12407

BALANCE DUE 1173.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY V. Bulotsky

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	30	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	30	00

E12407

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RICHARD	KEVIN	BROWN	09/25/1969	08/02/1995	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	REGINA MONTGOMERY-COUSIN 3727 GRIM AVE. #4 SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Mark Mitchell	08/07/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/07/1995 M. MITCHELL	9510476 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 8/7/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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 ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

DISINTERMENT Date 8-7-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ESPINOZA, IGNACIO PA 1180428

in a _____ (Vault/Liner) Funeral, date, time 8-16 Wed: 11:00AM

Church, Chapel, Graveside _____ : Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____.

Lot 37 Grave 12 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
~~Flower vases~~ ~~Marker setting fee~~ DISINTERMENT FEE	1,000.00
Recording and filing fee	
Sales taxes	
Total Due	1000.00
Paid receipt number R-46520	1000.00
Balance due	-0-

Jeff Kaplan (708) 998-8634 Golden Funeral Home Tom: 295-2177

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.

See attached disinterment authorization.

Signature

Address

City Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 12408

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

AUG-04-'95 FRI

E 12408

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-1400
Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

AUTHORITY TO DISINTER, REMOVE OR REINTER

08 95
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

IGNACIO ESPINOZA

from Lot 37 Grave 12 Section 1 Row ____ Block ____

Division 12 and to remove the same to and reinter said remains

in Lot ____ Grave ____ Section ____ Row ____ Block ____

Division ____ Cemetery ____ In Illinois

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 deceased as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

Signature	Relation to deceased	Address
x Maria Gomez	Mother	637 S LA SALLE AURORA, ILL

I hereby authorize the above disinterment:

(Next of kin must sign if not legal custodian) Date

(NOTARY PUBLIC SIGNED ON THIS LINE BY MISTAKE)

Alicia Reyna

August 6, 1995

"OFFICIAL SEAL"
ALICIA REYNA
NOTARY PUBLIC, STATE OF ILLINOIS
MY COMMISSION EXPIRES 8/21/98

No W.O. Written Yet

E12408

Possible Disinterment 8/4/15

Espinoza, Ignacio

E-12276

Jeff Martz
DALEIDEN Mortuary
220 No Lake St.
Aurora, Ill
60506
(708) 898-8634
FAX-(708) 906-1238

E12408

MESSAGE CONFIRMATION
TRANSMISSION

AUG-04-'95 FRI 11:28

TO

TERM ID: MT HOPE CEMETERY
TEL NO.:

NO.	DATE	ST. TIME	TOTAL TIME	MODE	ID	DCMT CODE	PGS
245	08-04	11:27	00'01"30		508 948 9604		001

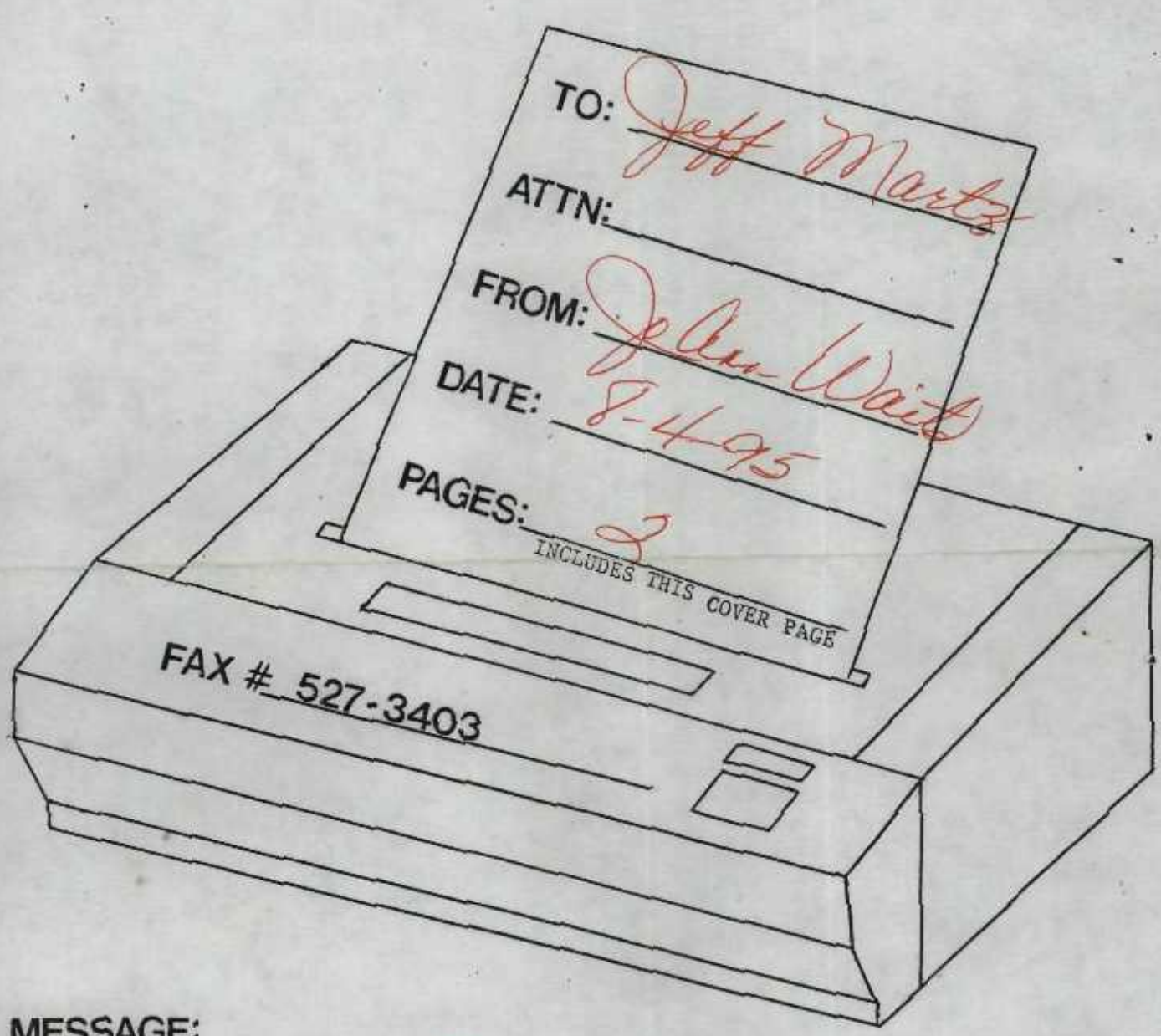
E12408

TELEFAX COVER LETTER

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



MESSAGE:

Disinterment Form

IF ALL PAGES ARE NOT RECEIVED, PLEASE CALL (619) 527-3400.

printed on recycled paper

E12408

AURORA NEW YORK STREET CURR. EXCH. INC.

STATE REGULATED

1001 EAST NEW YORK STREET
AURORA, ILLINOIS 60505
TELEPHONE (708) 820-1781
OPEN 24 HOURS

MONEY ORDER

00647731

2-150/710

NOT VALID OVER TEN THOUSAND U.S. DOLLARS

PAY ONLY 1,000.00 ONE ZERO ZERO ZERO CTS CTS

SN-000000647731 AGENT-000785 STORE-0015

NOT VALID OVER TEN THOUSAND U.S. DOLLARS NOT VALID OVER TEN THOUSAND U.S. DOLLARS NOT VALID OVER TEN THOUSAND U.S. DOLLARS

AUG 09 1995 ■ ONE THOUSAND DOLLARS AND 00 CENTS

PAY TO THE ORDER OF Mt. Hope Cemetery

x Maria Gomez 637 S. La Salle Aurora, Ill
PURCHASER PURCHASER'S ADDRESS

LAKESIDE BANK CHICAGO, ILLINOIS

⑈00647731⑈ ⑆071001504⑆ 105785900⑈9⑈

E 12408



The
Daleiden
Mortuary

Daleiden
Since 1902

Lake and Cedar Streets
High and Liberty Streets
Aurora, Illinois 60506

Mt. Hope Cemetery
3751 Market St.
San Diego, California 92102

Attention: JoAnn

E12408

JoAnn:

Please call Scott at Merkley-Mitchell - 295-2177 - he wants to know if we can do this disinterment on Tuesday afternoon, Aug. 15th.

He is going to call Katherine Howard to see if they have been paid.

Jane.

8/11/95
2:21

I called Scott back - said we'd have to know that the County was paid off and that they have the disinterment permit, and hopefully we can schedule the work next week, early.

Jane

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46520

Date: Aug. 10, 1995

From: Maria Gomez Address: 637 S. LaSalle, Aurora, Ill. 60505

One thousand & no/100 Dollars ($ 1,000.00)

In full Payment of Disinterment of Ignacio Espinoza PA 1180428

Lot 37 Grave 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12408

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94) mo 00647731

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	1000	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1000	00

E12409

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
IGNACIO	-	ESPINOZA	02/08/1968	05/17/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR, KATHRYN HOWARD 5201 A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY, 3655 FIFTH AVE., SAN DIEGO, CA 92103	FD-119	▶ [signature]	08/16/1995

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10370 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	08/16/1995 T.C. MITCHELL	9510969 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [X] 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	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED DALEIDEN MORTUARY LTD., 276 HIGH ST., AURORA, IL 60505 (KANE COUNTY)	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION 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 VS 9 (REV. 6/91)

ORIGINAL WENT W/REMAINS TO ILLINOIS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

64

Date 8-9-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Snyder, William

in a Liner (Vault/Liner) Funeral, date, time Mon 8-14; 2:00 P.M

Church, Chapel, Graveside Graveside ; Merkley 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 146 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund D-2307; C-6715	⊘
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees Paid in full 8-14-95	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-416531	768.30
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 12409

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46531

Date: 8-14, 1995

From: Merbly-Mitchell Address: 3655 - 5th Ave. SD 92103

Seven-sixty-eight & 30/100 Dollars ($ 768.30)

In Payment of Interment of William Snyder

Lot 146 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-12409

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94) 3557

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	768	30

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47315

Date: 4-16 19 96

From: Mary Dodson Address: 403 First St. Millersburg, PA 17061

One Hundred thirty five Dollars ($ 135.00)

In full Payment of marker setting fee

Lot 146 Grave ____ Row ____ Section 1 Division ____ Block 8

Invoice No. ____

Acct. No. ____

W.O. E-12407

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2472

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY D. Hudelson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	135	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	135	00

E 12409

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIAM	DAVID	SNYDER	03/12/1927	08/04/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MERKLEY-MITCHELL MORTUARY, Funeral Director 3655 FIFTH AVENUE SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	Ed Leach	08/09/1995

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. SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	08/09/1995 T.C. MITCHELL	9510644

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 8-4-95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL V Gulpbey 8 14 95	
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.

1688.30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-9-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of McCullough, E. F.

In a Liner (Vault/Liner) Funeral, date, time Thur 8/10 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 Magdalene McCullough

War time veteran yes.

Lot 28 Grave 3 Row Section 2 Division/Block 11

PAID
AUG - 9 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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 GRANITE	125.00
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1688.30
Paid receipt number R-46517	1688.30
Balance due	0

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X Magdalene McCullough (Signature)
X 4344 Beta St (Address)
X San Diego, Ca. 92113 (City, Zip Code)
(619) 263-4846 (Telephone)

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 12410

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12410

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ERNEST	F.	MC CULLOUGH	01/28/1911	08/02/1995	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MAGDALINE MC CULLOUGH-WIFE 4344 BETA STREET SAN DIEGO, CA92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶	08/10/1995

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7100	08/10/1995	9510683 M. MITCHELL ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. ROPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 8/10/95	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46517

Date: 8-9, 1995

From: Magdaline McCullough Address: 4344 Bita St., SD 92113

Fifteen hundred sixty-three & 30/100 Dollars ($ 1563.30)

In Full Payment of Interment of E. F. McCullough

Lot 28 Grave 3 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-12410

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
	100		
Handling Fee	77185	145	00
Recording & Misc. Fees	100 77183	170	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	13	30
TOTAL PAID	$	1688	30

Family transfer of LOT 173-6-1-12 TO; and pre Need Trust

38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-10-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph . J. Jenkins

in a Double Crypt (Vault/Liner) Funeral, date, time Mon 8/14 11:00A.M

Church, Chapel, Graveside Church +G S : Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. x B.J.

War time veteran NO 1159

Lot 257 Grave 2 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	Pre Need E-8828	-0-
Additional spaces and care fund	Pre Need	
Opening/Closing & Setup	(2EA) Pre E 8828	-0-
Burial Container	Pre Need E 8828	-0-
Handling Fees	Pre Need E 8828	-0-
Flower vases – Marker setting fee		
Recording and filing fee	Pre (2EA) E 8828	-0-
Sales taxes	Pre-Need E 8828	-0-
Total Due		-0-
Paid receipt number		
Balance due		0

I hereby certify I am the x Beatrice his Mom of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Beatrice Jenkins
Signature

x 5157 Logan Ave
Address

x San Diego 92114
City Zip Code

x 264-5276
Telephone

Work Order # E 12411

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

Interfund Transfer typed 3-15-95

E 12411

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Joseph	Jerome	Jenkins	06/26/1957	08/09/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Beatrice Jenkins, Mother 5157 Logan Ave. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit.	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	E-1329	▶ Debbie Williams	08/11/1995

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 DISPOSITION REQUIRES A NEW PERMIT. SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/11/1995	9510775 ▶ Williams

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 8-14-95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature] 8-14-95
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal dbl. 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.

E 12411

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11843

DEED

TO: 257-2-2-12

OWNERSHIP AND INTERMENT PRIVILEGES

TO Doyle & Beatrice Jenkins for the sum of $ 300.00 (DOLLARS).

LEGAL DESCRIPTION Lot 173; gr 6; sec 1; div 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8828

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Wendy Jo Teague
Cemetery Manager

Property Director

PV-584

E12412

PRE NEED LOT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-10-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DOYLE JENKINS

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 _____

60. 345 ~~257~~ Lot Grave ~~8~~ 12 68 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	795.00
Paid receipt number 46518	199.00
Balance due	596.00

VOIDED SEE 12474

Pre-need trust started 9/11/95 payments were consolidated

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

Doyle Jenkins
Signature

~~5157~~ Logan ave.
Address

San Diego 92114
City Zip Code

~~619~~ 264-5876
Telephone

✓ 12412

Work Order # E _____

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46518

Date: 8 10 , 19 95

From: Doyle Jenkins Address: 5157 Logan Ave. S.D.CA. 92114

one hundred ninety nine — Dollars ($ 199 00)

In part Payment of pre-need lot for

Doyle Jenkins

Lot 257 Grave 3 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12412

BALANCE DUE 596 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3456

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Bulo Jan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	199	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	199	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-10-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CARMICHAEL, ANTHONY

In a Liner (Vault/Liner) Funeral, date, time Tue 8/15 11AM

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. X Sharon Carmichael

War time veteran NO.

Lot 267 Grave 3 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-46523	390.00
Balance due	1173.30
Aux. Srv.	170.00

I hereby certify I am the X Oldest 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.

Bal. 1003.30
3/28/97 CK Aux.. 1003.30

+ Sharon Carmichael
Signature

+ 4554 Alabama St. #3
Address

+ San Diego, CA 92116
City Zip Code

+ 619 298-1677
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12413

Invoice # 257309

Acct. # 086123

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12413

NOTE

1173.30 San Diego, California Aug. 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-three & 30/100 DOLLARS with interest from 15 Sept. 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 Sharon Carmichael SIGNATURE X Sharon Carmichael

ADDRESS X 4554 Alabama St. #3 San Diego, CA. 92116

CALIFORNIA DRIVER LICENSE NUMBER X A4833980 SSN # X 224-94-7394

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46523

Date: 8/10, 1995

From: Sharon Carmichael Address: 4554 Alabama #3 SD 92116

Three hundred ninety & 20/100 Dollars ($ 390.00)

In part Payment of Interment of Anthony Carmichael

Lot 267 Grave 3 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12413

BALANCE DUE $ 1173.30

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 Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	390	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	390	00

E-12413

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 086133

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 10/2/95

PAID BY (CIRCLE ONE): CA CK NP (MO)

PAYMENT REFERENCE NUMBER 837252 99372

E-12413

AMOUNT PAID 170.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Sharon Carmichael

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) DIANNE CARMICHAEL

CUSTOMER (PAYOR) ADDRESS 4531 KANSAS #6
SAN DIEGO CA 92116

REMARKS

CASHIER

INV. NO. 257309

TR-1561 (2-82) Jane

E12413

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ANTHONY	DUANE	CARMICHAEL	09/11/1975	08/06/1995	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LORRAINE CARMICHAEL-MOTHER 7529 GOLFCLUB COURT SACRAMENTO, CA 95828

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Mari L Mitchell	08/11/1995

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/11/1995 M. MITCHELL	9510753 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT SHOWING FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 8-15-95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ I Bulobles 8-5-95	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY – metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

PATIENT ACCOUNT NUMBER: 110750726
CLAIMANT NAME: SHARON CARMICHAEL SSN: 224 94 7394 E12413

THE ENCLOSED CHECK FOR $ 1003.30 IS FOR THE
FOLLOWING SERVICES PROVIDED BY YOU:

FROM DATE	BILLED AMOUNT	VERIFIED AMOUNT	OWED BY CLAIMANT	TOTAL REIMBURSED	PAID BY BOC	
08/10/95	1563.30	1563.30	0.00	560.00	1003.30	01)

01) MAXIMUM BENEFIT FOR FUNERAL/BURIAL EXPENSES

TOTAL PAID ON THIS HEARING FOR THIS CLAIM: 1003.30

FOR INQUIRIES PLEASE QUOTE CLAIM NUMBER: 410087
STATE BOARD OF CONTROL
VICTIMS OF CRIME PROGRAM
PO BOX 3036, SACRAMENTO, CA 95812-3036 PHONE: (916) 322-4426

E12413

STATE OF CALIFORNIA

WARRANT NUMBER 64464077

THE TREASURER OF THE STATE WILL PAY OUT OF THE FUND NO. 0214 FUND NAME RESTITUTION FUND E-12413

IDENTIFICATION NO. 410087 8700 MO. 03 DAY 25 YR. 1997

90-1342/1211

64464077

DOLLARS $ ****1003 CENTS .30

~~HO CITY OF SAN DIEG DBA MOUNT HOP
3751 MARKET ST
SAN DIEGO CA 92102-4527

Kathleen Connell
KATHLEEN CONNELL
STATE CONTROLLER

⑆121133423⑆ 64464077⑈

DETACH ON DOTTED LINE
KEEP THIS PORTION FOR YOUR RECORDS

64464077

PATIENT ACCOUNT NUMBER: 110750726
CLAIMANT NAME: SHARON CARMICHAEL SSN: 224 94 7394

THE ENCLOSED CHECK FOR $ 1003.30 IS FOR THE FOLLOWING SERVICES PROVIDED BY YOU:

FROM DATE	BILLED AMOUNT	VERIFIED AMOUNT	OWED BY CLAIMANT	TOTAL REIMBURSED	PAID BY BOC
08/10/95	1563.30	1563.30	0.00	560.00	1003.30 01)

01) MAXIMUM BENEFIT FOR FUNERAL/BURIAL EXPENSES

TOTAL PAID ON THIS HEARING FOR THIS CLAIM: 1003.30

FOR INQUIRIES PLEASE QUOTE CLAIM NUMBER: 410087
STATE BOARD OF CONTROL
VICTIMS OF CRIME PROGRAM
PO BOX 3036, SACRAMENTO, CA 95812-3036 PHONE: (916) 322-4426

PRE-NEED TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-11-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hume Joseph E. Jr

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $_____ will be applied and billed to undersigned. _____

War time veteran _____.

Lot 3516 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	
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	768.30
Paid receipt number 46526	768.30
Balance due	0

PAID
AUG 11 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Joseph E Hume Jr
Signature
4753 LENORE DR
Address
SAN DIEGO CA 92115
City Zip Code
619-583-8368
Telephone

Work Order # E 12414

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40526

Date: 8-11, 1995

From: Hume Joseph Address: 4753 Lenore Dr. S.D. CA. 92115

seven hundred sixty eight 30/100 Dollars ($ 768 30)

In full Payment of pre-need trust for Hume Joseph

Lot 3516 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E 12414

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY V Baloblus

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	768	30
Sales Tax	80101 78390		
TOTAL PAID	$	768	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Right center of the grave.

Date 8-11-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MARLATT. John ⊗

in a Ash Vault (Vault/Liner) Funeral, date, time Friday 8-18 : 2:00

Church, Chapel, Graveside Graveside : Allen Brothers 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 Lani Marlatt

War time veteran NO.

✓ Lot 127 Grave _____ Row _____ Section 100F Division/Block 42

Grave space & Care Fund 30-A-731	Ø
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 46529	268.85
Balance due	-0-

Allen Bros 8-25-95

#

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.

X _____
Signature of recorded holder of deed

X Lani Marlatt
Signature

X 667 Crescent Ln
Address

X Vista Ca 92084-7054
City Zip Code

X (619) 726-2113
Telephone

✓

Work Order # E 12415

Invoice # _____

Acct. # _____

PY-593 (Rev. 9-92)

E12415
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)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	Arthur	Marlatt	03/08/1922	08/10/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Oceanside	San Diego	Lani Marlatt - Wife 667 Crescent Lane Vista, CA 92084

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Allen Brothers Mortuary 1315 S Santa Fe Ave., Vista, CA 92083	FD1120	Allen R. Hafer	08/14/1995

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

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/14/1995	9510794 A R Hafer

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 8/18/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda Inc 14065 Highway 8 Business, El Cajon, CA	12B. DATE CREMATED 8/15/95	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46529

Date: 8/14, 19 95

From: Sani Hildegarde Marlatt Address: 67 Crescent Ln. Vista, Ca 92083

Two Hundred Sixty-Eight & 85 Dollars ($ 268.85)

In Full Payment of Interment for John Marlatt

Lot 127 Grave _____ Row _____ Section 1007 Division 42 Block 42

Invoice No. _____

Acct. No. _____

W.O. E-12415

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1662

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	85
TOTAL PAID	$	268	85

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/14/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Esperanza Acebedo

In a Liner (Vault/Liner) Funeral, date, time Wed. 8/16 10:30

Church, Chapel, Graveside Church 46 S : Paris 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 DA

War time veteran _____.

Lot 60 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	46.75 VASE
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1610.05
Paid receipt number 46528	1610.05
Balance due	0

PAID
AUG 14 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

Signature _____

Address 7858 Oro

City El Cajon, 92021 Zip Code

Telephone 441 7831

Work Order # E 12416

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12416

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ESPERANZA	M.	ACEBEDO	09/12/1927	08/11/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El. CAJON	SAN DIEGO	DANIEL ACEBEDO - HUSBAND 858 ORO STREET EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PARIS-FREDERICK MORTUARY 374 N. MAGNOLIA AVENUE, EL CAJON, CA 92020	FD-795	▶ Sandra Heath	08/15/1995

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/15/1995 SANDRA HEATH	9510889 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8/16/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ V Bolding 8 16 95
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46528

Date: 8-11-95

From: DANIEL ACEBEDO Address: 858 OCD STR EL CAJON 92021

sixteen hundred nine and 75/100 Dollars ($ 1609 75)

In full Payment of interment of

Esperanza ACEBEDO (plus Installat Trun flower run)

Lot 62 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 2416

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

003138

ISSUED BY V Bulosan

CREDIT	67007		
20% Sales Care	77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	215	00
Handling Fee	100 77185	165	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	15	05
TOTAL PAID	$	1610	05

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Top - double interment privilege

Date 8-14-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JONES, CLARA, Jr.

in a Liner (Vault/Liner) Funeral, date, time F.R. 8/18/95 11:00

Church, Chapel, Graveside Chapel & Graveside Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. Artus D Jurman

War time veteran NO.

Lot 40 Grave 2 Row _____ Section 15 Division/Block 7

Grave space & Care Fund	C-1321 — 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 46538	768.30
Balance due	0

25% = $192

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 Artus D Jurman
Signature

X 919 Cotton St.
Address

X San Diego, Ca 92102
City Zip Code

X 619-262-7402
Telephone

Work Order # E 12417

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12417

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Clara	Livingston	Jones	03/11/1905	08/12/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Artis O. Turman - Son 919 Cotton St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	Debbie Wheeler	08/15/1995

*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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/18/1995	9511078

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 8/18/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J Wait
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46538

Date: 8/16, 19 95

From: Artis O. Turman Address: 919 Cotton St. SD 92102

Seven Hundred & Sixty-Eight + 30/100 Dollars ($ 768.30)

In Full Payment of Interment of Clara L. Jones

Lot 40 Grave 2 Row ____ Section 15 Division ____ Block 7

Invoice No. ____

Acct. No. ____

W.O. E-12417

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

031185

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT 20% Sales Care	57007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	768	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-14-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MCNEA, FREDERICK L.

in a Liner Vault/Liner Funeral, date, time Thurs 8-17, 10:00A.M

Church, Chapel, Graveside Church + Graveside Paris Frederick 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 Dorothy P. McNea

War time veteran YES.

Lot 2867 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund C-6640	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 mastercard	768.30
Balance due	0

PAID
AUG 14 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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 Dorothy P McNea
Signature
X 450 E. Bobby Ave. Sp. 42
Address
X El Cajon, Ca. 92021
City Zip Code
X 449-1546
Telephone

Work Order # E 12418

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12418

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FREDERICK	LESLIE	Mc NEA	06/04/1924	08/13/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOROTHY P. Mc NEA - WIFE 450 E. BRADLEY AVE., SPACE #42 EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PARIS-FREDERICK MORTUARY 374 N. MAGNOLIA AVENUE, EL CAJON, CA 92020	FD-795	▶ Sandra Heath	08/16/1995

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/16/1995	SANDRA HEATH ▶ 9511006

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 8/17/95	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.

OFFICIAL RECEIPT

47408

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5/15, 19 96

From: Dorothy P McNea Address: 450 E Bradley Ave El Cajon Ca 92021

One hundred twenty five 00/00 Dollars ($ 125.00)

In Full Payment of VA Markers for Frederick McNea

Lot 2867 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O.

BALANCE DUE 0

E12418

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 3168

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karyn Dahl

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/15/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Olga Gilbert

in a Liner (Vault/Liner) Funeral, date, time Fri. 8/18/95 2:00 p.m.

Church, Chapel, Graveside Chap. GS ; 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 K.L.G.

War time veteran NO.

✓ Lot 486 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund E-5100 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

Late arrival fee $150.00

Total Due 768.30

Paid receipt number 46535 768.30

Balance due 0.

I hereby certify I am the x Husban of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Kelee Gilbert
Signature

x 4014 Milbrae
Address

x L San Diego CA 92113-1743
City Zip Code

x 2646419
Telephone

✓ 12419
Work Order # E

Invoice # 257379

Acct. # 086147

PY-593 (Rev. 8-92)

257379	08/21/95	086147	BEE LEE GILBERT				09/14/95	CK	7037	150.00	150.00	0.00
	E 12/19		100 072	77183	000072					150.00		PAID IN FULL

E12419

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Clara	-	Gilbert	10/16/1931	08/11/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Belee Gilbert - Husband 404 Milbrae St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	08/15/1995

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/15/1995	9510937 ▶ Dwilliams

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 8/18/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J Wade	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46535

Date: 8/15, 19 95

From Bee Lee Gilbert Address: 404 Wilbrae SD 92113

Seven Hundred & Sixty-Eight & 30/100 Dollars ($ 768.30)

In Full Payment of Interment of Mara Gilbert

Lot 486 Grave ____ Row ____ Section 1 Division ____ Block 8

Invoice No. ____

Acct. No. ____

W.O. E-12419

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

300.00 2795

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Weisner

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	375 00
Burial Containers	100 77182	190 —
Handling Fee	100 77185	145 —
Recording & Misc. Fees	100 77183	45 —
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	13 30
TOTAL PAID	$	768 30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/15/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shirley Regis Tuggey

in a Liner (Vault/Liner) Funeral, date, time Thurs. 8/17/95 11:30

Church, Chapel, Graveside Hillside : 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.

War time veteran NO.

Lot 234 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund C-9129	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 46533	768.30
Balance due	0

PAID
AUG 15 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.

Robert E. Tuggey
Signature

6301 Swallowtail Lane
Address

La Jolla, Calif. 92037
City Zip Code

(619) 452-0703
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12420

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12420

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHIRLEY	N.	TUGGEY	07/29/1910	08/14/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ENCINITAS	SAN DIEGO	ROBERT TUGGEY, SON 8301 SUGARMAN DRIVE LA JOLLA, CA 92037

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	Ed Leach	08/15/1995

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 1037.6 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT. SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	08/17/1995 V.I. MITCHELL	9511026

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 8/17/95	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46533

Date: 8/15, 19 95

From: Robert Tuggy Address: 8301 Sugarmen Dr. La Jolla 92037

Seven Hundred & Sixty Eight & 30 Dollars ($ 768.30)

In Full Payment of Interment Of Shirley Negus Tuggy

Lot 234 Grave ____ Row ____ Section 1 Division Block 8

Invoice No. ____

Acct. No. ____

W.O. E-12420

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ #201

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Meisner

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77154	375	00
Opening/ Closing	100 77181	190	00
Burial Containers	100 77182	145	00
	100		
Handling Fee	77185	45	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	768	30

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46534

Date: 8/15, 19 95

From: Robert Tuggy Address: 8301 Sugarman Dr. La Jolla 92037

Thirty-One & 40/100 Dollars ($ 31.40)

In Full Payment of Installation & Marker for Shirley Regina Tuggey

Lot 234 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E12420

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 201

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Weisner

CREDIT	67003T	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	10 00
Recording & Misc. Fees	100 77183	20 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	1 40
TOTAL PAID	$	31 40

Casket size
L 26
W 12
H 11

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-15-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Baby Jane Doe PA1184628

in a _____ Vault/Liner Funeral, date, time 9 thru. 8/17/95 1 PM

Church, Chapel, Graveside ~ ; CA Burial martin Mortuary

All Funeral cars must arrive 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 79 Grave 6 Row _____ Section 5 Division/Block 7

Grave space & Care Fund	90.00
Additional spaces and care fund	
Opening/Closing & Setup	75.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	210.00
Paid receipt number	
Balance due	

Lee Jamie

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 12421

Invoice # 257325

Acct. # 000952

PY-593 (Rev. 8-92)

E 12421

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JANE	-	DOE	UNK	06/30/1995	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	LEE JAMME-PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	08/15/1995

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/15/1995 M. MITCHELL	9510882 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 8/17/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - cloth cover	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 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.

E12421

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 9-11-95
BY: CA (CK) IF

PAYMENT REF NO 04-901401 AMT PAID: 210.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/17/95	09/16/95	JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12421
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
BABY JANE DOE SERVICES	
PA 1184628	
LOT 79 GRAVE 6 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.

RETURN WITH PAYMENT

INV NO. 257325

C-22 (REV. - 2/82)

F12421

257325	08/17/95	000952	COUNTY OF SAN DIEGO			09/11/95	CK	04-901401	210.00	210.00	0.00
			100	072	77183	000072			45.00		PAID IN FULL
			100	072	77185	000072			75.00		
			67007		77184				90.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-15-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BARRAGAN, FEDERICO E.

In a Top of Double Depth Vault/Liner Funeral, date, time Wed. 8/16 10Am-Church

Church, Chapel, Graveside Church-Graveside MOCK Featherring Hill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. _____

War time veteran _____.

Lot 83 Grave 9 Row _____ Section 17 Division/Block 7

Grave space & Care Fund	E-1109	0
Additional spaces and care fund		
Opening/Closing & Setup	E-1109	
Burial Container	E-1109	
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales Taxes	E-1109	
Total Due		45.00
Paid receipt number	R-46536	45.00
Balance due		0

PAID
AUG 16 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X [signature] Signature

X 3335 Citrus St Address

X Lemon Grove CA 91945 City Zip Code

X 619 589-7537 Telephone

Work Order # E 12422

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12422

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FEDERICO	ESPINA	BARRAGAN	03/12/1913	08/14/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115	FD 1083	▶ Cindy Maggard	08/15/1995

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10370 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/15/1995 Edward Feezell	9510915 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222, San Diego CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego, CA	11B. DATE BURIED 8 16 95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46536

Date: 8-15, 1995

From: Laura Barragan Address: 3335 Citrus Lt. Lemon Grove 91945

Forty-five & 00/100 Dollars ($ 45.00)

In full Payment of Interment Federico Barragan

Lot 83 Grave 9 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-12422

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 1067

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-16-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bessie L. Wilson

In a Liner (Vault/Liner) Funeral, date, time Thurs 8-17; 9:00A.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. x DVP

War time veteran NO.

Lot 253 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup 9-12-95 Paid in full	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 46537	400.00
Balance due	1163.30

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.

Duane V. Phillips
Signature

x 5217 La Paz Dr
Address

x SD CA 92114
City Zip Code

x 264-9719
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12423

Invoice # 257323

Acct. # 086134

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12423

NOTE

$ 1163.30 San Diego, California 8-16 19[illegible]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of eleven hundred sixty three 30/100 DOLLARS with interest from september 16, 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 Diane V. Phillips SIGNATURE x Diane V. Phillips

ADDRESS x 5217 La Paz Dr. SD, CA 92114

CALIFORNIA DRIVER LICENSE NUMBER x N2591090 SSN # x 550-92-8771

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46537

Date: 8-16, 1995

From: Diane V. Phillips Address: 5217 La Jolla Dr. San Diego CA 92114

four hundred Dollars ($ —)

In part Payment of interment of

Diane V Phillips

Lot 253 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12423

BALANCE DUE 1163.30

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

476

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY V. Kalatsky

CREDIT	ST/OBJT	
20% Sales Care	77184	
80% Sales of Lots	100 77184	400 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	400 00

4887

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-13 19 97

From: Diane Phillips Address: 5217 La Paz Pl. San Diego 92114

Thirteen Dollars ($ 13.00)

In full Payment of Handling fee for copper flower vase for Bessie Wilson

Lot 253 Grave 6 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12793

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY L Shelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	13 00
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	13 00

E 12423

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
BESSIE	LUCILLE	WILSON	02/12/1935	08/12/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	DIANE VERA PHILLIPS-SISTER 5217 LA PAZ DR. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357		08/17/1995

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 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/17/1995 M. MITCHELL	9511051

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 8/17/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J Watts	
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.

										BALANCE
257323	08/17/95	C86134	DIANE V PHILLIPS			09/12/95 CK	497	1,163.30	1,163.30	0.00
			100	072	77181	C00072		375.00		PAID IN FULL
			100	072	77182	C00072		190.00		
			100	072	77183	C00072		45.00		
			100	072	77184	C00072		236.00		
			100	072	77185	C00072		145.00		
			60101		78390			13.30		
			67007		77184			159.00		

E 12423

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-16-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Georgia Mae White

in a Liner (Vault/Liner) Funeral, date, time mon. 8/21/95 - 11:00 AM

Church, Chapel, Graveside Church/GS: 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 Lee a. White

War time veteran NO.

Lot 14 Grave 6 Row — Section 1 Division/Block 11

Grave space & Care Fund D-9288 0

Additional spaces and care fund .....

Opening/Closing & Setup E-11149 0

Burial Container E-11149 0

Handling Fees E-11149 0

Flower vases – Marker setting fee .....

Recording and filing fee ..... E-11149 .....

Sales taxes E-11149 0

PAID
AUG 18 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 0

Paid receipt number _____ Balance due 0

mark Ragsdale

(HUSBAND)

I hereby certify I am the X Lee a. White of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Lee a. White
Signature

X 2953 L St
Address

X San Diego 92102
City Zip Code

X 234-3761
Telephone

Work Order # E 12424

PY-593 (Rev. 8-92)

Invoice # _____

Acct. # _____

Interment trans typed 9/15/95

E 12424

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Georgia	Mae	White	10/17/1910	08/14/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lee White - Husband 2953 "L" St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Williams	08/15/1995

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/17/1995	9511034 ▶ Debbie Williams

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 8/21/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A Metal Sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

[redacted]

Proride 16 Chairs

Date Aug. 16, 1995

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edythe Robins - NORMAN

in a Top seal vault (Vault/Liner) Funeral, date, time Friday 25 ; 1:00 P.M

Church, Chapel, Graveside Graveside : Bernardo - Powers 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 Also, not to arrive before 10:30 a.m. of the same fe applies.

Lot 1206 Grave _____ Row _____ Section 3 Division ~~Block~~ 8

Grave space & Care Fund B-1539	-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
Total Due	872.50
Paid receipt number 46550	872 50
Balance due	0

748-4101 Powers-Bernardo Mortuary

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 Carol A. Gould
Signature

X 750 Carol Court
Address

X San Marcos, CA 92069
City Zip Code

X 619/736-3143
Telephone

Work Order # E 12425

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12425

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Edythe	Ivy	Norman	02/02/1909	08/24/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Escondido	San Diego	Stephen F. Robins, Son 2245 Edinburg., Cardiff, CA 92007

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Poway-Bernardo Mortuary 13243 Poway Rd., Poway, CA 92064	F-1195	Carl Comer	08/25/1995

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.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	C Comer 08/25/1995	9511401

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street., San Diego, CA 92101	11B. DATE BURIED 8/25/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J Waite	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46550

Date: 8/24, 1995

From: Carol Gould Address: 750 Carol Court San Marcos CA 92069

Eight Hundred & Seventy-Two & 50/100 Dollars ($ 872.50)

In Full Payment of Edythe Robbins-Norman

Interment of 1

Lot 1206 Grave ____ Row ____ Section 3 Division ____ Block 8

Invoice No. ____

Acct. No. ____

W.O. E12425

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

94

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	—
Burial Containers	100 77182	250	—
Handling Fee	100 77185	185	—
Recording & Misc. Fees	100 77183	45	—
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	17	50
TOTAL PAID	$	872	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

MOCK SET-UP - 3 CHAIRS + TABLE ?

Date 8/17/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fred Adler

in a _____ (Vault/Liner) Funeral, date, time Sat 8/26 2PM

~~Church, Chapel,~~ Graveside Dedication of headstone ~~Mortuary.~~

All Funeral cars must arrive 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 47 Grave 5 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... JoAnn said there _____

Sales taxes ..... was no fee for _____

Florence Adler 461-5139 setting up Total Due ..... _____

Paid receipt number _____

3 chairs & a table - 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

Work Order # E 12426

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-18-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SLINKARD, GABRIEL L.

in a liner (Vault/Liner) Funeral, date, time MON 8/21 1PM

Church, Chapel, Graveside Chapel & Graveside; Lewis-Colonial (JOHN) 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 Emily B. Slinkard

War time veteran NO.

Lot 3239 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1763.30
Paid receipt number mastercard	1763.30
Balance due	0

PAID
AUG 18 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

(MOTHER)

I hereby certify I am the X Emily B. Slinkard of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Emily B. Slinkard
Signature
X 3366 A Street
Address
X San Diego, CA 92102
City Zip Code
X 619-239-5972
Telephone

Work Order # E 12427

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12427

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GABRIEL	LEBANA	SLINKARD	10/30/1926	08/17/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	EMILY BLANCHE SLINKARD - MOTHER 3366 'A' STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	08/18/1995

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/21/1995	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8/21/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Open Imp. gate

Date 8/21/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AMUNDSON, ROBERT

in a _____ (Vault/Liner) Funeral, date, time Mon 8-21; 2:00 P.M

Church, Chapel, Graveside Graveside @ Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. _____

War time veteran _____.

Lot 75 Grave _____ Row _____ Section Muslim Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	350.00
Burial Container	
Handling Fees	Paid in full
Flower vases – Marker setting fee	~~10.50~~
Recording and filing fee	9/11/95 45.00
Sales taxes	
Total Due	395.00
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

X _____ of SD
Signature

X MUSLIM ORGANIZATION
Address

X Po Box 461058 SD 92136
City Zip Code

X 672-2646
Telephone

Invoice # 257433

Acct. # 086186

Work Order # E 12428

PY-593 (Rev. 8-92)

E 12428

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT	RUSSELL	AMUNDSON	11/16/1921	08/18/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	AZIZAH AMUNDSON: WIFE 1973 PARADISE HILLS ROAD SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MEMORIAL MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ Victoria Meza	08/21/1995

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	08/21/1995	Victoria Meza 9511160 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 8/31/95	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.

E-12428

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

MR. AZHAD
MUSLIM ORGANIZATION OF SAN DIEGO
P O BOX 261058
SAN DIEGO CA 92126
SAN DIEGO CA 92126

ACCT NO
086186

TREASURERS USE ONLY

PAYMENT DATE Sept. 11, 95
BY: CA (CK) IF

PAYMENT REF NO 137 AMT PAID: 395/=

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/23/95	09/22/95	JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12428
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ROBERT AMUNDSON SERVICES	
OPENING/CLOSING	350.00
RECORDING FEE	45.00
TOTAL DUE	395.00

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.

RETURN WITH PAYMENT

INV NO. 257433

AC-22 (REV. - 2/82)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47039

Date: 1-29, 1996

From: Carmen Poe Address: 3893 Imperial Ave San Diego 92113

Thirteen & 00/100 Dollars ($ 13.00)

In full Payment of Flower Cen for Robert Amundson

Lot 75 Grave ____ Row ____ Section Meadow Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12428

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
47039

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY S. Shilton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	13	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	13	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/20/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael F. Ambrose

in a Liner Funeral, date, time Wed. 9/23/95-10:30

Church, Chapel (Graveside) GS : 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. Anthony M. Ambrose

War time veteran yes.

Lot 3367 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund	795.00
Additional spaces and care fund	~~375.00~~
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	1,563.30
Paid receipt number VISA	391.00
Balance due	1,172.30

Paid in full

2590 391.00

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.

Anthony M. Ambrose
Signature of recorded holder of deed

Anthony M. Ambrose
Signature

4427 Maryland St.
Address

San Diego 92116
City Zip Code

297-8266
Telephone

Work Order # E 12429

Invoice # 257435

Acct. # 086188

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12429

NOTE

1272.30 San Diego, California AUG 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 Twelve Hundred seventy-two $ 30/100 DOLLARS with interest from Sep. 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 X Anthony M. Ambrose SIGNATURE X Anthony M. Ambrose

ADDRESS X 4427 Maryland St. S.D. Calif. 92116

CALIFORNIA DRIVER LICENSE NUMBER X N4815391 SSN # X 558-98-9583

PY-1012 (11-89)

E 12479

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MICHAEL	ANTHONY	AMBROSE	09/10/1917	08/17/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ANTHONY M. AMBROSE:SON 4427 MARYLAND STREET SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE,, SAN DIEGO, CA 92102	F-843	▶ [signature]	08/22/1995

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

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	Victoria Meza 08/22/1995	9511248 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8/23/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY wood w/ sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

47406

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5/14, 1996

From: Anthony Michael Address: 4427 Maryland St S.D. CA 92116

One hundred Twenty five 00/100 Dollars ($ 125.00)

In Payment of Government Digger Setting Fee

for Michael A. Ambrose

Lot 3367 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E12489

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

ISSUED BY Karen Bak

AC-212 (Rev. 5-94)

E12429
47407

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-15, 1996

From: D. Vyezi Address: 3131 Valley Rd #46 Nat City 91950

Forty seven & 56/100 Dollars ($ 47.56)

In full Payment of 2 galvanized flower vases

Lot 162 Grave 1 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

VOID
Deaded to use Visa

ISSUED BY D. Shelton

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	

E 12429
47407

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-15, 1996

From: S. Vyezi Address: 3131 Valley Rd #46 Natl City 91950

Forty seven & 56/100 Dollars ($ 47.56)

In full Payment of 2 galvanized flower vases

Lot 162 Grave 1 Row Section 11 Division 7 Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

VOID
Deaded to use Visa

ISSUED BY S. Shelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	

257435	08/23/95	086188	ANTHONY M AMBROSE			09/20/95	CK	025878	1,172.30	1,172.30	0.00
			100	072	77181	000072			375.00		PAID IN FULL
	L 12429		100	072	77182	000072			190.00		
			100	072	77183	000072			45.00		
			100	072	77184	000072			245.00		
			100	072	77185	000072			145.00		
			60101		78390				13.30		
			67007		77184				159.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-21-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PIKE JAMES O.

in a I.S. Vault (Vault/Liner) Funeral, date, time Sat 8/26 1PM

Church, Chapel, Graveside Graveside : Lewis Cal (JOHN) 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 17 Grave 2 Row _____ Section MAS Division/Block M

Grave space & Care Fund A-360	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
~~Flower vases~~ ~~Marker setting fee~~ SATURDAY FEE	600.00
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	1472.50
Paid receipt number MASTER CARD	1472.50
Balance due	0

Mr. Pike in L.A.
H 310 475 3314
W 310-641-8614

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 O Pike
Signature

10808 RICHLAND Ave
Address

Los Angeles, CA 90064
City Zip Code

310-641-8614
Telephone

Work Order # E 12430

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

F12430

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMES	O.	PIKE, SR.	01/26/1914	08/20/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA JOLLA	SAN DIEGO	JAMES O. PIKE, JR. - SON 10808 RICHLAND AVENUE LOS ANGELES, CA 90064

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	08/21/1995

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/22/1995	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 8/25/95	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 8-21-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of AMBROSE, MICHAEL

in a _____ (Vault/Liner) Funeral, date, time 8/23 WED

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 ..... _____

12429 see

VOID

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12431

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/21/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rudolph Barraza

In a Liner (Vault/Liner) Funeral, date, time Thurs. 8/24/95 9AM

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. Elda D. Barraza

War time veteran NO.

Lot 253 Grave 1 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	13.50
Total Due	1563.30
Paid receipt number R-46542	390.00
Balance due	1173.30

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.

X Elda D. Barraza
Signature

X 7416 Central Ave #0
Address

X Lemon Grove CA 91945
City Zip Code

X 263-7831
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 258139

Acct. # 086275

Work Order # E 12432

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-12432

NOTE

1173.30 San Diego, California Aug. 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 seventy-three & 30/100 DOLLARS with interest from 24 Sep. 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 ELDA D. BARRAZA SIGNATURE X Elda D. Barraza

ADDRESS X 7416 Central Ave. #D Lemon Grove CA. 91945

CALIFORNIA DRIVER LICENSE NUMBER X A0581096 SSN # X 565-39-4166
ef 12/14/97

PY-1012 (11-88)

E 12432

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RUDOLPH	-	BARRAZA	10/16/1963	08/19/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ELDA D. BARRAZA-MOTHER 7416 CENTRAL AVE. #D LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	08/23/1995

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 DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/23/1995 M. MITCHELL	9511326 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMTERY SAN DIEGO, CA	11B. DATE BURIED 8/24/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY - metal n/scales	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

46542

263-7831

Date: 8-22, 1995

From: Maria B. Romo Address: 114 Woodman St, CA 92114

Three hundred ninety 00/100 Dollars ($ 390.00)

In part Payment of Interment of Rudolph Barraza

Lot 253 Grave / Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12432

BALANCE DUE $ 1173.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1419

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	390	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	390	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/2/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruby Lee Ogletree

in a Liner (Vault/Liner) Funeral, date, time Tues. 8-22 ; 11:00 A.M

~~Church~~/~~Chapel~~/Graveside Church + G.S ; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. r Aff

War time veteran NO.

Lot 117 Grave 9 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 VISA	391.00
Balance due	1172.30

PAID IN FULL

I hereby certify I am the Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature Alethia C. Moore

Address x 6930 Camphor Dr

City x San Diego, CA 92139 Zip Code

Telephone x 267-2737

I hereby authorize the interment in lot I hold under deed.

_____

Signature of recorded holder of deed

Work Order # E 12433

Invoice # 257434

Acct. # 086187

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-12433

NOTE

$ 1172.30 San Diego, California August 21 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 eleven hundred seventy two 30/100 DOLLARS *with interest from* September 22, 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 Aretha C Floore SIGNATURE x Aretha C. Floore

ADDRESS x 6930 Camphor Ln S.D 92139

CALIFORNIA DRIVER LICENSE NUMBER x B4461740 SSN # x549082769

PY-1012 (11-89)

E 12433

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ruby	Lee	Ogletree	04/14/1925	08/17/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Mary Thomas - Sister 3835 Swift St. Apt. 104 San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Debbie Nelson	08/18/1995

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

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/22/1995	9511217 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 8/25/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 12433

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

ARETHIA C FLOORE
6930 CAMPHOR LN
SAN DIEGO CA 92139
SAN DIEGO CA 92139

ACCT NO
086187

TREASURERS USE ONLY

PAYMENT DATE 9-18-95
BY: CA CK IF VISA Credit

PAYMENT REF NO _____ AMT PAID: $1172.30

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/23/95	09/22/95	JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12433
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
RUBY LEE OGLETREE SERVICES	
LOT 117 GRAVE 9 SEC 3 DIV 12	795.00
OPENING/CLOSING	375.00
LINER	190.00
HANDLING FEE	145.00
RECORDING FEE	45.00
TAX ON LINE	13.30
LESS PAYMENT ON VISA	391.00-
TOTAL DUE	1,172.30

PAID
SEP 18 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

RETURN WITH PAYMENT

INV NO. 257434

C-22 (REV. - 2/82)

257434	08/23/95	086187	ARETHIA C FLOORE			09/18/95	VISA	1,172.30	1,172.30	0.00
	L 12433		100	072	77181	000072		375.00		PAID IN FULL
			100	072	77182	000072		190.00		
			100	072	77183	000072		45.00		
			100	072	77184	000072		245.00		
			100	072	77185	000072		145.00		
			60101		78390			13.30		
			67007		77184			159.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need
Lot & Trust

Date 8-21-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HURD, WOODROW + WILLIE MAE

in a LINERS (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____ WWII Dec'd

Lot 48 Grave 7 & 8 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	1590.00
Additional spaces and care fund	
Opening/Closing & Setup	750.00
Burial Container	380.00
Handling Fees	290.00
Flower vases – Marker setting fee	
Recording and filing fee	90.00
Sales taxes	26.60
Total Due	3126.60
Paid receipt number R-45639	782.00
Balance due	2344.60

PAID
OCT 23 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 3353 Webb St
Address

X San Diego CA. 92104
City Zip Code

X 264-4297
Telephone

Work Order # E 12434

Invoice # _____

Acct. # _____

PY-583 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40539

Date: 8/21, 1995

From: WOODROW HUISD Address: 355 S. West St, Lawndale CA 92113

Seven-hundred eighty-two & 00/100 Dollars ($ 782.00)

In part Payment of Pre-Need Lots Trusts

Lot 48 Grave 7 & 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-13434

BALANCE DUE $2344.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

3733

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	782 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	782 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46597

Date: 7/8, 1995

From: Woodrow & Willie Hurd Address: 355 S. West St.

Ninety-Eight Dollars ($ 98.00)

In part Payment of Pre-Need Trust

Lot 48 Grave 7 & 8 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-12434

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 J Weisner

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	98 00
Sales Tax	60101 78390	
TOTAL PAID	$	98 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

46726

Date: 10-23-95

From: Woodrow & Willie Hurd Address: 355 S. West St. SD. 92113

Two Thousand Two Hund. Forty-Six, 60/100 Dollars ($ 2,246.60)

In Full Payment of Pre-Need Priest

Lot 48 Grave 7 & 8 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-12434

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Jeanne Weisner

CREDIT 20% Sales Care	67007 77184	750 00
80% Sales of Lots	100 77184	750 00
Opening/ Closing	100 77181	390 00
Burial Containers	100 77182	390 00
Handling Fee	100 77185	90 00
Recording & Misc. Fees	100 77183	26 60
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID		$ 2,246 60

PAYMENT BOOK

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA. 92102

THERE ARE TWO PAYMENT COUPONS
TO EACH PAGE IN THIS BOOK.
DETACH ONLY ONE COUPON
FOR EACH PAYMENT YOU MAKE.

ADDITIONAL PAYMENT INFORMATION
MAY BE FOUND ON BACK COVER.

YOUR RECORD OF PAYMENTS

COUPON 1 DATE PAID 9/8/95 AMT. $ PAID $100 CHECK NO. Cash	**COUPON 7** DATE PAID AMT. $ PAID CHECK NO.	**COUPON 13** DATE PAID AMT. $ PAID CHECK NO.
COUPON 2 DATE PAID AMT. $ PAID CHECK NO.	**COUPON 8** DATE PAID AMT. $ PAID CHECK NO.	**COUPON 14** DATE PAID AMT. $ PAID CHECK NO.
COUPON 3 DATE PAID AMT. $ PAID CHECK NO.	**COUPON 9** DATE PAID AMT. $ PAID CHECK NO.	**COUPON 15** DATE PAID AMT. $ PAID CHECK NO.
COUPON 4 DATE PAID AMT. $ PAID CHECK NO.	**COUPON 10** DATE PAID AMT. $ PAID CHECK NO.	**COUPON 16** DATE PAID AMT. $ PAID CHECK NO.
COUPON 5 DATE PAID AMT. $ PAID CHECK NO.	**COUPON 11** DATE PAID AMT. $ PAID CHECK NO.	**COUPON 17** DATE PAID AMT. $ PAID CHECK NO.
COUPON 6 DATE PAID AMT. $ PAID CHECK NO.	**COUPON 12** DATE PAID AMT. $ PAID CHECK NO.	**COUPON 18** DATE PAID AMT. $ PAID CHECK NO.

SPACE FOR RECORDING ADDITIONAL PAYMENTS IS PROVIDED ON INSIDE BACK COVER

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434

Woodrow & Willie Hurd
355 S. West St.
San Diego, CA 92113
(48-7/8-2-11)

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. $ 98.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434

Woodrow & Willie Hurd
355 S. West St.
S.D., CA 92113
(48-7/8-2-11)

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 ▶ $ 98.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434
Woodrow & Willie Hurd
355 S. West St.
S.D., CA 92113
(48-7/8-2-11)

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. $ 98.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434
Woodrow & Willie Hurd
355 S. West St.
San Diego, CA 92113
(48-7/8-2-11)

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. $ 98.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434
Woodrow & Willie Hurd
355 S. West St.
S.D., CA 92113
(48-7/8-2-11)

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 ▶ $ 98.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434
Woodrow & Willie Hurd
355 S. West St.
San Diego, CA 92113
(48-7/8-2-11)

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 ▶ $ 98.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434
Woodrow & Willie Hurd
355 S. West St.
S.D., CA 92113
(48-7/8-2-11)

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 ▶ $ 98.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434
Woodrow & Willie Hurd
355 S. West St.
San Diego, CA 92113
(48-7/8-2-11)

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 ▶ $ 98.00

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434

Woodrow & Willie Hurd
355 S. West St.
S.D., CA 92113
(48-7/8-2-11)

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. $ 98.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434

Woodrow & Willie Hurd
355 S. West St.
San Diego, CA 92113
(48-7/8-2-11)

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. $ 98.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434
Woodrow & Willie Hurd
355 S. West St.
S.D., CA 92113
(48-7/8-2-11)

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. $ 98.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434
Woodrow & Willie Hurd
355 S. West St.
San Diago, CA 92113
(48-7/8-2-11)

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. $ 98.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434
Woodrow & Willie Hurd
355 S. West St.
S.D., CA 92113
(48-7/8-2-11)

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 ▶ $ 98.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12434
Woodrow & Willie Hurd
355 S. West St.
San Diego, CA 92113
(48-7/8-2-11)

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 ▶ $ 98.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust S-12434

Woodrow & Willie Hurd
355 S. West St.
S.D., CA 92113
(48-7/8-2-11)

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. $ 93.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust S-12434

Woodrow & Willie Hurd
355 S. West St.
San Diego, CA 92113
(48-7/8-2-11)

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 $ 93.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust B-12434

Woodrow & Willie Ward
355 S. West St.
S.D., CA 92113
(48-7/8-3-11)

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. $ 98.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust B-12434

Woodrow & Willie Ward
355 S. West St.
San Diego, CA 92113
(48-7/8-2-11)

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. 98.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust S-11434

Woodrow & Willie Reed

333 S. West St.

S.D., CA 92113

(46-7/8-2-11)

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. ▶ $ 95.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust S-11434

Woodrow & Willie Reed

333 S. West St.

San Diego, CA 92113

(46-7/8-2-11)

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. ▶ $ 95.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Trust 2-17434
Woodrow & Willie Ward
333 S. West St.
S.D., Ca 92113
(48-7/8-1-11)

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. ▶ $ 35.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Trust 2-17434
Woodrow & Willie Ward
333 S. West St.
San Diego, Ca 92113
(48-7/8-1-11)

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. ▶ $ 92.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Trust S-11434
Woodrow & Willis Ward
355 S. West St.
S.D., CA 92113
(48-7/8-2-11)

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. ▶ $ ~~90.60~~

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Trust S-11434
Woodrow & Willis Ward
355 S. West St.
San Diego, CA 92113
(48-7/8-2-11)

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. ▶ $ 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

YOUR RECORD OF PAYMENTS

COUPON 19 DATE PAID_____ AMT. $ PAID_____ CHECK NO_____	**COUPON 25** DATE PAID_____ AMT. $ PAID_____ CHECK NO_____	**COUPON 31** DATE PAID_____ AMT. $ PAID_____ CHECK NO_____
COUPON 20 DATE PAID_____ AMT. $ PAID_____ CHECK NO_____	**COUPON 26** DATE PAID_____ AMT. $ PAID_____ CHECK NO_____	**COUPON 32** DATE PAID_____ AMT. $ PAID_____ CHECK NO_____
COUPON 21 DATE PAID_____ AMT. $ PAID_____ CHECK NO_____	**COUPON 27** DATE PAID_____ AMT. $ PAID_____ CHECK NO_____	**COUPON 33** DATE PAID_____ AMT. $ PAID_____ CHECK NO_____
COUPON 22 DATE PAID_____ AMT. $ PAID_____ CHECK NO_____	**COUPON 28** DATE PAID_____ AMT. $ PAID_____ CHECK NO_____	**COUPON 34** DATE PAID_____ AMT. $ PAID_____ CHECK NO_____
COUPON 23 DATE PAID_____ AMT. $ PAID_____ CHECK NO_____	**COUPON 29** DATE PAID_____ AMT. $ PAID_____ CHECK NO_____	**COUPON 35** DATE PAID_____ AMT. $ PAID_____ CHECK NO_____
COUPON 24 DATE PAID_____ AMT. $ PAID_____ CHECK NO_____	**COUPON 30** DATE PAID_____ AMT. $ PAID_____ CHECK NO_____	**COUPON 36** DATE PAID_____ AMT. $ PAID_____ CHECK NO_____

IF ADDITIONAL PAYMENTS ARE DUE ON YOUR ACCOUNT, A NEW BOOK WILL BE ISSUED TO YOU AFTER YOUR LAST COUPON REACHES US.

HELPFUL PAYMENT INFORMATION...

DATE & AMOUNT DUE

The amount of each payment and the day and month due are shown on each coupon. No further advance notice will be sent. All payments should reach us on or before due dates.

WHEN PAYING IN PERSON

If using a K–2 booklet print your name and address on the coupon to be paid and present book with your payment. If using a K–3 booklet print your name and address on a piece of paper and attach it to the coupon. Coupon will be detached and official receipt indicated.

WHEN PAYING BY MAIL

If using a K–2 booklet print your name and address on the coupon to be paid. If using a K–3 booklet print your name and address on a piece of paper and attach it to coupon to be paid. Fill in your record on the inside cover. Tear out proper coupon and mail it with your check or money order. DO NOT MAIL ENTIRE BOOK. Cancelled check or money order stub is your receipt. Do not send currency through the mail.

PLEASE NOTIFY US IMMEDIATELY IF YOUR ADDRESS CHANGES

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/22/95

ME-95-1389

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Ann Sauer PA#118376

in a Liner (Vault/Liner) Funeral, date, time Wed. 8/23 - 11AM

Church, Chapel, Graveside Del. Only : Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 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	

Jim 281-7055

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 12435

Invoice # 257436

Acct. # 000952

PY-593 (Rev. 8-92)

E-12435

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 11/8/95
BY: CA (CK) IF

PAYMENT REF NO 04-42258 | AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/23/95	09/22/95	JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12435
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JANE ANN SAUER PA 1183761 SVCS	
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.

RETURN WITH PAYMENT

INV NO. 257436

AC-22 (REV - 2/82)

E D435

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Jane	Ann	Sauer	02/02/1949	07/20/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator-L. Jamme 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	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 ▶	8B. DATE SIGNED 08/22/1995

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08 / 22 / 1995 ▶	

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	

1[illegible]ORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] 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

[illegible]RIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 8/3/95	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.

PRE-NEED LOT AND TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-22-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lawrence. T. Shimamoto / Irene Shimamoto

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $_____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 4910 4911 Grave – Row – Section – Division/Block 10

Grave space & Care Fund	2 EA	2,190.00
Additional spaces and care fund		
Opening/Closing & Setup	2 EA	750.00
Burial Container	2 EA	380.00
Handling Fees	2 EA	290.00
Flower vases – Marker setting fee		
Recording and filing fee	2 EA	90.00
Sales taxes	2 EA	26.60
Total Due		3726.60
Paid receipt number 46541		1000.00
Balance due		2726.60

PAID IN FULL 9-15-97

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 Lawrence Shimamoto
Signature

X 2485 Huff Road
Address

X Imperial, CA 92251
City Zip Code

X 619-355-8970
Telephone

Work Order # E 12436

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12436

					DEBIT	CREDIT	BALANCE
9-5	96	R-47772	CPN #12	trust		114.00	1350.00
10-10	96	R-47902	#13			114.00	1236.00
11-15	96	R-48025	#14			114.00	1122.00
12-9	96	R-48096	#15			114.00	1008.00
1-8	97	R-48188	#16			114.00	894.00
2-10	97	R-48287	#17			114.00	780.00
3-10	97	R-48369	#18			114.00	666.00
4-10	97	R-48461	#19		560.00	114.00	552.00
5-9	97	R-48557	#20			114.00	438.00
6-9	97	R-48677	#21			114.00	324.00
7-11	97	R-48780	#22			114.00	210.00
8-8	97	R-48858	#23			114.00	96.00
9-15	97	R-48980	#24			96.00	0

NAME SHIMAMOTO, LAWRENCE T. & IRENE SHIMAMOTO ACCT. NO. E-12436

ADDRESS 2485 HUFF ROAD, IMPERIAL, CA 92251 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
8/22/95	Pre-Need Trusts and Lots Opened.				
	Lots 4910 & 4911 Division 10	2,190.00			
	PRE-NEED TRUST INCLUDES: OPENING & CLOSING (2) (2) LINERS, HANDLING FEES (2), FILING FEES (2) SALES TAX ON LINERS(2)	1,536.60			3,726.60
8/22/95	RECEIPT #46541			1,000.00	2,726.60
10/10 95	R H66822 CAN 1			114.00	2612.60
11/9 95	R 46794 CAN 2			114.00	2498.60
12/13 95	R 46909 " 3			114.00	2384.60
1/8 96	R 46993 " 4			114.00	2270.60
2/9 96	" 47089 " 5			114.00	2156.60
3/8 96	R 47169 " 6	Bal 2042 -		114.00	2042.60
4/10 96	R 47295 " 7			114.00	1928.60
5 96	R-47387 " 8			114.00	1814.60
6-10 96	R-47498 # 9			114.00	1700.60
7-5 96	R-47577 # 10			114.00	1586.60
8-9 96	R-47702 # 11	balance in Trust		114.00	1472.60

AVERY FORM NO. 25-204 AVERY PRINTED IN USA

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46541

Date: 8-22, 19 05

From: Lawrence T Shimonoto Address: 2685 Huff Road Imperial CA. 92251

one thousand Dollars ($ 1000.00)

in part Payment of pre-need lot and trust for Lawrence and Irene Shimonoto

Lot 1012 1011 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12436

BALANCE DUE 2426.60

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 V Balobloo

CREDIT	67007		
20% Sales Care	77184	124	00
80% Sales of Lots	100 77184	576	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	1000	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46682

Date: 10/10, 1995

From: Diana Rincon etc Address: 2485 Huff Rd, Imperial CA 92251

One hundred fourteen & 00/100 Dollars ($ 114.00)

In part Payment of Pre-need lots & trust

Lot 4910 & 4911 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12436

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 10969

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	114	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46794

Date: 11-8, 1995

From: Laurence Shimamoto Address: 3485 Huff Rd, Imperial CA 92251

One hundred fourteen & no/100 Dollars ($ 114.00)

In Payment of Pre-need lot & trust

Lot 4910 & 4911 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E 12436

BALANCE DUE

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑
11011

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Virginia Baker

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	114	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46909

Date: 12-13, 1995

From: Lawrence Kimmerle Address: 3495 Hiff Rd Imperial, CA 92251

One Hundred & Fourteen Dollars ($ 114.00)

In Post Payment of Post-Need Lots & Trusts

Lot 1710 & 1711 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12436

BALANCE DUE $394.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

11047

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weimer

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	114	00
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46993

Date: 1-8, 1996

From: Lawrence Shimamoto Address: 345 Huff Rd. Imperial, CA 92251

One Hundred & fourteen Dollars ($ 114.00)

In part Payment of pre-Need Sales & Prusts

Lot 4910 & 4911 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12436

BALANCE DUE $2,270.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94) 11100

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	114	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

47089

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-9, 1996

From: Florence Shimamoto Address: 2485 Huff Road, Imperial CA 92251

One Hundred & Fourteen Dollars ($ 114.00)

In Part Payment of Pre-need Lot & Trust

Lot 4910 & 4911 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12436

BALANCE DUE $2,156.60

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

11142

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weiner

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	114	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47169

Date: 3/8, 19 96

From: Irene Shimamoto Address: 2415 Hall Rd Imperial CA 92251

One Hundred fourteen 00/100 Dollars ($ 114.00)

In Payment of Pre Need Lot / Trust

Lot H916/H911 Grave Row Section Division Block 16

Invoice No.

Acct. No.

W.O. E-12436

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 Wright Bak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	114	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47295

Date: 4/10, 19 96

From: Lawrence a/rene Shimamoto Address: 2485 Hutt Rd Imperial, CA 92251

one hundred fourteen and no/100 Dollars ($ 114.00)

In part Payment of pre-need lots and trusts

Lot 4910-4911 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12436

BALANCE DUE 1932.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐
#11293

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catherine Swigert

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	114 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	114.00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47387

Date: 5-10, 19 96

From: Lawrence & Irene Shimamoto Address: 2485 Huff Rd. San Diego, CA. 92251

One hundred ~~and~~ fourteen and no/100 Dollars ($ 114.00)

In part Payment of pre-need lots and trusts

Lot 4910 & 4911 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12436

BALANCE DUE 1818.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ #11267

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	114	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022		
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47498

Date: 6-10, 19 96

From: Irene Umanito Address: 2485 Huff Rd Imperial 92251

One Hundred Fourteen Dollars ($ 114.00)

In pt Payment of Pre-Need 1st at Need

Lot 4910 4911 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12436

BALANCE DUE 1704.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

11302

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Hamilton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	114	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47577

Date: 7-5 , 19 90

From: Lawrence & Irene Shimamoto Address: 2486 Huff Rd. Imperial, Ca. 92251

One hundred fourteen and no/100 Dollars ($ 114.00)

In part Payment of pre-need lots & trusts

Lot 4910 & 4911 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E-12436

BALANCE DUE 1590.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #11338

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Latina Jurgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	114	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47702

Date: 8-9, 19 96

From: Laurence & Irene Shimamoto Address: 2485 Hulit Rd. Imperial, Ca 92251

One hundred fourteen and no/100 Dollars ($ 114.00)

In part Payment of pre-need lots & trusts

Lot 4910 & 4911 Grave ____ Row ____ Section ____ Division/Block 10

Invoice No. ____

Acct. No. ____

W.O. E-12436

BALANCE DUE 1476.10

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

11387

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jungton

CREDIT	67007		
20% Sales Care	77184	~~50 50 00~~	54.00
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	~~60 00~~	60.00
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

47302

WHITE..... TG CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 10-10 19 96

From: Lawrence Shimamoto Address: 2485 Huff Rd Imperial 92251

One Hundred Fourteen Dollars ($ 114.00)

In part Payment of Pre-Need Lots x Insts

Lot 4910 4911 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12436

BALANCE DUE 1248.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 11454

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D. Sheldon

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	114	00
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 025

Date: 11-14, 19 96

From: Lawrence Shimamoto Address: 2485 Huff Rd. Imperial 92251

one hundred fourteen and no/100 Dollars ($ 114.00)

In part Payment of pre-need ~~tot cost~~ trust for Lawrence & Irene Shimamoto

Lot 4910 & 4911 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12430

BALANCE DUE 1134.100

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 11503

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carma Burgoon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	114	00
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

43096

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12-9, 1996

From: Lawrence Shimamoto Address: 2485 Huff Rd Imperial 92251

One Hundred Fourteen Dollars ($ 114.00)

In part Payment of Pre-Need trust

Lot 4910 4911 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12456

BALANCE DUE 1020.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 11546

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Mehillon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	114	00
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43188

Date: 1-8 19 97

From: Lawrence Shimmin Address: 2485 Hyde Rd. Imperial 92251

One hundred fourteen and no/100 Dollars ($ 114.00)

In part Payment of 4 pre-need lots and stuff

Lot 4916 4911 Grave _____ Row _____ Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12436

BALANCE DUE 906.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

11591

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Cathina Dwyer

CREDIT 20% Sales Care	67007 77184	
60% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	114 00
Sales Tax	60101 78390	
TOTAL PAID	$	114 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

42287

Date: 2-10, 19 97

From: Yasuhiro Shimamoto Address: 2485 Hunt Rd. Imperial, CA 92251

One hundred fourteen and no/100 Dollars ($ 114.00)

In Full Payment of pre-need lots and trust

Lot 491 & 491 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12436

BALANCE DUE 792.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 11637

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Morgan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	114	00
Sales Tax	50101 78390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

43303

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-10 , 19 97

From: Lawrence Shimamoto Address: 2485 Hoyt Pl. Imperial 92251

One hundred fourteen and 60/100 Dollars ($ 114.60)

In part Payment of Pre-Need Trust

Lot 4910 & 4911 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. C-12436

BALANCE DUE 678.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

11672

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Surgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	53033 9022	114	60
Sales Tax	60101 76390		
TOTAL PAID	$	114	60

OFFICIAL RECEIPT

43401

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-10 19 97

From: Lawrence Shimamoto Address: 2485 Hunt Rd. Imperial 92251

One hundred fourteen and no/100 Dollars ($ 114.00)

In part Payment of pre-need trust for Lawrence & Irene Shimamoto

Lot 4910 + 4911 Grave ____ Row ____ Section ____ Division 10 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12456

BALANCE DUE 5164.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 11728

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Laura Burgos

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	114	00
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

45557

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-9, 19 97

From: Lawrence + Irene Shimamoto Address: 2485 Iliff Rd. Imperial 92251

One hundred fourteen and no/100 Dollars ($ 114.00)

In part Payment of Pre-need lots and trusts

Lot 4910 + 4911 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12436

BALANCE DUE 446.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 11777

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Duggan

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	114	00
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

48677

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 6-9 , 19 97

From: Lawrence + Irene Shimamoto Address: 2485 Huff Road Imperial, CA 92251

One hundred fourteen and no/100 Dollars ($ 114.00)

In part Payment of pre-need lots and trusts

Lot 4910 + 4911 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12456

BALANCE DUE 232.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

~~11828~~
11836

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avalos

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	114	00
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

48780

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 7-11 19 97

From: Lawrence Shimamoto Address: 2485 Huff Road Imperial 92251

One Hundred Fourteen Dollars ($ 114.00)

In part Payment of Pre-Need Lots - Trust

Lot 4910 & 4911 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12736

BALANCE DUE 918.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

11800

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Shelton

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	114	00
Sales Tax	60101 78390		
TOTAL PAID	$	114	00

48858

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 8-8 19 97

From: Lawrence Phirramoto Address: 2485 Hunt Road Imperial 92251

One hundred fourteen and no/100 — Dollars ($ 114.00)

In part Payment of pre-need lots and trusts for Lawrence & Irene Phirramoto

Lot 4910 & 4911 Grave ____ Row ____ Section ____ Division Block 10

Invoice No. ____

Acct. No. ____

W.O. E-12436

BALANCE DUE 114.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 11932

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Burgos-Avalos

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	114	00
Sales Tax	60101 76390		
TOTAL PAID	$	114	00

OFFICIAL RECEIPT

48380

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-15 19 97

From: Lawrence Hiramoto Address: 2485 Hall Rd Imperial 92251

One Hundred Four & 60/100 Dollars ($ 104.60)

In full Payment of Pre-Need Site + Trust

Lot 4910 4911 Grave _____ Row 7 Section _____ Division _____ Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12436-D

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

119 78

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shellin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	104	60
Sales Tax	60101 78390		
TOTAL PAID	$	104	60

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12436

Lawrence & Irene Shimamoto
2485 Huff Road
Imperial, CA 92251

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. ▶ $ 114.00

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-12436

Pre-Need Lots & Trusts

Lawrence T. & Irenne Shimamoto

2485 Huff Road

Imperial, CA 92251

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. ▶ $ 114.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12436

Lawrence & Irene Shimamoto
2485 Huff Road
Imperial, CA 92251

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. $ 114.00

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-12430

Pre-Need Lots & Trusts
Lawrence T. & Irene Shimmoto
2485 Huff Road
Imperial, CA 92251

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. ▶ $ 114.00

Amount due if paid more than _____ days after due date above. ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12436

Lawrence & Irene Shimmoco
2485 Huff Road
Imperial, CA 92251

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 ▶ $ 114.00

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. 6-12430

Pre-Need Lots & Irgato
Lawrence T. & Iranae Shimmoto
2485 Huff Road
Imperial, CA 92251

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 ▶ $ 114.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12436

Lawrence & Irene Shimamoto
2485 Bluff Road
Imperial, CA 92251

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. ▶ $ 114.00

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. [illegible]

Pre-Need Loan & Trusts
Lawrence T. & Irene Shimmoto
2485 Huff Road
Imperial, CA 92251

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 ▶ $ 114.00

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12636

Lawrence & Irene Nishimoto
2435 Huff Road
Imperial, CA 91251

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: ▶ $ 114.00

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. [illegible]

Pre-Need Loss & Trusts
Lawrence T. & Iranna Shiramoto
2485 Hall Road
Imperial, CA 92251

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. ▶ $ 114.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Bond Tenth E-12436

Lawrence & Irene Nishimoto
2485 Hall Road
Imperial, CA 92251

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. $ 114.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Sold Trust 2-12436

Lawrence & Irene Filimoto
2485 Gulf Road
Imperial, CA 92251

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. $ 114.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lots & Trusts
Lawrence T. & Lronne Shinemoto
2485 Hull Road
Imperial, CA 92251

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
									20		

Amount due when paid on, or before due date above ▶ $ 114.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust I-14436

Lawrence & Irvin Sessions

2483 Huff Road

Imperial, CA 92251

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: $ 114.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. -

Pre-Need Lots & Trust
Lawrence T. & Irene Simmons
2483 Gail Road
Imperial, CA 92251

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. ▶ $ 414.00

Amount due if paid more than _____ days after due date above: ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. Pre-Need Trust 2-12436

Lawrence & Irene Gallardo

2485 Hall Road

Imperial, CA 92251

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 ▶ $ 114.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lots & Trusts
Lawrence L. & Irene Shumate
2465 Hall Road
Imperial, CA 92251

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. $ 114.00

Amount due if paid more than ____ days after due date above. $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

[illegible]
[illegible]
[illegible]
[illegible]

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. ▶ $ 114.00

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. [redacted]

Lawrence T. & Irene Schaefer
2485 Hall Road
Imperial, CA 9231

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. ▶ $ 114.00

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. [illegible]

[illegible]

[illegible]

[illegible]

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 ▶ $ 114.00

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 [redacted] Coupon with each remittance **COUPON** **22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lots & Trust
Lawrence T. & Irene Shimoto
2465 Hall Road
Imperial, CA 92251

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 ▶ $ 114.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need trust 2-1434

Lawrence & Irma [illegible]

2453 Hall Road

Imperial, CA 92251

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. ▶ $ 114.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lic. & Trust
Lorraine L. & Charles Schwartz
2865 Holt Blvd
Ontario, CA 91761

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV

Amount due when paid on or before due date above ▶ $ ~~104.60~~

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-23-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ACOSTA, IRENE PA# 1185217

in a Liner (Vault/Liner) Funeral, date, time Fri 8-25. 12:00 NOON

Church, Chapel, Graveside Delivery : 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 14 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number _____	
Balance due	

Pd 10/11/95

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12437

Invoice # 258141

Acct. # 000952

PY-593 (Rev. 9-92)

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E-12437
WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 10-6-95
BY: CA (CK) IF

PAYMENT REF NO 04-919544 AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
09/06/95	10/06/95	AUGUST

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12437
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
IRENE ACOSTA, PA 1185217 SVCS	
LOT 14 GRAVE 1 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER WITH RETURN PAYMENT 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 258141

2 (REV - 2/82)

E12437

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
IRENE	-	ACOSTA	02/15/1956	08/19/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Lee Jamie, Public Administrator 5201 Ruffin Rd. San Diego,CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featherriggill Mortuary 6322 El Cajon Blvd San Diego,CA 92115	FD1083	▶ [signature]	08/23/1995

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.**

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/23/1995 Teri Truesdale	9511314 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego,CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego,CA	11B. DATE BURIED 8/25	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.

258141	09/06/95	000952	COUNTY OF SAN DIEGO			10/06/95	CK	04-919544	386.00	0.00
			100	072	77181	000072			165.00	
			100	072	77182	000072			50.00	
			100	072	77183	000072			45.00	
			67007		77184				126.00	

386.00 PAID IN FULL

E 12437

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Mock Set up Only

Date 8-23-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Abdul / RAWWEE ASMAR

in a _____ (Vault/Liner) Funeral, date, time Frid 25; 11:30 A.M

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot — Grave — Row _____ Section 1 Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee — Mock Set up	50.00
Sales taxes	
Total Due	50.00
Paid receipt number 46551	50.00
Balance due	0

Marbrons will bring check over

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 12438

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46551

Date: 8/25, 19 95

From: anderson-Ragsdale Address: 5050 Federal Blvd SD 92102

Fifty Dollars ($ 50.00)

In Full Payment of Mock Set Up Only for

Abdul Qawwee asmar

Lot ____ Grave ____ Row ____ Section ____ Division Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12438

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 J Weisner

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	50	@
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	@

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need
Lot & Trust

Date 8-23-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ANTWINE, LENSIE

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 78 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	PAID IN FULL 2-1-00
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
~~Flower vases~~ — Marker setting fee	135.00
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1788.30
Paid receipt number R-46548	541.00
Balance due	1247.30

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 Lensie Antwine
Signature

X 1727 DUVAL ST
Address

X SAN DIEGO 92102
City Zip Code

X 619 269 3737
Telephone

✓ 12439

Work Order # E _____

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46548

Date: 8/23, 1995

From: LENSIE ANTWINE Address: 1727 DUVAL ST., SD 92102

Five hundred forty-one & no/100 Dollars ($ 541.00 /)

In part Payment of Pre-need lot & trust and marker setting fee

Lot 78 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12439

BALANCE DUE $1247.30 V

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

2046

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Rauch

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	416	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	541	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46659

Date: 10/5, 1995

From: Lessie Antwine Address: 727 Duval St. SD 92102

Fifty-Two Dollars ($ 52.00)

In part Payment of Pre-Need Trust

Lot 78 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12439

BALANCE DUE $1,195.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	52	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46755

Date: 11-1, 1995

From: Genaro Contreras Address: 1727 Dorcas St. SD 92102

Fifty-two & no/100 Dollars ($ 52.00)

In Payment of Pre-need trust & lot

Lot 78 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. F-12439

BALANCE DUE $1143.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

2107

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	52	00
Opening/ Closing	100 77181		
Burial Container	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46938

Date: 1-5 19 96

From: Jessie Ortwine Address: 1727 Duval St. SD 92102

Fifty-Two Dollars ($ 52.00)

In Part Payment of pre-Need Plot & Trust

Lot 78 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12,479

BALANCE DUE 1,091.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	52.00
Sales Tax	60101 78390	
TOTAL PAID	$	52.00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47032

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

ANTWINE

Date: 2/7, 1996

From: L. Antwine Address: 727 Duval St San Diego, 92102

Fifty-Two Dollars ($ 52.00)

In Part Payment of Pre-Need Lot & Trust

Lot 78 Grave 8 Row Section 7 Division Block 12

Invoice No.

Acct. No.

W.O. E-12439

BALANCE DUE $1,039.30

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	52	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

2180

ISSUED BY J. Weisner

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47168

Date: 3-8 , 19 96

From: Jessie Antunez Address: 1727 Duval St. SD 92102

Fifty Two Dollars ($ 52.00)

In full Payment of Pre Need Lot - Trust

Lot 78 Grave 8 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12959

BALANCE DUE 987 30

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 2193

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D. Thibodeau

CREDIT	67007	52	00
20% Sales Care	77184	~~52~~	~~00~~
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	010393	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47265

Date: 4/5, 19 96

From: Lensie Athayde Address: 1727 Duval St. S.D., CA 92154

Fifty Two and 00/100 Dollars ($ 52.00)

In Payment of Pre-Need Trust & Lot

Lot 78 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-17439

BALANCE DUE 935.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☐ #2[illegible]

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Cathy M. Ingalls

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	52 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	52 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

1420

Date: 5/23, 1996

From: Lensie Antwine Address: 1727 Duval St SD CA 92102

Fifty two 00/00 Dollars ($ 52.00)

In Payment of Pre Need Lot & Trust

Lot 78 Grave 8 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E 12439

BALANCE DUE 88330

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 2256

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karen Cox

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	52	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

47601

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-8, 1996

From: Jessie Antunez Address: 1727 Duval St. San Diego 92102

Fifty Two Dollars ($ 52.00)

In Cash Payment of Re-Need Lot + Trust

Lot 78 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12439

BALANCE DUE 8313D

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 2286

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	11	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	41	00
Sales Tax	50101 78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47073

Date: 10/4 19 96

From: Lensie Alwine Address: 1777 Duval St San Diego 92102

Mc Neal Trust 1 Lot Dollars ($ 104.00)

In Part Payment of One hundred - four 00/100

Lot 78 Grave 8 Row ____ Section 2 Division ____ Block 12

Invoice No. ____

Acct. No. ____

W.O. E-12439

BALANCE DUE 73730

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1332

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karen Burke

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	104	00
Sales Tax	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

42067

Date: 12/2, 19 96

From: Lensie Hawke Address: 1737 Duval St S.D. CA 92102

One Hundred four 00/00 Dollars ($ 104.00)

In Payment of Pre Need Trust - 1 Lot
and Crypt 14/15

Lot 78 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13429

BALANCE DUE 623.20

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 Karen Duke

CREDIT		
20% Sales Care	63037 77184	104 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	104 00

OFFICIAL RECEIPT

4 257

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-4, 1997

From: Jessie Antunez Address: 4727-D mad St. SD 92102

Pre Need Lot + trust One Hundred Four Dollars ($ 104.00)

In part Payment of

Lot 73 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12939

BALANCE DUE 519.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1362

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Hamilton

CREDIT	67001	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	104 00
Sales Tax	60101 78390	
TOTAL PAID	$	104 00

OFFICIAL RECEIPT

40531

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-6 19 97

From: Lensie Antwine Address: 1727 Duval St. San Diego 92102

One hundred and no/100 Dollars ($ 100.00)

In part Payment of Pre-need lot and trust

Lot 78 Grave 18 Row 1 Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12439

BALANCE DUE ~~523.30~~ 419.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1405

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Burgess

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	100	00
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

48767

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-9, 1997

From: Jessie Antwine Address: 1727 Duval St San Diego 92102

Fifty Dollars ($ 50.00)

In part Payment of Pre-Need Lot - Trust

Lot 78 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12439

BALANCE DUE 369.30

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ 2430

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

43975

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9/10 19 97

From: Lenske Atwire Address: 1727 Duval St, S.D. Ca 92107

Fifty two 00/100 Dollars ($ 52.00)

In full Payment of Pre Need Lot & Trust

Lot 78 Grave 8 Row — Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-0434

BALANCE DUE 31730

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 1522

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karyn Bak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	52	00
Sales Tax	60101 78390		
TOTAL PAID	$	52	00

OFFICIAL RECEIPT

49210

CITY OF SAN DIEGO, CALIFORNIA

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 11/25, 19 97

From: Lemon Grove Address: 1727 Duval Street SD 92162

Dollars ($ 50.00)

In Part Payment of PC need lot and trust

Lot 78 Grave 8 Row ____ Section 2 Division 12 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12439

BALANCE DUE 207.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 2465

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catrina Hallpike

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

49722

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: March 5 19 98

From: Lenpa arthwine Address: 1727 Duval Street SD 92102

for lot and mound Dollars ($ 50 00)

In part Payment of pr need lot and 7 mot

Lot 78 Grave 8 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12439

BALANCE DUE 217.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐ 1470

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Catina Malone

ISSUED BY

CREDIT	42007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST E-12439

Lensie Atwine
1727 Duval Street
San Diego, CA 92102

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
									10		

Amount due when paid on, or before, due date above. ▶ $ 52.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Lensie Atwines

ADDRESS 1727 Duval St

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST E-12439

Lensie Atwine
1727 Duval Street
San Diego, Ca 92102

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
									10		

Amount due when paid on, or before, due date above ▶ $ 52.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME LENSIE ATWINE

ADDRESS 1727 DUVAL ST

CITY SAN DIEGO STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST K-12439

Lenoie Atwine
1727 Duval Street
San Diego, CA 92102

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. PRE-NEED TRUST E-12439

Lensie Atwine
1727 Duval Street
San Diego, Ca 92102

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. $ _____

$ _____

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. PIE-NEED TKOST E-12439

Lennig Atwine
1727 Duval Street
San Diego, CA 92102

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. PRE-NEED TRUST S-12439

Lenaie Atwine

172 Duval Street

San Diego, Ca 92102

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 ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-PAID TRUST E-12439

Lensie Atwine
1727 Duval Street
San Diego, CA 92102

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. ▶ $ 32.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Lensie Atwine

ADDRESS 1727 Duval St

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST 6-12439

Leonie Arflan

1727 Duval Street

San Diego, Ca 92102

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. ▶ $ _____

$ _____

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. [illegible] 8-12439

Lenore Arvine
1727 Duval Street
San Diego CA 92161

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 ▶ $ 32.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

_____

_____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-NEED TRUST B-17439

Louis Arvion
1727 Duval Street
San Diego, Ca 92102

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. ▶ $ _____

$ _____

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. [illegible] X-12439

Lenwin Atwine
1727 Duval Street
San Diego, CA 92102

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
									10		

Amount due when paid on or before due date above ▶ $ 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.

DO NOT MAIL ENTIRE BOOK

COUPON 14

ACCOUNT No. PRE-PRINTED TAX ID # 2-12435

Lenuis Arvidson
1727 Duval Street
San Diego, CA 92102

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
									10		

Amount due when paid on, or before, due date above. $ 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 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

[illegible]
1727 Hamil Street
San Diego, CA 9210[illegible]

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
									10		

Amount due when paid on or before due date above ▶ $ 12.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-PAID RENT D-1455

Lenelle Acuna

1727 Duval Street

San Diego, Ca 92102

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. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-PAID TOKEN 8-11439

Gamelin Aviation
1727 Naval Street
San Diego, CA 9210_

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** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

[illegible]
1727 Duval Street
San Diego, Ca 92102

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 ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

NAME ANTWINE, LENSIE ACCT. NO. E-12439

ADDRESS 1727 DUVAL ST. SAN DIEGO, CA 92102 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
8/23/95	PRE-NEED LOT AND TRUST OPENED:				
	LOT 78; GRAVE 8; SECTION 2; DIVISION 12	8 95 00			
	TRUST INCLUDES: OPENING/CLOSING; LINER:				
	HANDLING FEE: MARKER SETTING FEE: RECORDING				
	FEE: TAX ON LINER. 179 20 % 716 80 %	8 93 30			1 7 88 30
8/23/95	Receipt #46548		✓	54 100	1 2 47 30
10/5/95	Receipt #46659 #1.		✓	52 00	1 195 30
11/1/95	R-46755 CPN 1 #2		✓	52 00	1 143 30
1-5-96	R-46988 no coupon		✓	52 00	1 091 30
2-7-96	R-47082 Cpn. 5 ✓		✓	52 00	1 039 30
3-[illegible]-96	R- 47168 " 6 ✓		✓	52 00	98 7 30
4-[illegible]-96	R-47265 " 7 ✓		✓	52 00	935 30
5/23 96	R-47420 " 8 ✓		✓	52 00	883 30
8-8-96	R- 47691 #9 11.00 to 12 11.00 to Trust		✓	52 00	831 30
10/4/96	R- 47873 # 12 & 13 ✓		✓	104 00	727 30
12-2-96	R- 48067 14 & 15		✓	104 00	623 30

2-497	16 & 17	R-48257	104.00	519.30
5-6-97	no opn	R-48534	100.00	419.30

E-12439

ANTWINE, LENSIE
1727 Duval St. San Diego CA 92102

				DEBIT	CREDIT	BALANCE
2-4	97	R-48257	cpn # 16 & 17 ✓		104.00	519.30
5-6	97	R-48534	no cpn ✓		100.00	419.30
7-9	97	R-48767	✓		50.00	369.30
9-12	97	R-48975	✓		52.00	317.30
11/25	97	R-49210	✓		50.00	267.30
3-5	98	R-49722	no cpn ✓		50.00	217.30
10-2	98	R 50434			50.00	167.30
3-11-	99	R-50939			50.00	117.30
8-6	99	R-51410			50.00	67.30
2-1-	00	R-52087			67.30	0

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/24/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Thos. Davis PA# 1184903

in a Liner (Vault/Liner) Funeral, date, time Tuesd 8-29. 11:00 AM

Church, Chapel, Graveside Delivery : Fotheringil Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 18 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number Pd 10/11/95	
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 12440

Invoice # 958142

Acct. # 000952

PY-593 (Rev. 8-92)

E 12440

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 10-6-95
BY: CA (CK) IF
PAYMENT REF NO 04-919544
AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
09/06/95	10/06/95	AUGUST

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12440
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN T DAVIS, PA 1184903 SVCS	
LOT 18 GRAVE 1 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.

RETURN WITH PAYMENT

INV NO. 258142

-22 (REV. - 2/82)

E 124140

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOHN	THOMAS	DAVIS	11/07/1953	07/22/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator, Rebecca Barr 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115	FD 1083	▶ B. Ribansund	08/24/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/28/1995 Edward Feazell	9511508 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222, San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 8/31/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J Wait	
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.

258142	09/06/95	000952	COUNTY OF SAN DIEGO				10/06/95	CK	04-919544	386.00	386.00	0.00
			100	072	77181	000072				165.00		PAID IN FULL
			100	072	77182	000072				50.00		
			100	072	77183	000072				45.00		
			67007		77184					126.00		

E-12440

PLEASE PROVIDE 16 chairs and place them under a tree.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-24-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PAYNE, CARMEN

in a Vault (Vault/Liner) Funeral, date, time Mon 8-28 10:30 A.M

Church, Chapel, Graveside Graveside : Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. [signature]

War time veteran _____.

Lot 225 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... UNDER A TREE	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 46549	1867.50
Balance due	0

I hereby certify I am the Employer of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

[signature] (Signature)

6919 Country Club Dr (Address)

La Jolla, Ca 92037 (City, Zip Code)

619 456 7813 (Telephone)

I hereby authorize the interment in lot I hold under deed.

_____ Signature of recorded holder of deed

Work Order # E 12441

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12441

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Carmen	Lavette	Payne	03/08/1960	08/19/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Ruthie White-Mother 900 Shady Creek Dr. LasdVegas, NV 89108

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking charge	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶	08/24/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/24/1995	9511375
	James Hale ▶	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 8/26/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY wood / sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46549

Date: 8-24, 19 95

From: Barbara C Freeundt Address: 6919 Country Club Dr. La Jolla CA. 92037

eighteen hundred sixty seven 50/100 Dollars ($ 1867 50)

In full Payment of interment of Carmen Payne

Lot 225 Grave 2 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12461

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1452

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Zalabka

CREDIT	67007	199	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	796	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	50
TOTAL PAID	$	1867	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

65

Metal Sealer

Date 8-24-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnson, Hazel

in a T.S vault (Vault/Liner) Funeral, date, time Mond 8 28 1:00 P.M

Church, Chapel, Graveside Church + G S ; Rayzdale 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 Son

War time veteran NO.

Lot 259 Grave 5 Row _____ Section 2 Division/Block 12

Cemetery OK

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 MASTER CARD	417.00
Balance due	1250.50

Pd Infull 8-25-95 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

x Gary Williams
Signature
x 2714 OSHUR DR
Address
x San Diego 92110
City Zip Code
x (619) 221-0287
Telephone
WORK: 556-5178 BM2

Work Order # E 12442

Invoice # 258319

Acct. # 086368

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-12442

NOTE

$ 1250.50 San Diego, California 7 SEP 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 7 OCT 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 Gary Williams SIGNATURE X Gary Williams

ADDRESS X 2714 UPSHUR DR San DIEGO ca 92110

CALIFORNIA DRIVER LICENSE NUMBER X C3786069 SSN # X 152608605

PY-1012 (11-89)

E12442

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 086368

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 9-18-95 H.D

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER #239

AMOUNT PAID $ 1250.50

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Gary Williams

PAYOR NAME Burleeta Wilson
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 575 Otay Lakes Rd #47
C.V. 91913

REMARKS Jan - MS# 45

CASHIER _____ INV. NO 258319

TR-1561 (2-82)

E 12442

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Hazel	-	Johnson	05/19/1930	08/22/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Gary Williams, Son 5625 Imperial Ave. #223 San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1329		08/24/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/25/1995	9511446

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 8/26/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
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

46628

Date: 7/22, 19 95

From: [illegible] Address:

Thirty one 40/oo Dollars ($ 31.40)

In full Payment of Marker for

Lot 259 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13442

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY C. Werner

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	31.40

258319 09/13/95 086368 GARY WILLIAMS

L 12442

100	072		09/18/95 CK 239	1,250.50	1,250.50	0.00
100	072	77181	000072	375.00		
100	072	77182	000072	250.00		
100	072	77183	000072	45.00		
100	072	77184	000072	219.00		
60101		77185	000072	185.00		
67007		78390		17.50		
		77184		159.00		

PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

metal Sealer

Date 8-25-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GUTIERREZ RICARDO

in a T.S Vault (Vault/Liner) Funeral, date, time Mon 8-28 ; 11 00 AM

Church, Chapel, Graveside Church 4 C.S ; Guadalupano 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 R. G.

War time veteran NO.

Lot 140 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund ..... Under a tree	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-46554	422.00
Balance due	1,345.50

Mortuary will bring down $442.00 25th

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 [signature]
Signature

X 724- 26 ST
Address

X SAN DIEGO CA 92102
City Zip Code

S 234-7839
Telephone

Work Order # E 12443

Invoice # 058138

Acct. # 086376

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-12443

NOTE

$ 1767.50 San Diego, California 8-25 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 seventeen hundred sixty seven 50/100 DOLLARS with interest from September 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 RAMON GUTIERREZ SIGNATURE x

ADDRESS x 224 26 ST SD-CA-92102

CALIFORNIA DRIVER LICENSE NUMBER x A6947661 SSN # x 544-05-0225

PY-1012 (11-89)

E 12443

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RICARDO	-	GUTIERREZ	04/03/1929	08/24/1995	M.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RAMON GUTIERREZ-SON 224 26th STREET SAN DIEGO,CA.92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE. SD. CA.,92102	FD-1425	▶	08/28/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	SERGIO VALENCIA 08/28/1995	9511476 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222, SAN DIEGO,CA.92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO,CA. 92102	11B. DATE BURIED 8/28/95	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46554

Date: 8/28, 1995

From: Guadalupana Mort. Address: 201 Imperial Ave.

Four Hundred Twenty Two Dollars ($ 422.00)

In Part Payment of Interment of Ricardo Gutierrez

Lot 140 Grave 1 Row ____ Section 3 Division Block 12

Invoice No. ____

Acct. No. E-12443

W.O. ____

BALANCE DUE 4,345.50

Pre-Need Lot ☐ At Need ☑ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 4755

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Jeanne W.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	422 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
	100	
Handling Fee	77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	422 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Left, Center of the grave

Date 8-28-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Craig P. Young

in a ~~Ash~~ Vault Ash Vault/Liner Funeral, date, time Thurs 8-31-95; 11:00 A.M

Church, Chapel, Graveside Delivery, Witness; 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. E. M. M.

War time veteran NO.

Lot 2145 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund E-353	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.85
Total Due	268.85
Paid receipt number NASTEE CARD	268.85
Balance due	~~0~~

I hereby certify I am the ~~x~~ Maternal aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

x Eva M. Monroe
Signature

x 23710 Kibby Dr
Address

x Hemet CA 92544
City Zip Code

x 925-3689
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12444

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12444

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

#098367

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Craig	Piercey	Young	12/26/1958	08/15/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Hemet	Riverside	Eva Monroe, Aunt 24310 Kirby St. Sp96 Hemet, CA 92545

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
McWane Family Funeral Home 350 N. San Jacinto St., Hemet, CA 92543	FD998

ACKNOWLEDGEMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 7601(b) 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 ▶ Eva Monroe — 8B. DATE SIGNED 08/18/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	08/18/1995	▶ Bradley P. Gilbert, M.D. BY: [illegible]

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 7600, Riverside, CA 92513	P.O. Box 5222, San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	Mt Hope Cemetery San Dieg, CA	8/31/95	▶ [signature]
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION**
CREMATION	Loma Linda Cremations, Inc. 24684 Barton Road, Loma Linda, CA	8-21-95	▶ [signature]
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE	N/A		▶
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	**14B. DATE SHIPPED**	**14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER**
TRANSIT	N/A		▶
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	**15B. DATE OF DISPOSITION**	**15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION**
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	N/A		▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR — VS 9 (REV. 6/91)

L-30"
W-12" CASKET SIZE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-28-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CHAVEZ, BERENICE.

in a ____ Vault/Liner Funeral, date, time Wed 8-30; 11:00 A.M

Church, Chapel, Graveside 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. X

War time veteran ____.

Lot 2776 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 R46562	270.00
Balance due	0

Mortuary to pay 270.00 on 8-30-95

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

✓ Claudia Elliott
Signature
✓ 1169 Connor St.
Address
✓ Imperial Beach 91932
City Zip Code
✓ 428-8348 (Mess)
Telephone

Work Order # E 12445

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

E12445

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BERENICE	-	CHAVEZ-ESCOTO	08/24/1995	08/24/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	GUSTAVO CHAVEZ-FATHER 1169 GRANGER ST IMPERIAL BEACH,CA,91932

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEMORIAL CHAPEL & MORTUARY 2601 IMPERIAL AVE,SAN DIEGO,CA,92102	FD-1425	▶ Jose Chavez	08/30/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	JOSE CHAVEZ 08/30/1995	9511614 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS,P.O. BOX 85222 SAN DIEGO,CA,92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY,3751 MARKET ST SAN DIEGO,CA,92102	11B. DATE BURIED 8/30/95	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46562

Date: 8/30, 19 95

From: Guadalupana Mort. Address: 761 Imperial Ave. SD. 92102

Two Hundred & Seventy Dollars ($ 270.00)

In Full Payment of Interment of Beronica Chavez-Escoto

Lot 2776 Grave ____ Row ____ Section 1 Division 9 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12445

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT		
20% Sales Care	67007 77184	100 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	125 00
Burial Containers	100 77182	
Handling Fee	100 77186	
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	270 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/29/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of W. J. Mulkey

in a T. S. Vault (Vault/Liner) Funeral, date, time FRI, 9/1 · 11:00AM

Church, Chapel, Graveside Graveside Serv. Featherwright 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. Bill A Mulkey

War time veteran NO.

Lot 86 Grave 3 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container T.S. Vault	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	1,667.50
Paid receipt number Pd Via MC	1667.50
Balance due	0

I hereby certify I am the Bill A Mulkey 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.

Bill A Mulkey
Signature

2020 E Orchestra Dr.
Address

Huntington Beach, CA 92646
City Zip Code

(714) 968-5619
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12446

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12446

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
W.	J.	MULKEY	11/06/1924	08/29/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Iluminada Mulkey, wife 1055 Georgia #4 Imperial Beach, CA 91932

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115	FD1083	▶ Iluminada Mulkey	08/30/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/31/1995 Edward Feazell	9511733 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT. SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego,CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

[redacted]RIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 9/1/95	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.

E 12447

14

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-29-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roach ; LILLIE MAE

in a Liner (Vault/Liner) Funeral, date, time Thurs, 8-31; 11:00AM

Church, Chapel, Graveside Church + G.S. : Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. x

War time veteran NO.

Lot 174 Grave 7 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 46559	391.00
Balance due	1172.30

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.

x [signature]
Signature

x3887 Palm Ave
Address

x San Diego 92154
City Zip Code

x690 4567
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Pd 10/10/95 1172.30

Invoice # 258140

Work Order # E 12447

Acct. # 086274

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12447

NOTE

$ 1,172.30 San Diego, California August 29 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 September 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 * CLARENCE WILSON JR SIGNATURE * Clarence Wilson Jr

ADDRESS * 3887 PALM AVE SAN DIEGO, CA 92154

CALIFORNIA DRIVER LICENSE NUMBER * J0622370 SSN # * 380345519

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46559

Date: 8-29, 19 05

From: Denise Glover Address: 3887 Palm Ave. S.D. CA. 92154

three hundred ninety one —— Dollars ($ 391.00)

In part Payment of interment of Lillie Hope Roach

Lot 174 Grave 7 Row ____ Section 1 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-12447

BALANCE DUE 1172.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1584

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V Bolobles

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

E 12447

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Lillie	Mae	Roach	07/02/1911	08/27/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Eunice D. Wilson, Daughter 3887 Palm Ave. San Diego, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA	F-1329	▶ Olive Autwithwait	08/30/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/31/1995 Olive Autwithwait	9511679 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 1/31/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 12447

258140	09/06/95	086274	CLARENCE WILSON JR			10/03/95 CK	775	1,172.30	1,172.30	0.00
			100	072	77181	000072		375.00		PAID IN FULL
			100	072	77182	000072		190.00		
			100	072	77183	000072		45.00		
			100	072	77184	000072		245.00		
			100	072	77185	000072		145.00		
			60101		78390			13.30		
			67007		77184			159.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/29/95

PA# 1136470

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rezai, Mostasa Kassan

in a Liner (Vault/Liner) Funeral, date, time 9/1/95 - Fri - 11:00 AM

Church, Chapel, Graveside Deliver only, Chamberlain Mortuary.

All Funeral cars must arrive 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 22 Grave 2 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	
Paid receipt number	
Balance due	386.00

Kathy Howard
694-3507

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 12448

Invoice # 258322

Acct. # 000952

PY-593 (Rev. 8-92)

E12448

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 11/8/95
BY: CA CK IF

PAYMENT REF NO 04-42258 | AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
09/13/95	10/13/95	AUGUST

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12448
DEPT: PROPERTY DEPT MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
MOSTAFA REZAI PA 1186470 SVCS	
LOT 22 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.

RETURN WITH PAYMENT

INV NO. 258322

(REV. - 2/82)

E 12448

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MOSTAFA	-	REZAI	06/05/1955	08/24/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CARLSbad	San Diego	Ali Ghandi - UNCLE $1618 WAINWRIGHT TERRACE FREMONT CA 94538

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ Pam Secord	08/31/1995

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7037.5 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/31/1995 P Secord	9511715 ▶

* ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	

*10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 9/1/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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.

E12449

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8/30/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MENA/CARRERO HOSE PA#1185497

in a Liner (Vault/Liner) Funeral, date, time Thurs 8-31 : 12:30 NOON

Church, Chapel, Graveside Delivery only; Layzdale Mortuary.

All Funeral cars must arrive 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 26 Grave 2 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

Pd 10/11/95

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12449

Invoice # 258143

Acct. # 000952

PY-593 (Rev. 8-92)

E 12499

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 10-6-95
BY: CA (CK) IF
PAYMENT REF NO 04-919544 AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
09/06/95	10/06/95	AUGUST

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12449
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOSE A MENA CARRERO JR SVCS	
PA 1185497	
LOT 26 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, AND INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

RETURN WITH PAYMENT

INV NO. 258143

C-22 (REV. - 2/82)

E12499

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Jose'	Augustin	Mena Carrero, Jr	05/05/1928	08/25/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Hilario Seruto, Son 2185 Ocean View Blvd. Apt. 3 San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd San Diego, CA	F-1329	▶ Debbie Wheeler	08/30/1995

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. SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/31/1995	9511694 ▶ D Wallen

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 8/31/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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.

258143	09/06/95	000952	COUNTY OF SAN DIEGO			10/06/95	CK	04-919544	386.00	386.00	0.00
			100	072	77181	000072			165.00		PAID IN FULL
			100	072	77182	000072			50.00		
			100	072	77183	000072			45.00		
			67007		77184				126.00		

E 1249

PRE-NEED TRUST FOR

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-30-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn Markgraf

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 35 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	E235	∅
Additional spaces and care fund		
Opening/Closing & Setup		
Burial Container	E235	∅
Handling Fees	E235	∅
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		
Total Due		45.00
Paid receipt number 46563		45.00
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 Roy E Markgraf

Address 5777 Reddick St

City SAN DIEGO Zip Code 92111

Telephone 268-9252

Work Order # E 12450

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12450
46563

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-30, 19 95

From: Evelyn S. Markgraf Address: 7777 Baldwin St. Apt 101, S.D. CA. 92111

for N/ Fee Dollars ($ 45.00)

In full Payment of pre-need trust for

Evelyn S. Markgraf

Lot 35 Grave 4 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. ~~E12450~~ E12450

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 417

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Baldwin

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	45	00
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

93

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PA FF 1185315

Date 8/31/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Serpena, Antonette

in a liner (Vault/Liner) Funeral, date, time Tues. 9/5 - 11:30

Church, Chapel, Graveside Del. Only ; Pacific Hedlin Mortuary.

All Funeral cars must arrive 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 30 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00 ~~185.00~~
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

PAID
JAN - 8 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Billy Paid in full.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12451

Invoice # 258332

Acct. # 000952

PY-593 (Rev. 8-92)

E 12451

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ANTONETTE	C.	SERMENO	01/25/1912	08/25/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	LEE JAIME - PUBLIC GUARDIAN 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PARIS-FREDERICK MORTUARY 374 N. MAGNOLIA AVENUE, EL CAJON, CA 92020	FD-795	▶ Sandra Heath	09/01/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/01/1995 SANDRA HEATH	9511747 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 9/5/95	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.

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E-12451

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

PAID
JAN 8 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

TREASURERS USE ONLY

PAYMENT DATE
BY: CA CK IF

PAYMENT REF NO _____ AMT PAID: _____

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
09/13/95	10/13/95	AUGUST

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12451
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ANTONETTE SERMENO PA 118531	
LOT 30 GRAVE 1 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00

PAID
JAN - 1996
MT. HOPE CEMETERY
CALIF

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, AND INTEREST AT 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

RETURN WITH PAYMENT

INV NO. 258332

AC-22 (REV. - 2/82)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-31-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MAZZA, VIRGINIA

In a LINER (Vault/Liner) Funeral, date, time FRI 9-1; 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 $ 150.00 will be applied and billed to undersigned. X

War time veteran NO.

Lot 99 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1563.30
Paid receipt number VISA	391.00
Balance due	1172.30

10-10-95 PD IN FULL

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 7115 138th St E
Address

X Puyallup, WA 98373-8296
City Zip Code

X (206) 535-4375
Telephone

Work Order # E 12452

Invoice # 258320

Acct. # 086369

PY-593 (Rev. 8-92)

E12452

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Virginia	Lee	Mazza	10/24/1922	08/30/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lynne Samuels-Daughter 7115 138th St. E. Puyallup, WA 98373

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking charge	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶	08/31/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/31/1995 James Hale	9511720 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 37[illegible] Market St., San Diego, CA	11B. DATE BURIED 9/1/95	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 W.O. # E-12452

NOTE

$ 1172.30 San Diego, California August 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 eleven hundred seventy two 30/100 DOLLARS with interest from October 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 Lynne J. Samuel SIGNATURE [signature]

ADDRESS 7115 138th St E, Puyallup, WA 98373-8296

~~CALIFORNIA~~ DRIVER LICENSE NUMBER WA DL# SAMUELJ380C6 SSN # 571-29-3972

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46566

Date: 8-31, 19 95

From: Lee Ann MAZZA Address: 385 Leland St#, S.D CA 92106

Thirty one and 40/100 Dollars ($ 31.40)

In full Payment of installation of TEMPORARY

MARKER for Virginia MAZZA

Lot 90 Grave 6 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12452

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V Bulatao

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	10	00
Recording & Misc. Fees	100 77183	20	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	1	40
TOTAL PAID	$	31	40

258320	09/13/95	086369	LYNNE J SAMUEL						1,172.30	0.00
							10/10/95	CK 2378	1,172.30	PAID IN FULL
			100	072	77181	000072			375.00	
			100	072	77182	000072			190.00	
			100	072	77183	000072			45.00	
			100	072	77184	000072			245.00	
			100	072	77185	000072			145.00	
			60101		78390				13.30	
			67007		77184				159.00	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 8-31-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hilton, Crathin

in a Liner (Vault/Liner) Funeral, date, time Wed 9-6 ; 2:00 P.M

Church, Chapel, Graveside Church + G.S. : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. ~~B.H.~~

War time veteran NO.

Lot 4870 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 46569	1863.30
Balance due	0

Mortuary will pay entire amount 1863.30

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

Signature

× 3821 38th St #7
Address

× San Diego CA 92105
City Zip Code

× 284-0368
Telephone

Work Order # E 12453

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12453

NOTE

1863 30 San Diego, California 8-31 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 eighteen hundred sixty three 30/100 DOLLARS with interest from October 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 BOBBIE HAYES SIGNATURE x Bobbie Hayes

ADDRESS x 3821 38th St.

CALIFORNIA DRIVER LICENSE NUMBER x C0851755 SSN # x 458-68-3374

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46569

Date: 9- 1, 1995

From: Anderson - Logsdon Address: 5050 Federal Blvd. S.D.CA 92102

eighteen hundreds sixty three 30/100 Dollars ($ 1863 30)

In full Payment of interment of

H. Elton, Cenotaph

Lot 4820 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E- 12453

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
7017

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Balsbaugh

CREDIT	67007	210	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	876	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
	100	45	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	1863	30

E12453

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Hilton	-	Crathin	09/25/1912	08/28/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Bowie Hayes - Daughter 3821 38th St. Apt. 7 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA	F-1328

ACKNOWLEDGMENT OF APPLICANT	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	▶ Gene Davis	08/30/1995

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.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/06/1995	▶ 9511897

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Greenwood Memorial Park 4300 Imperial Ave.; San Diego, CA	11B. DATE BURIED 9/6/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ D Waits
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.

Right, Center

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-1-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bonnie B. Lamkin

in a ⊗ Ash Vault (Vault/Liner) Funeral, date, time Wed 9-6; A.Y.D

Church, Chapel, Graveside Delivery only : 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 516 Grave _____ Row _____ Section 10 Division/Block 7

Grave space & Care Fund	B-6669	⊗
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 46567		268.85
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.

John Lamkin
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

600 Princeton Cir East
Address

Fullerton, Ca 92631
City Zip Code

714-680-4647
Telephone

Work Order # E 12454

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

10049

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BONNIE	B.	LAMKIN	NOV 7,1917	MAY 3,1992	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
FULLERTON	ORANGE	JOHN LAMKIN - SON 600 PRINCETON CIRCLE EAST FULLERTON, CA 92631

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PACIFIC VIEW MEMORIAL PARK 3500 PACIFIC VIEW DRIVE NEWPORT BEACH, CA	FD-1176	▶ [signature]	MAY 5,1992

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	MAY 5,1992	▶ L. REX EHLING MD [signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
OCHCA P.O. BOX 6099 SANTA ANA, CA 92706-0099	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [XX] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA	11B. DATE BURIED 5/6/92	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC VIEW MEMORIAL PARK, 3500 PACIFIC VIEW DR, NEWPORT BEACH, CA	12B. DATE CREMATED 5-8-92	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS ---	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED ---	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ---	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46567

Date: 9-1- , 19 05

From: John Lawkin Address: 600 PRINCETON CIR E FULLERTON CA 92631

two hundred sixty eight 85/100 Dollars ($ 268 85)

In full Payment of interment of CREMATION

BONNIE B Lawkin

Lot 510 Grave Row Section 10 Division Block 7

Invoice No.

Acct. No.

W.O. E 12454

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V Baldwin

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	105 00
Burial Containers	100 77182	55 00
Handling Fee	100 77185	60 00
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	3 85
TOTAL PAID	$	268 85

CASKET SIZE
L – 35"
W – 14"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-1-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hicks, DeGance (DEJANA)

in a _____ Vault/Liner Funeral, date, time Wed. 9/6 1:00 pm

Church, Chapel, Graveside Graveside, : Ira Hickinglen Mortuary.

All Funeral cars must arrive 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 3124 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	
Balance due	

Worker's Paid in full 9-28-95

Debbie 694-5247 Dept of Social Services 1255 Imperial Ave 6th Fl SD, 92101

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 12455

Invoice # 258330

Acct. # 086375

PY-593 (Rev. 8-92)

E 12456

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DEJANA	MONIQUE	HICKS	12/15/1993	08/30/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Boston	MA	Kathleen Fluhr, Foster Mother 4641 Muir Ave. San Diego, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	1083	▶ Edward Fezell	9-1-1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	09/05/1995 Edward Fezell	9511808 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	PO Box 85222, San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [XX] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Deigo, Ca	11B. DATE BURIED 9/6/95	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.

258330	09/13/95	086375	DEPT OF SOCIAL SERVICES			09/28/95	CK 07-160014	270.00	270.00	0.00
	L 1245		100	072	77181	000072		125.00		PAID IN FULL
			100	072	77183	000072		45.00		
			100	072	77184	000072		80.00		
			67007		77184			20.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

8 Chairs
ASHES TO BE BURIED TO LEFT SIDE OF THE GRAVE

Date 9/5/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Norman C. Johnshoy

in a ~~Cloth Vault~~ Vault/Liner Funeral, date, time Fri. 9/15/95 3:00 PM

Church, Chapel, Graveside Graveside; Buchtel-Gantt 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 24 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre Need D-7004 0

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container _____

Handling Fees _____

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

PAID
SEP - 5 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 150.00

Paid receipt number 46571 150.00

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.

Anna E. Tuttle
Signature

11171 Acaso Way
Address

San Diego, CA 92126
City Zip Code

566-3646
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12456

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46571

Date: 9/5, 1995

From: Ann E. Truett Address: 11171 Acoso Wy. San Diego 92126

One Hundred & Fifty Dollars ($ 150.00)

In Full Payment of Interment of Norman C. Johnson

Lot 24 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12456

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

#7529

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Weisner

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	00

E 12456

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
NORMAN	CASPER	JOHNSHOY	05/01/1925	08/26/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
FRESNO	FRESNO	LOIS JOHNSHOY (WIFE) 4872 N. HULBERT #102 FRESNO, CA 93702

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BUCHHEIM FAMILY PALM COLONIAL CHAPEL	FD801	▶	08/28/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	08/30/1995 E. MILLER	▶ 58761

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 11800, FRESNO, CA 93775	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 9/15/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CHAPEL OF THE LIGHT FRESNO, CA	12B. DATE CREMATED 9/5/1995	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

PRE NEED LOT.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-5-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wilson, L. H. Pin# 230056

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 YES.

Lot 52 Grave 465 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	2 EA.	1590.00
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		1,590.00
Paid receipt number 46572		1,590.00
Balance due		0

PAID
SEP - 5 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Pin# 230056

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x L. H. Wilson
Signature

x 1538 Burton St
Address

x S.D. CA 92111
City Zip Code

x 277-6055
Telephone

Work Order # E 12457

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46572

Date: 9-5, 19 95

From: Wilson L H Address: 1538 Burton STR. S.D CA. 92111

fifteen hundreds ninety Dollars ($ 1590.00)

In full Payment of pre-need lots for

L. H and Leona Wilson

Lot 52 Grave L&S Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E 12457

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Balotsky

CREDIT	67007	318	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	1272	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77186		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1590	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/5/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dawayne Duane Mills

in a Top of Bbl. Vault/Liner Funeral, date, time Thurs, 11:00am 9/7

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 $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 77 Grave 10 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund Pre-Need E-12376 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container Pre-Need E-12376 _____

Handling Fees Pre-Need E-12376 _____

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes Pre-Need E-12376 _____

Total Due 420.00

Paid receipt number R-46593 420.00

Balance due 0

Mark Mortuary will bring a check for 420.00

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature [signature]

Address 1877 Whaley

City San Diego, CA Zip Code

Telephone (619) 702-9722

Work Order # E 12458

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

DAWAYNE

E12458

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Dwayne	Lee	Mills	04/04/1966	09/03/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Donna Mills- Sister 1877 Whaley Ave San Diego ,CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person making permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary.,5050 Federal Blvd. San Diego CA	F-1329	▶ Donna Mills	09/06/1995

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

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/06/1995	▶ 9511898

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery; 3751 Market St. San Diego, CA	11B. DATE BURIED 9/10/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
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.

COPY 2

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE 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

46593

Date: 9-7 , 19 95

From: Rogdale Mortuary Address: 5050 Federal Bl., SD 92102

four hundred twenty & no/100 Dollars ($ 420.09)

In Payment of Interment of DAWAYNE MILLS

Lot 77 Grave 10 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12458

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 7027

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rourke

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	420	06

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

70

Date 9/5/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mason, Mary

in a Liner (Vault/Liner) Funeral, date, time Tuesday, 9/12 1:00pm

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. [signature]

War time veteran NO.

Lot 57 Grave _____ Row _____ Section Fook Division/Block 30

Grave space & Care Fund E-10970 0

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container ..... Paid in full 190.00

Handling Fees 10-2-95 145.00

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes ..... 9/15/95 call to Market Ragsdale for paid 90 ahead + invoice 13.30

Mark Ragsdale to bring $768.30 the week of 9/11/95, per Tyrone

Total Due 768.30

Paid receipt number _____

Balance due 768.30

I hereby certify I am the Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

[signature]
Signature

4185 Parrish
Address

San Diego CA 92103
City Zip Code

(619) 692-2561
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12459

Invoice # 258423

Acct. # 086415

PY-583 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12459

NOTE

768.30 San Diego, California 7 SEP 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 12 OCT 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 David Fields SIGNATURE X David Fields

ADDRESS X 4185 S. Paradise Rd #104 Las Vegas NV

~~CALIFORNIA~~ NEVADA DRIVER LICENSE NUMBER 1101947376463 SSN # X 550-11-3373

PY-1012 (11-89)

E 12459

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Mary	Ellton	Mason	04/18/1925	09/03/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	David Lloyd Fields-Son 4185 S. Paradise Rd. Las Vegas, NV 89109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	F-1329	▶ Yvonne Davis	09/08/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/12/1995	▶ 9512177

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 88222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.,,San Diego, CA	11B. DATE BURIED 9/12/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J Waits	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E12459

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT No. 086415

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 9-30-95

PAID BY (CIRCLE ONE): CA (CK) NP

PAYMENT REFERENCE NUMBER 7155

AMOUNT PAID 768.30

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME DAVID FIELDS

PAYOR NAME ANDERSON-RAGSDALE MORTUARY
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 5050 FEDERAL BL
SD 92102

REMARKS

CASHIER

INV. NO. 258423

TR-1561 (2-82) Dana


NEVADA
DRIVER LICENSE
3700226747S6 550-11-3373 110194
FIELDS, DAVID LLOYD T376463
4185 S PARADISE #1049
LAS VEGAS NV 89109
CLASS ENDORS. RESTR.
M 6-00 187 BLK BRO
SEX HEIGHT WEIGHT HAIR EYES
12/04/38 12/04/88
SIGNATURE

E12459

258423	09/15/95	086415	DAVID FIELDS			09/30/95	CK 7155	768.30	768.30	0.00
			100	072	77181	000072		375.00		PAID IN FULL
			100	072	77182	000072		190.00		
			100	072	77183	000072		45.00		
			100	072	77185	000072		145.00		
			60101		78390			13.30		

L 12459

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

53

Date 9-5-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAWKINS, SARAH MAE

in a LINER Vault/Liner Funeral, date, time FRI 9/8 11:00

Church, Chapel, Graveside Church, Graveside Rogdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Michael Eslinger

War time veteran NO.

Lot 99 Grave 1 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~~ 2 Galvanized & wreath DYO Spray	47.40
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1610.70
Paid receipt number R-46575	403.00
Balance due	1207.70

Paid in full 9/21/95 see attached

I hereby certify I am the X FRIEND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Michael Eslinger
Signature
6826 DORIAN ST #39
Address
SAN DIEGO CA 92139
City Zip Code
(619) 472-5815
Telephone

Work Order # E 12460

Invoice # 258328

Acct. # 086374

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-12460

NOTE

$ 1207.70 San Diego, California 5 SEP 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 seven 70/100 DOLLARS with interest from 8 OCT 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 MICHAEL EVERIDGE SIGNATURE X [signature]

ADDRESS X6826 DOLIVA ST #39 92139

CALIFORNIA DRIVER LICENSE NUMBER X5005157S SSN # X562-68 9370

PY-1012 (11-89)

E12460

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 086374

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 9-21-95

PAID BY (CIRCLE ONE): (CA) CK NF

PAYMENT REFERENCE NUMBER E-12460

AMOUNT PAID 207.70

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Sarah Mae Dawkins

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) Michael Everidge

CUSTOMER (PAYOR) ADDRESS 6826 Dorians St. #39
San Diego, CA
92139

REMARKS

CASHIER

INV. NO. 258328

TR-1561 (2-82)

E 12460

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Sarah	Mae	Dawkins	05/16/1942	09/01/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	James Holloway- Son 11398 Pegasus San Diego, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San diego, CA 92102	F-1320	▶ Yvonne Davis	09/08/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/08/1995 Y. Davis	▶ R. G. Runstadler

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 9/8/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal 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 ▶	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

46575

Date: 9-5, 1995

From: Michael Everidge Address: 6826 Doniana St. #39 SD 92139

Four hundred three & no/100 Dollars ($ 403.00)

In Part Payment of Interment of Sarah Mae Dawkins

Lot 99 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12460

BALANCE DUE 1207.70

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 Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	403	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	403	00

258328	09/13/95	086374	MICHAEL EVERIDGE				09/21/95	CA	E-12460	1,207.70	1,207.70	0.00
										375.00		PAID IN FULL
										210.00		
										45.00		
										233.00		
										171.00		
										14.70		
										159.00		

E 12460

100	072	77181	000072
100	072	77182	000072
100	072	77183	000072
100	072	77184	000072
100	072	77185	000072
60101		78390	
67007		77184	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

17

Date 9/5/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Geraldine Logan

in a Double Depth Vault/Liner Funeral, date, time Fri 9/8 1:00 pm

Church, Chapel, Graveside Church + Graveside Calif Lawn (Mortuary) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. +J Logan

War time veteran NO.

Lot 205 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	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-46582	510.00
Balance due	1531.60

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.

+J Logan
Signature

+4014 56th St
Address

+S.D. CA 92114
City Zip Code

+619-262-6160
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12461

Invoice # 258325

Acct. # 086371

PY-593 (Rev. 8-92)

KIRK, son, signed for the father

MT. HOPE CEMETERY

W.O. # E-12461

NOTE

1531.60 San Diego, California 6 SEP 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 8 OCT 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 Theodeous Logan SIGNATURE X Theodeous Logan

ADDRESS X 1014 56th St. San Diego, CA 92114

CALIFORNIA DRIVER LICENSE NUMBER X Y0002710 SSN # X 563-20-2139

PY-1012 (11-85)

of 7/10/96

E12461

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GERALDINE	C.	LOGAN	01/15/1923	09/03/1995	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	THADDEOUS LOGAN—HUSBAND 1014 56TH STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	09/07/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/07/1995 M. MITCHELL	9511994 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO,CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 9/6/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY – metal non-dealer	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

46582

Date: 9-6, 1945

From: THADDEOUS LOGAN Address: 1014 56th ST., SD 92114

Five hundred ten & no/100 Dollars ($ 510.00)

In part Payment of Interment of Geraldine Logan

Lot 205 Grave 3 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12461

BALANCE DUE 531.60

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. -94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	510	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	¢3033 9022		
Sales Tax	66101 78390		
TOTAL PAID	$	510	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

L-21"
W-10"

10

Date 9-6-95

You are hereby authorized and instructed, subject to law, rules and regulations, to inter the remains of HARRINGTON Michaiah & SHERRDEL

in a — Vault/Liner Funeral, date, time Fri 9/8 2:30pm

Church, Chapel, Graveside Graveside : Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. x M

War time veteran NO.

Lot 2672 Grave — Row — Section 1 Division/Block 9

PAID
OCT 25 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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 TEMP. MARKER	31.40
Recording and filing fee	45.00
Sales taxes	
Total Due	301.40
Paid receipt number 46578	301.40
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.

x Michael D Harrington
Signature

x 6276 ALCOCKLEY ST.
Address

x SAN DIEGO 92114
City Zip Code

x (619) 262-6894
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 12462

Invoice #

Acct. #

PY-593 (Rev. 8-92)

E 12462

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Sherrael	Denetria	Deaner	08/30/1995	08/30/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Michael Harrington - Father 250 Encinitas Ave. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	F-1329	▶ Yvonne Davis	09/08/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/08/1995 Y Davis	▶ 9512076

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 9/8/95	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.

E12462

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Michaiah	Demetria	Deaner	08/30/1995	08/30/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Michael Harrington - Father 250 Encinitas Ave. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	F-1229	▶ Yvonne Dennis	09/08/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/08/1995 by Dennis	▶ 9512077

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

(10) AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., SanDiego, CA	11B. DATE BURIED 9/8/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J Wait	
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

46578

Date: 9-6, 1995

From: Michael D. Harrington Address: 4750 Solola Ave #102 S.D CA. 92113

three hundred one dollars 40/100 Dollars ($ 301.40)

In full Payment of interment of Harrington Richard & Sherron and installation of Lamp Marker

Lot 2672 Grave ____ Row ____ Section 1 Division 9 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12462 & 8

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1106

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Check bounced Returned Payment issue of next receipt

ISSUED BY V. Balabay

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	175	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	76	40
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	301	40

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46733

Date: 10/25, 1995

From: Michael Harrington Address: 6276 Alderley Ln SD 92114

Three hundred & twenty-one & Forty Dollars ($ 321.40)

In full Payment of Interment Fee

Michaiah & Kendel Beaver (Harrington)

Lot 2672 Grave ____ Row ____ Section 1 Division 9 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12462

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Weesner

CREDIT 20% Sales Care	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	76	40
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	00
TOTAL PAID	7244 $	321	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

96

PRE SET 1:15 P.M. NEEDS PALLBEARERS

Date 9/6/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesse Wollard

in a Liner (Vault/Liner) Funeral, date, time Fri. 9/8 2:00 PM

Church, Chapel, Graveside Graveside Serv. Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran yes

Lot 48 Grave 11 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund	E-9397	0
Additional spaces and care fund		—
Opening/Closing & Setup ✓	E-9397	0
~~Burial~~ Container ✓	E-9397	0
Handling Fees ✓	E-9397	
~~Flower vases~~ – Marker setting fee	VA R-46395 paid 9-8-95	125.00
Recording and filing fee ONE	E-9397	0
Sales taxes	E-9397	0
Total Due		0
Paid receipt number _____		
Balance due		0

Bonnie

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 12463

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

D. Interment Trans. done 9/15/95

new address

E12463

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JESSE	-	WOLLARD	08/30/1909	09/05/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	CRAIG P. CALDWELL - EXECUTOR 1471 ENCANTADA COURT CHULA VISTA, CA 91913

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY ▸ LEMON GROVE, CA 91945-1533	FD-941	▸ Karen Warrant	9/07/1995

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge an applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Karen Warrant 09/08/1995	9512042 ▸

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
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 95222 SAN DIEGO, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 9/8/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▸	
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

46595

Date: 9-8-, 1995

From: Conrad Lemon Grove Address: 7387 Broadway, Lemon Grove 91945

One Hundred Twenty-five & 00/100 Dollars ($ 125.00)

In Payment of Marker setting fee for Jesse Willard Veteran marker

Lot 48 Grave 11 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-12463

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 2748011523

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Jane Rauch

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

PRE NEED LOT & TRUST FOR

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-6-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Strickland Bill and NACCARI Willie

in a Double Depth Crypt 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 YES

Lot 70 Grave 7 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup 2 EA @ 345.00	700.00
Burial Container	380.00
Handling Fees PAID IN FULL 9-2-97	320.00
Flower vases – Marker setting fee	
Recording and filing fee 2 EA @ 45.00	90.00
Sales taxes	26.60
Total Due	2411.60
Paid receipt number 46580	603.00
Balance due	1808.60
	1808.00

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.

Willie G. Naccari
Bill G. Strickland
Signature

5340 DEL SOL BLVD #33
Address

SAN DIEGO CA 92154
City Zip Code

(619) 690-5770
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12464

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12464

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 6 day of September, 1995, between [illegible] 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 70, Grave 7, Row ____, Section 1, ~~Block~~/Division 11, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $ 241.60, payable as follows: $ 80.00 cash herewith, the receipt of which is hereby acknowledged; $ 76.00 on the 10 day of October, 1995; and the balance in installments of $ 76.00 or more, payable at the office of Mt. Hope Cemetery, on the 10 day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3761 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY.

This Agreement described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which thereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not consititute 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.

E-12464

WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS ESTABLISHED FOR:

Total price: 2411.60
Less down payment: 603.00
Remaining balance: 1808.60
23 payment @ 76.00
1 payment @ 60.60

WILLIE B. NACCARI
BILL G STRICKLAND
Name

3340 DEL SOL BLVD SP#33
Address

SAN DIEGO CA 92154

PURCHASER

WILLIE B NACCARI
BILL G STRICKLAND
Print Name

Willie B Naccari
Bill G. Strickland
Signature

3340 DEL SOL BLVD SP#33
Street Address (Mail)

SAN DIEGO CA 92154
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetary

By: V. Balobley

SLW:st(62-1)
1-23-90

deed #12171

E-12464

NAME STRICKLAND, BILL G. & NACCARI, WILLIE B. ACCT. NO.

ADDRESS 3340 DEL SOL BLVD. #33 SAN DIEGO, CA 92105 LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted]/95	OPENED PRE-NEED LOT AND TRUST.				
	DOUBLE DEPTH CRYPT				
	LOT 70 GRAVE 7 SECTION 1 DIVISION 11	895.00			
9/6/95	TRUST INCLUDES: OPENING/CLOSINGS (2) Double Depth Crypt; HANDLING FEE RECORDING FEES, (2) each. SALES TAX ON CRYPT	1,516.60			2,411.60
9/6/95	RECEIPT #46580			603.00	1,808.60
10/5/95	R 46658 CPN 1			76.00	1732.60
11/7/95	46789 CPN 2			76.00	1656.60
11/28/95	R 46844 CPN 3			76.00	1580.60
1-3-96	R 46961 CPN 4			76.00	1504.60
[redacted]/96	R-47019 # 5			76.00	1428.60
[redacted]/96	R-47142 " 6			76.00	1352.60
3-28 96	R-47232 " 7			76.00	1276.60
4-25 96	R-47334 " 8			76.00	1200.60
5-30 96	R-47443 # 9			76.00	1124.60

140 more in 2016

Rem. to Trust

E12464

NAME

ACCT. NO.

[redacted]RESS — Pre Need 1st + Trust — RATING — LIMIT

Rem. to Trust

DATE		ITEMS		DEBIT	✓	CREDIT	BALANCE
10-25	96	R-47538	CPN#10			76.00	1048.60
7-30	96	R-47645	CPN#11			76.00	972.60
8:30	96	R-47750	#12			76.00	896.60
10-1	96	R-47862	#13			76.00	820.60
10-29	96	R-47955	#14			76.00	744.60
11-28	96	R-48054	#15			76.00	668.60
1-2	97	R 48156	#16			76.00	592.60
1-31	97	R 48250	#17			76.00	516.60
3-4	97	R-48337	#18			76.00	440.60
3-25	97	R-48407	#19			76.00	364.60
4-28	97	R-48505	#20			76.00	288.60
5-29	97	R-48627	#21			76.00	212.60
[redacted]	97	R-48725	#22			76.00	136.60
7-29	97	R-48821	#23			76.00	60.60
9-2	97	R-48918	24			60.60	0

paid in full. 9-2-97

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

46580

Date: 9-6, 19 05

From: Bill Stricklaud Address: 3340 Del Sol Blvd Spc 35 S.D. Ca 92154

six hundred and three Dollars ($ 603.00)

In part Payment of pre-need lot and trust for Bill Stricklaud and Willie Vaccaei

Lot 70 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12464

BALANCE DUE 1808.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1778

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Baboba

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	603	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	603	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46658

Date: 10/5, 1995

From: Bill Strickland Address: 3340 Del Sol Bl. Sp33 SD 92154

Seventy-six & no/100 Dollars ($ 76.00)

In part Payment of Pre-need Sale trust

Lot 70 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12464

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 1781

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	76	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46789

Date: 11/7, 19 95

From: Bill Strickland Address: 3340 Del Sol Blvd SP. 33 San Diego 92154

Seventy six 00/100 Dollars ($ 76.00)

In Payment of Pre Need Lot-1 Trust

Lot 70 Grave M Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E 19467

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

M55

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	39	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	37	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46844

Date: 11-28 , 1995

From: Bill Strickland Address: 3340 Del Sol Blvd. Sp. 33 SD 92154

Seventy-Six Dollars ($ 76.00)

In Part Payment of Pre-Need Trust

Lot 70 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12464

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1790

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	76 00
Sales Tax	60101 78390	
TOTAL PAID	$	76 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46361

Date: 1-3 19 96

From: Bill Strickland Address: 3340 Del Sol Blvd. SD 92154

Seventy-Six Dollars ($ 76.00)

In Part Payment of Pre-Need Lot & Trust

Lot 70 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12464

BALANCE DUE $1,504.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1799

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Weisner

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	76 00
Sales Tax	60101 78390	
TOTAL PAID	$	76 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47079

Date: 2-7 19 96

From: Bill Strickland Address: 3340 Old Jul Blvd Sp 33 San Diego

Seventy Six Dollars ($ 76.00)

In part Payment of Pre Need Lot - Trust

Lot 70 Grave 7 Row Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. E - 12464

BALANCE DUE 1428.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1804

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shelton

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	76	00
Sales Tax	60101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47142

Date: 3-5 , 19 96

From: Bill Strickland Address: 3340 Del Sol Blvd #33 SD 92105

Seventy six Dollars ($ 76.00)

In part Payment of Pre-Need Lot - Trust

Lot 70 Grave 7 Row Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. E-10164

BALANCE DUE 1352.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1809

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	76	00
Sales Tax	60101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47232

Date: 3/28/96 19 96

From: Bill Strickland Address: 3340 Del Sol Blvd. Sp. 33 S.D. CA 92154

Seventy six and 00/100 Dollars ($ 76.00)

In Payment of pre need lot and trust

Lot 70 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12464

BALANCE DUE 1276.100

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ # 1813

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M. Ingram

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	76	00
Sales Tax	50101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47334

Date: April 25, 19 96

From: Bill E. Strickland Address: 3340 Del Sol Blvd. SP.33 S.D., Ca. 92154

Seventy Six and no/100 Dollars ($ 76.00)

In part Payment of Pre-need lot and trust for Bill Strickland & Willie Naccari

Lot 70 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-124164

BALANCE DUE 1200.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	76	00
Sales Tax	60101 78390		
TOTAL PAID		$ 76	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ #1820

ISSUED BY Catina M. Rugan

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

4-443

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-30, 19 96

From: Bill Strickland Address: 3340 2nd Ave Blvd. Lg 33 SD 92154

Seventy six Dollars ($ 76.00)

In part Payment of Pre-Need Lot & Trust

Lot 70 Grave 7 Row ____ Section 1 Division 11 Block ____

Invoice No. ____

Acct. No. E-12464

W.O. ____

BALANCE DUE 1124.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1823

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Shilton

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	76 00
Sales Tax	60101 78390	
TOTAL PAID	$	76 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 538

Date: 6-25 19 90

From: Bill G. Strickland Address: 3340 Del Dot Blvd. Sp. 33 S.D. Ca. 92154

Seventy Six and 00/100 Dollars ($ 76.00)

In part Payment of pre-need lot and trust

Lot 70 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-73404

BALANCE DUE 1048.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
#1837

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Durgon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	76	00
Sales Tax	60101 76390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47645

Date: 7-30 19 96

From: B. Strickland & W. Narcavi Address: 3340 Del Dh Blvd #33 S.D., Ca. 92105

Seventy Six and 00/100 Dollars ($ 76.00)

In part Payment of pre-need lot and trust

Lot 70 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-13404

BALANCE DUE 972.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1833

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgen

	CREDIT		
20% Sales Care	57007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	53033 9022	76	00
Sales Tax	80101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

47 62

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10-1, 19 96

From: Bill G. Strickland Address: 3340 Del Sol Blvd. Sp. 33 San Diego 92154

Seventy Six and no/100 Dollars ($ 76 00)

In part Payment of pre-need lot and trust for Bill Strickland and W. Naccari

Lot 70 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12464

BALANCE DUE 820.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1843

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catrina Jurgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	76	00
Sales Tax	60101 75390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47955

Date: 10-29, 19 90

From: Bill Strickland Address: 3340 Del Sol Blvd Sp 33 SanDiego 92154

Seventy Six and no/100 Dollars ($ 76.00)

In Part Payment of pre need lot and trust for Bill Strickland & N. Naccari

Lot 70 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12404

BALANCE DUE 744.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1846

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catrina Jurgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	76	00
Sales Tax	60101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40054

Date: 11-28, 19 96

From: Bill Strickland Address: 3340 Del Sol Blvd. #33 S.D. 92105

Seventy six and no/100 Dollars ($ 76.00)

In part Payment of pre-need lot and trust

Lot 70 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12464

BALANCE DUE 668.00

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 Carina Magaña

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	76	00
Sales Tax	60101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

4156

Date: 1-2, 1997

From: Bill Strickland Address: 3340 Del Sol Blvd Sp 33 San Diego 92154

Dollars ($ 76.00)

In part Payment of Pre Need 22 & Trust

Lot 70 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12464

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 1870

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	76	00
Sales Tax	80101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

4 250

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-31 , 19 97

From: Bill Strickland Address: 3310 Dd Ld Blvd # 33 SD 92105

Seventy Six Dollars ($ 76.00)

In part Payment of Pre Need Lot + Trust

Lot 70 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E- 12164

BALANCE DUE 516.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
1176

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Hicklin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	76	00
Sales Tax	60101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

43327

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-4, 19 97

From: Bill Strickland Address: 3340 Del Sol Blvd Sp. 33 S.D. 92154

Seventy six and no/100 Dollars ($ 76.00)

In Part Payment of pre-need lot and trust

Lot 70 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. 6-12464

BALANCE DUE 440.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

1880 X

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Cristina Juarez

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	76	00
Sales Tax	60101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

43407

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-25 , 19 97

From: Bill Strickland Address: 3340 Del Sol Blvd. Lp 33 92154

Seventy Six Dollars ($ 76.00)

In part Payment of Pre-Need Fit - Trust

Lot 70 Grave 7 Row Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. E-12464

BALANCE DUE 361.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1883

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D. Stubbs

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	76	00
Sales Tax	60101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

43505

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-28-77, 1977

From: BILL STRICKLAND Address: 3440 DEL SOL BLVD SP 33

SEVENTY-SIX Dollars ($ 76.00)

In PART Payment of PRE NEED LOT & TRUST

Lot 70 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12464

BALANCE DUE 288.70

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 1888

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Norman Lequieu

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	76	00
Sales Tax	60101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

4627

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-29, 19 77

From: Bill Strickland Address: 3340 Del Sol Blvd. SP. 33 San Diego 92154

Seventy six and no/100 Dollars ($ 76.00)

In part Payment of pre-need lot and trust for Bill Strickland and Willie Naccari

Lot 70 Grave 7 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12464

BALANCE DUE 212.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

1894

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Burgoon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	76	00
Sales Tax	60101 78390		
TOTAL PAID	$	76	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46725

Date: 6-25 19 97

From: Bill G. Strickland Address: 3340 Del Sol Blvd. Sp. 33 San Diego 92154

Seventy Six and no/100 Dollars ($ 76.00)

In part Payment of pre-need lot and trust for

Bill G. Strickland & Wm Naccari

Lot 70 Grave 7 Row Section Division Block 11

Invoice No.

Acct. No.

W.O. E-12464

BALANCE DUE 136.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1925

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avallone

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	76	00
Sales Tax	80101 76390		
TOTAL PAID	$	76	00

48821

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-31, 19 97

From: Bill G. Strickland Address: 3340 Del Sol Blvd. SP: 33 SD 92154

Seventy Six and 110/100 Dollars ($ 76.00)

In Payment of Pre Need lot and trust

for Bill Strickland & Willie Naccari

Lot 70 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-124604

BALANCE DUE 00.00

Pre-Need Lot ☒ At Need ☐ On Acct. ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 1931

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY C Dungni Avail

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	76 00
Sales Tax	60101 78390	
TOTAL PAID	$	76 00

48918

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9-2 19 97

From: Bill Strickland Address: 3340 Del Sol Blvd SP 35 SD 92154

Sixty and 00/100 Dollars ($ 60.00)

In full Payment of Pre-need ICT + trust for Bill Strickland + Willie Naccari

Lot 70 Grave 7 Row _____ Section 1 Division 11 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12464

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY C Swagon-Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	60	00
Sales Tax	60101 78390		
TOTAL PAID	$	60	00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12464

B. Strickland & W. Naccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

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. ▶ $ 76.00

Amount due if paid more than _____ days after due date above: ▶ $ _____

$ _____

Amount Received $ _____

NAME B. Strickland & W. Naccari

ADDRESS 3340 Del Sol Blvd. Spc #33

CITY San Diego STATE Ca ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-Need Trust #E-12464

B. Strickland & W. Naccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

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 ▶ $ 76.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Biel Strickland

ADDRESS 3340 Del Sol Blvd Ste#33

CITY San Diego STATE Ca ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust E-12464

B. Strickland & M. Naccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

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. ▶ $ 76.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Bill Strickland & M. Naccari

ADDRESS 3340 Del Sol Blvd #33

CITY San Diego STATE Ca ZIP 92154

☐ check (✓) if this is new address

...bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-Need Trust #E-12464

B. Strickland & W. Naccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

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 ▶ $ 76.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME B. Strickland & W. Naccari

ADDRESS 3340 DEL SOL BLVD #33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust B-12464

B. Strickland & V. Naccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

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: $ 76.00

Amount due if paid more than ____ days after due date above: $ ____

$ ____

Amount Received $ ____

NAME B. STRICKLAND & V. NACCARI

ADDRESS 3340 DEL SOL BLVD #33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRE-Need Trust #E-17464

B. Strickland & W. Naccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

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. $ 76.00

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME B. Strickland & W. Naccari

ADDRESS 3340 Del Sol Blvd #33

CITY San Diego STATE Ca ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: Bro-Loco Trust B-12404

B. Strickland & W. Nocera
3340 Del Sol Blvd. #33
San Diego, CA 92154

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 ▶ $ 76.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME B. Strickland & W. Nocera

ADDRESS 3340 Del Sol Blvd #33

CITY San Diego STATE Ca ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each payment COUPON 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PEB-Reed Trust #B-12464

B. Strickland & W. Naccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

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 ▶ $ 76.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME B. Strickland & W. Naccari

ADDRESS 3340 DEL SOL BLVD SP# 33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Revocable Trust 8-1246A

B. Strickland & W. Pacetti
3340 Del Sol Blvd. #33
San Diego, CA 92154

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. $ 76.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME B. STRICKLAND & W. NACCARI

ADDRESS 3340 DEL SOL BLVD SP#33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PBE-Reed Trust #3-12464

B. Strickland & U. Naccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

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. $ 76.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME B. STRICKLAND & U. NACCARI

ADDRESS 3340 DEL SOL BLVD #33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. BRIGADOON PLACE B-1464

B. Strickland & W. Naccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

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. $ 76.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME B. STRICKLAND & W. NACCARI

ADDRESS 3340 DEL SOL BLVD #33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Mission Trail B-12484

B. Strickland & W. Barelli
3340 Del Sol Blvd. #33
San Diego, CA 92154

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. $ 76.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME B. STRICKLAND & W. NARELI

ADDRESS 3340 DEL SOL BLVD SP # 33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PAE-Bond Trust #E-12464

B. Strickland & B. Maccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

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 ▶ $ 76.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME B. Strickland & B. Maccari

ADDRESS 3340 Del Sol Blvd #33

CITY San Diego STATE Ca ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

B. Strickland & W. Naccarelli
3340 Del Sol Blvd. #33
San Diego, Ca 92154

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. $ 76.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME B. STRICKLAND & W. NACCARELI

ADDRESS 3340 DEL SOL BLVD SP #33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] Trust #E-12464

B. Strickland & W. Maccani
3340 Del Sol Blvd. #33
San Diego, CA 92154

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. ▶ $ 76.00

Amount due if paid more than _____ days after due date above: ▶ $ _____

$ _____

Amount Received $ _____

NAME B. Strickland & W. Maccani

ADDRESS 3340 Del Sol Blvd. Sp#33

CITY San Diego STATE Ca ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

B. Strickland & W. McCabe
3340 Del Sol Blvd. #33
San Diego, CA 92154

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: $ 76.00

Amount due if paid more than ____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME B. STRICKLAND & W. MCCABE

ADDRESS 3340 DEL SOL BLVD SP#33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] Trust 88-1346A

B. Strickland & E. Nuccari

3340 Del Sol Blvd. #33

San Diego, CA 92154

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. ▶ $ 76.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ 76.00

Amount Received $ _____

NAME B. STRICKLAND & E. NUCCARI

ADDRESS 3340 DEL SOL BLVD #33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

B. Strickland & W. Nacari
3340 Del Sol Blvd. #33
San Diego, Ca 92154

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 ▶ $ 74.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME B. STRICKLAND & W. NACARI

ADDRESS 3340 DEL SOL BLVD SP#33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] Trust #2-12464

B. Strickland & W. Naccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

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: ▶ $ 70.00

Amount due if paid more than _____ days after due date above: ▶ $

$

Amount Received $

NAME B. STRICKLAND & W. NACCARI

ADDRESS 3340 DEL SOL BLVD SP#33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

B. Strickland & O. Naccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

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. $ 76.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME B. STRICKLAND & O. NACCARI

ADDRESS 3340 DEL SOL BLVD SP#33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

B. Strickland & A. Maccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

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. ▶ $ 36.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME B. STRICKLAND & A. MACCARI

ADDRESS 3340 DEL SOL BLVD SP #33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E. Strickland & W. Maccari
3340 Del Sol Blvd. #33
San Diego, CA 92154

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG 10	SEP	OCT

Amount due when paid on, or before, due date above. $ 76.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME B. STRICKLAND & W. MACCARI

ADDRESS 3340 DEL SOL BLVD #33

CITY SAN DIEGO STATE CA ZIP 92154

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

B. Strickland & E. Nacpil
3340 Del Sol Blvd, #33
San Diego, CA 92154

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: $ 60.60

Amount due if paid more than ____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME B. STRICKLAND & E. NACPIL

ADDRESS 3340 DEL SOL BLVD #33

CITY SAN DIEGO STATE [illegible] 92154

☐ check (✓) if this is [illegible]

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need
Lot & Trust

Date 9-7-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MYRICK, EDNA

In a liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____.

Lot 1270 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1763.30
Paid receipt number R-46592	1763.30
Balance due	-0-

PAID
SEP - 7 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Edna m myrick
Signature

1174 E. MAIN ST. #145
Address

EL CAJON CA 92021
City Zip Code

447-6856
Telephone

Work Order # E 12465

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12465
12030

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Edna M. Myrick for the sum of $ 995.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1270 Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-12465

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Cemetery Manager

Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46592

Date: 9-7 , 19 95

From: Edna M. Mijuck Address: 1174 E. main St., Sp. 145, El Cajon 92021

Seventeen sixty-three & 30/100 Dollars ($ 1763.30)

In Payment of Pre-need lot & trust

Lot 1270 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12465

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77164	199	00
80% Sales of Lots	100 77164	796	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022	768	30
Sales Tax	60101 78390		
TOTAL PAID	$	1763	30

PALLBEARERS

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/8/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Goldie M. Murdock

in a Liner Funeral, date, time 9/12 Tues. - 11 AM

Church, Chapel, Graveside Graveside ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 80 Grave _____ Row _____ Section IOOF Division/Block 18

Grave space & Care Fund	A-2924	0
Additional spaces and care fund		
Opening/Closing & Setup	E-11205	0
Burial Container	E-11205	0
Handling Fees	E-11205	0
Flower vases – Marker setting fee		
Recording and filing fee	E-11205	0
Sales taxes	E-11205	
Total Due		0
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 12466

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

Interfund Trans. done

E 12466

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GOLDIE	MAE	MURDOCK	12/29/1905	09/07/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	JOHN P. MURDOCK: SON 13036 ROUNDUP AVENUE SAN DIEGO, CA 92129

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	F-843	▶ Victoria Meza	09/11/1995

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 DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	Victoria Meza 09/11/1995	9512129 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☒ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 9/12/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wait	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY cloth	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E12466

...MENT ORDER

...Diego

Date 9/5

You ... remains
at ... Chapel
in a ... Church ... Graveside ... Mausoleum ... 11 AM ... January.
All Funeral ... shall ... and ... to ... and
will be applied and ... to ... and
War time veteran ...
Lot 80 ... Grave ... Row ... Space ... 8
Grave space & Care Fund ... A-2924 ... E
Additional ... and ... E
Opening/Closing & Tent ... E-11205 ... E
Burial Container ... E-11205 ... E
Hearse/Limo Fee ... E
Flower vases — Marker ... E-11205 ... E
Receiving and Refrigeration ... E-11205 ... E
Sales Tax ... E
... E
I hereby certify that I am the ... and that I have ... any ... ...

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/8/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfred De Freitas

in a Liner (Vault/Liner) Funeral, date, time: Tuesd 9-12; 11:00 A.M

Church, Chapel, Graveside Church + G.S ; Mdyer 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. ^ MDF

War time veteran _____.

Lot 69 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 — Paid in full 9-26-95	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1563.30
Paid receipt number 46596	391.00
9/13/95 46613 Balance due	1172.30
	-300.00
	872.30
Qual Inv 9/18/95	-325.00
	547.30

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 I am / represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Marlene DeFreitas
Signature

X 2655 Ulric Street
Address

X San Diego CA 92111
City Zip Code

X 619-571-1204
Telephone

Work Order # E 12467

PY-593 (Rev. 8-92)

X Invoice # 258327

X Acct. # 086372

Qual. Inv. 9/25/95 547.30 Bal. 0

MT. HOPE CEMETERY

W.O. # E-12467

NOTE

1,172.30 San Diego, California Sept. 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 One Thousand, one Hund. Seventy Two & 30/100 DOLLARS with interest from Oct. 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 MARLENE DEFREITAS SIGNATURE Marlene DeFreitas

ADDRESS 2655 Ulric Street, San Diego, CA 92111

CALIFORNIA DRIVER LICENSE NUMBER A7884256 SSN # 613-28-4911

PY-1012 (11-89)

E12467

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Alfred	Vincente	DePreitas	02/13/1937	09/07/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Marlene DePreitas-Wife 2655 Ulric St. San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking charge	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶	09/11/1995

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

A CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/11/1995	9512147 James Hale ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 9/12/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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.

E 12467

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/8/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alfred De Freitas

in a Liner (Vault/Liner) Funeral, date, time Tues 9-12. 11:00 A.M

Church, Chapel, Graveside Church + G.S ; Mdyer 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. ^ MDF

War time veteran _____.

Lot 69 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 46596	391.00
Balance due	1172.30
46613	300.00
	872.30

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 Marlene DeFreitas
Signature

x 2655 Ulric Street
Address

x San Diego CA 92111
City Zip Code

x 619-571-1204
Telephone

x Invoice # _____

x Acct. # _____

Work Order # E 12467

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12467

NOTE

$ 872.30 San Diego, California Sept 13 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 hundreds seventy two 30/100 DOLLARS with interest from Oct 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 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 MARLENE DEFREITAS SIGNATURE x Marlene DeFreitas

ADDRESS x 2655 Ulric Street San Diego CA 92111

CALIFORNIA DRIVER LICENSE NUMBER x A7884256 SSN # x 613-28-4911

PY-1012 (11-89)

E-12467

E 12467

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 086372

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 9-18-95

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER #1594

AMOUNT PAID 325.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Marlene DeFreitas

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 2655 Ulric St.
San Diego CA 92111

REMARKS

CASHIER

INV. NO. 258327

TR-1561 (2-82)

E12467

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 086372

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 9-25-95

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER 1605

AMOUNT PAID 547.30

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Marlene De Freitas

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 2655 Ulric St.
San Diego CA 92111

REMARKS

CASHIER

INV. NO. 258327

TR-1961 (2-82)

E-12467

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46596

Date: 9/8, 19 95

From: Society of St Vincent de Paul Address: USD CAMPUS, ALCALA PARK S.D. CA 92110

Three hundred ninety one Dollars ($ 391.00)

In part Payment of Interment of Alfred De Freitas

Lot 69 Grave 7 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12467

BALANCE DUE 1172.30

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94) 1164

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY V. Balotta

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46613

Date: 9-13- , 19 95

From: MIRIAM DEFREITAS Address: 2655 ULRIC ST SD CA 92111

three hundred Dollars ($ 300.00)

In Full Payment of interment of Infant DEFREITAS

Lot 69 Grave 7 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 12467

BALANCE DUE $72.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Bulabler

CREDIT 20% Sales Care	67007 77184	55	00
80% Sales of Lots	100 77184	245	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 T7185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	300	00

258327	09/13/95	086372	MARLENE DEFREITAS			09/25/95 CK 1605		872.30	0.00
			100	072	77181	000072	547.30		PAID IN FULL
			100	072	77182	000072	235.28		
			100	072	77183	000072	119.21		
			100	072	77185	000072	28.23		
			60101		78390		90.98		
			67007		77184		8.34		
							65.26		

E 12467

258327	09/13/95	086372	MARLENE DEFREITAS			09/18/95 CK 1594		872.30	547.30
			100	072	77181	000072	325.00		PARTIAL PAYMENT
			100	072	77182	000072	139.72		
			100	072	77183	000072	70.79		
			100	072	77185	000072	16.77		
			60101		78390		54.02		
			67007		77184		4.96		
							38.74		

E 12467

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Lower Left

Date 9-8-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stalsonburg, Jim ✓ ⊗

in a Ash Vault. Vault/Liner Funeral, date, time Thurs 9-14; 10:30 A.M

Church, Chapel, Graveside Graveside Withnes. Featherington Mortuary.

All Funeral cars must arrive 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 271 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	E-4727	⊗
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	46614	268.85
Balance due		⊗

Wife will be on Thursday to pay the balance and sign 3 at once

I hereby certify I am the x Friend of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Bill
Signature
x 4814 Sunrise Hill Dr
Address
x El Cajon 92020
City Zip Code
x 579-1379
Telephone

Work Order # E 12468

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46614

Date: 9-14- , 19 95

From: Lois Stalsonburg Address: 7651 Morow Lane S.D. CA 92123

two hundreds sixty eight 85/100 Dollars ($ 268.85)

In full Payment of Interment of Jim Stalsonburg

Lot 271 Grave 7 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12468

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1323

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V Bulotta

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	85
TOTAL PAID	$	268	85

F12468

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JIM	DALE	STALSONBURG	03/15/1933	09/08/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Lois Stalsonburg, wife 7651 Macaw Lane San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheriggill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	▶	9/10/1995

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 GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/08/1995	9512078 Candice Haggard ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222, San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 9/14/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematory Lake Elsinore, CA	12B. DATE CREMATED 9/12/95	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Right, Top of the grave.

Date 9/8/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Griffus

in a Ash Vault Vault/Liner Funeral, date, time 9/21 - Mon 2 PM

Church, Chapel, Graveside 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 Grave 33 Row 2 Section 7 Division/~~Block~~ 7

Grave space & Care Fund	D-7654	-0-
Additional spaces and care fund		
Opening/Closing & Setup	D-7657	-0-
Burial Container	Ash Vault - D-7657	-0-
Handling Fees		
Flower vases – Marker setting fee		
Recording and filing fee	D-7657	-0-
Sales taxes		
Total Due		-0-
Paid receipt number		
Balance due		

Waiting to here when Grave Permit etc.

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.

Edward C Griffus
Signature

2382 Bluebell Dr
Address

Livermore CA 94550
City Zip Code

(510) 373-1878
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 12469

Invoice #

Acct. #

PY-593 (Rev. 8-92)

E12469

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HELEN	MARTHA	GRIFFUS	02/03/10	08/24/95	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SPOKANE	WA	HOWARD CLIFTON GRIFFUS - SON 2382 BLUEBELL DR LIVERMORE CA 94550

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person obtaining permit	8B. DATE SIGNED
HOWARD CLIFTON GRIFFUS 2382 BLUEBELL DR LIVERMORE CA 94550	—	Howard Griffus	09/20/95

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/20/1995	[signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222
San Diego, CA 92186-5222

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE BURIED 9/5/95	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 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 9/8/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of _____

in a Ash Vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside Graveside ; Pelephase Mortuary.

All Funeral cars must arrive 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 33B Grave _____ Row _____ Section Dar Division/Block 2

Grave space & Care Fund D-6674 0

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 268.65

Paid receipt number _____

Balance due _____

Lic 299-0805

Cancelled 9/12/95 Gone to Ft. Rosecrans

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 12470

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

49

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/8/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DORIS LIVINGSTON 9/12

in a LINER Vault/Liner Funeral, date, time Tues. 11:00 AM

Church, Chapel, Graveside Chapel - Steele - 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. Merrie Livingston

War time veteran _____.

Lot 37 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00 MS
Handling Fees	145.00 MS
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30 MS
Total Due	1663.30 MS
Paid receipt number	Pd thru Grave Card 16632
Balance due	00

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

Merrie Livingston
Signature
1033 Paseo La Cresta
Address
Chula Vista 91910
City Zip Code
424-7589
Telephone

Work Order # E 12471

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12471

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS **Found**

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Doris	Murle	Livingston	02/25/1946	09/04/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Bessie Mae Livingston- Mother 879 41st St. San Diego CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd San Diego, CA 92102	F-1329	▶ Oliver Antuanet	09/11/1995

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 DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.**

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/11/1995	9512131 ▶ Oliver Antuanet

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St., San Diego.CA	11B. DATE BURIED 9/15/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Oliver Antuanet
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A Metal sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-11-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ishmael Roman Jr

in a ___ (Vault/Liner) Funeral, date, time Tuesd 9-12 12:30 AM

Church, Chapel, Graveside Mock Set up; Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Monument AREA

Lot — Grave — Row _____ Section 1 Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	50.00
Sales taxes	
Total Due	50.00
Paid receipt number R-46602	50.00
Balance due	-0-

Mortuary will bring a check for 50.00

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

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12472

Invoice # _____

Acct. # _____

PY-583 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46602

Date: 9-12, 1995

From: Anderson-Ragsdale Address: 5050 Federal Blvd, S.D. 92102

Fifty & no/100 Dollars ($ 50.00)

In Payment of Marker set-up for Johnnie Roman Jr. in the Monument Area

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-12472

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

170 50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	50	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust for:

Date 9-11-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harry O. Sproul

in a Liner (Vault/Liner) Funeral, date, time

Church, Chapel, Graveside ; Conrad Doral Mortuary.

All Funeral cars must arrive 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 1319 Grave Row Section 1 Division/Block 8

Grave space & Care Fund Pre Need C-1326 0

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container E-3739 - Price Not Determined - Diff & Cost → 118.30

Handling Fees

Flower vases - Marker setting fee

Recording and filing fee 45.00

Sales taxes

PAID
SEP 1 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 538.30

Paid receipt number 46598 538.30

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 12473

Invoice #

Acct. #

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46598

Date: 9-11, 19 95

From: Thera Sprunt Address: 693 W. Bias, Clovis Ca 93612

Five Hundred Thirty Eight and 32/100 Dollars ($ 538.32)

In Payment of Pre-Need Trust for Thera Sprunt

Lot 1319 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-10473

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

AC-212 (Rev. 5-94) 1113

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	[redacted]
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	538 32
Sales Tax	60101 78390	
TOTAL PAID	$	538 32

MT. HOPE CEMETERY

PRE-NEED INTERMENT ORDER

City of San Diego

LOT & TRUST

Date 9-11-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JENKINS, DOYLE & BEATRICE

in a Double depth vault (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 245 Grave 12 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	PAID IN FULL	795.00
Additional spaces and care fund		
Opening/Closing & Setup	$375 x 2	750.00
Burial Container		380.00
Handling Fees	7-21-98	320.00
Flower vases – Marker setting fee		
Recording and filing fee	$45 x 2	90.00
Sales taxes		26.60
Total Due	8/10/95	2361.60
Paid receipt number 46518		199.00
Balance due		2162.60
9/11/95 Rec. # 46599		391.00
BAL.		$1771.60

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 Doyle Jenkins
Signature

X 5157 Logan ave.
Address

X San Diego 92114
City Zip Code

X 264-5876
Telephone

✓ 12474

Work Order # E _____

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

NAME DOYLE & BEATRICE JENKINS, 5157 LOGAN SD 92114 ACCT. NO. E-12474

0 72782 41153 4

ADDRESS [redacted] RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
8/10	95	Pre-need lot opened for Lot 245 Grave 12 Lot 245 Grave 12 Sec. 2 Div. 12	795 00			795. 00
8/10	95	Receipt 46518			199.00	596.00
9/11	95	Pre-Need Trust: 2 opening/closings @ $375 ea; Dbl Depth Crypt; Handling Fee; Tax on Crypt, 2 Recording fees @ $45 ea	1566. 60			2162. 60
9/11	95	Receipt 46599			391. 00	1771. 60
10/10	95	R-46686 OPNS 1, 2 & 3 Bal. to trust			222 00	1549.60
12/29	95	R-46949 OPNS. 4, 5 & 6			222 00	1327 60
3-13	96	R-47195 OPNS. 7, 8, & 9			222 00	1105 60
7-5	96	R- 47569 " 10 & 11			222 00	883 60
11-20	96	R-48043 " 13, 14, 15 & 16			296.00	587.60
7-[redacted]	98	R-50213			587.60	0

PAID IN FULL

7-21-98

AVERY FORM NO 25-204 JENKINS, DOYLE & BEATRICE AVERY PRINTED IN USA

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47569

Date: 7-5, 1996

From: Doyle Jenkins Address: 5157 Logan Ave SD 92114

Two Hundred Twenty Two Dollars ($ 222.00)

In part Payment of Pre-Need 77 trust

Lot 245 Grave 12 Row Section 2 Division 17 Block

Invoice No.

Acct. No.

W.O. E-12477

BALANCE DUE 883.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 3566

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Shirkillin

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	222	00
Sales Tax	50101 78390		
TOTAL PAID	$	222	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46599

Date: 9-11, 1995

From: Doyle + Beatrice Jenkins Address: 5157 Logan Ave., S.D. 92114

Three hundred ninety-one & no/100 Dollars ($ 391.00)

In Part Payment of Pre-need lot & trust

Lot 245 Grave 12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12474

BALANCE DUE $1771.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
3467

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46686

Date: 10/10, 1995

From: Doyle Jenkins Address: 5157 Logan Ave, SD 92114

Two hundred twenty-two & no/100 Dollars ($ 222.00)

In Cash Payment of Pre-Need lot & trust

Lot 245 Grave 12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12474

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

9474

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184	154 00
80% Sales of Lots	100 77184	46 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	17 00
Sales Tax	60101 78390	
TOTAL PAID	$	222 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46949

Date: 12/29, 1995

From: Doyle Jenkins Address: 5157 Logan Ave. SD 92114

Two Hund. & Twenty-Two Dollars ($ 222.00)

In Part Payment of Pre-Need Trust

Lot 245 Grave 12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12474

BALANCE DUE $1,327.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 3501

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Weisner

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	222	00
Sales Tax	65101 78390		
TOTAL PAID	$	222	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47195

Date: 3/13, 19 96

From: Doyle + Beatrice Jenkins Address: 5157 Logan Ave. S.D., CA 92114

Two hundred twenty two & no/100 Dollars ($ 222.00)

In Payment of Pre-need Lot and trust

Lot 245 Grave 12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12474

BALANCE DUE $1105.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ #3525

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M. Wright

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	222	00
Sales Tax	60101 75390		
TOTAL PAID		$ 222.	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43043

Date: 1-11-20 19 96

From: Doyle & Beatrice Jenkins Address: 5157 Logan San Diego 92114

Two hundred ninety six and no/100 Dollars ($ 296.00)

In part Payment of pre-need lot and trust

Lot 245 Grave 12 Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-12474

BALANCE DUE 587.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 3619

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carina Duran

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	296	00
Sales Tax	60101 78390		
TOTAL PAID	$	296	00

OFFICIAL RECEIPT

50213

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-21 19 98

From: Doyle Jenkins Address: 5157 Logan SD 92114

Five hundred eighty seven + 00/100 Dollars ($ 587.00)

In full Payment of prepaid lot + trust

Lot 245 Grave 12 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12474

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

3854

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Carina Avallone

CREDIT		
20% Sales Care	62007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	587 00
Sales Tax	60101 79390	
TOTAL PAID	$	587 00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12474 (Pre-Need Lot &
Doyle & Beatrice Jenkins Trust)
5157 Logan Avenue
S.D. CA 92114
(245-12-2-12)

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 ▶ $ 74.00

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-12474 (Pre-Need Lot & Doyle & Beatrice Jenkins Trust)
5157 Logan Avenue
S.D. CA 92114
(245-12-2-12)

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 ▶ $ 74.00

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-12474 (Pre-Need Lot & Doyle & Beatrice Jankins Trust)
5157 Logan Avenue
S.D. CA 92114
(245-12-2-12)

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. $ 75.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12474 (Pre-Need Lot & Doyle & Beatrice Jenkins Trust)
5157 Logan Avenue
S.D. CA 92114
(245-12-2-12)

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. $ 74.00

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-12474 (Pre-Need Lot 6
Doyle & Beatrice Jenkins Trust)
5157 Logan Avenue
S.D. CA 92114
(245-12-2-12)

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 ▶ $ 75.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12474 (Pre-Hood Lot & Doyle & Beatrice Jenkins Trust)
5157 Logan Avenue
S.D. CA 92114
(245-12-2-12)

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. ▶ $ 24.00

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-12474 (Pre-Need Lot & Doyle & Beatrice Jenkins Trust)
5157 Logan Avenue
S.D. CA 92114
(245-12-2-12)

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 ▶ $ 76.00

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-12474 (Tru-Need Lot 6
Doyle & Beatrice Jenkins Trust)
5157 Logan Avenue
S.D. CA 92114
(245-12-2-12)

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. ▶ $ 74.00

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. S-12474 (Pre-Need Lot & Doyle & Beatrice Jenkins Trust)
3157 Logan Avenue
S.D. CA 92114
(245-12-2-12)

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. $ 75.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12474 (Pre-Need Lot & Doyle & Beatrice Jenkins Trust)
5157 Logan Avenue
S.D. CA 92114
(245-12-2-12)

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. ▶ $ 14.00

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-12474 (Pre-Need Lot & Doyle & Beatrice Jenkins Trust)

5157 Logan Avenue

S.D. CA 92114

(245-12-2-12)

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. ▶ $ 74.00

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-12474 (Pre-Need Lot & Doyle & Beatrice Jenkins Trust)

5157 Logan Avenue

S.D. CA 92114

(245-12-2-12)

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: $ 74.00

Amount due if paid more than _____ days after due date above $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring this coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 8-1147A (Pre-Bond Lot 6
Doyle & Beatrice Jenkins Trust)
5157 Login Avenue
S.D. CA 92114
(265-12-2-13)

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. ▶ $ 78.00

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-12474 (Tree-Head Lot 6
Doyle & Beatrice Jenkins Trust)
5157 Logan Avenue
S.D. CA 92116
(265-12-2-12)

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 ▶ $ 14.00

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. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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. ▶ $ 78.00

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.

[illegible]
[illegible]
[illegible]
[illegible]
[illegible]

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 ▶ $ 24.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Casket 27"x16"

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/12/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zephan N Beard

in a Wood Vault/Liner Funeral, date, time Wed. 9/13 11:30

Church, Chapel, Graveside Graveside Rose Hills Mortuary.

All Funeral cars must arrive 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 2795 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	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 Mastercard	270.00
Balance due	0

Mark

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

X Signature

X 5859 Tooley ST Address

X SD City 92114 Zip Code

X (619) 527-4596 Telephone

Work Order # E 12475

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12475

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Zephan	Nathaniel	Beard	08/04/1995	09/08/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Steven Tyler Beard - Father 5859 Tooley St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	F-1329	▶ Yvonne Davis	09/12/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/12/1995 Y. Davis	▶ 9512207

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 9/13/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
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 9/14/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of _____

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; Rotheringill Mortuary.

All Funeral cars must arrive 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 100.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup 125.00

Burial Container ..... _____

Handling Fees ..... _____

Flower vases - Marker setting fee 30.00

Recording and filing fee 45.00

Sales taxes 1.40

Total Due 301.40

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 12476

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

Need another cemetery

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-18-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Derrick Lee White

in a Liner (Vault/Liner) Funeral, date, time Frid 9-22 ; 11:00 A.M

Church, Chapel, Graveside Chapel + G.S ; Rogsdale 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 22 Grave 10 Row ____ Section 1 Division/Block 12

Grave space & Care Fund ..... Under a tree	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1763.30
Paid receipt number 46618	1763.30
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.

x Elizabeth Joyce
Signature

x 1485 to 58th St.
Address

x San Diego 92114
City Zip Code

x 619 475 4340
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 12477

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46618

Date: 9-18 , 19 05

From: Robert & Elizabeth Joyce Address: 1485 South 58th St. S.D. CA 92114

Seventeen hundred sixty three 30/100 Dollars ($ 1763.30)

In full Payment of interment of Derrick Lee White

Lot 22 Grave 10 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12477

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

984

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY V. Bolotin

CREDIT 20% Sales Care	67007 77184	109	00
80% Sales of Lots	100 77184	796	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	1763	30.

E12477

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Derrick	Lee	White	08/06/1958	09/19/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Elizabeth Joyce-Mother 1485 S. 58th St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd. San Diego, CA 92102	F-1329	Olive Antunez	09/21/1995

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.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/21/1995	9512683

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 85822 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 9/22/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J. Waite	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal - sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-18-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ROSE, BRIAN DA# 1186035

in a Liner (Vault/Liner) Funeral, date, time MON. 22 NOON

Church, Chapel, Graveside Del Oro ; Guadalupana Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 34 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00

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

Work Order # E 12478

Invoice # 259384

Acct. # 000952

PY-593 (Rev. 8-92)

CITY OF SAN DIEGO, CALIFORNIA

E-12478

GENERAL INVOICE [redacted] 037

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 11/8/95
BY: CA CK IF

PAYMENT REF NO OH-42258 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
10/04/95	11/03/95	SEPTEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12478
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
BRIAN ROSE SERVICES PA 1186035	
LOT 34 GRAVE 1 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. 259384

AC-22 (Rev. 2/92) White - Customer Copy • Yellow - Remittance Copy

E12478

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BRIAN	DAVID	ROSE	10/22/1958	09/09/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	REBECCA BARR-DEPUTY PUBLIC ADMINISTRATOR 5201-A RUFFIN RD. SAN DIEGO, CA. 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA. 92102	FD-1425	▶	09/29/1995

* 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

* ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	ROSSI MARTINEZ 09/29/1995 ▶	9513089

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS., P.O. BOX 85222 SAN DIEGO, CA. 92123-5222	———

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [X] 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 10/2/95	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.

80

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-19-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Howard M. Kroll

in a Liner (Vault/Liner) ____ Funeral, date, time: Mon. 9/25 11AM

Church, Chapel, Graveside, Graveside Serv. Mesa Mesa Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 134 Grave 3 Row _____ Section 1 Division/Block 12

Grave space & Care Fund F-3200	0
Additional spaces and care fund	
Opening/Closing & Setup	325.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	4.00
Sales taxes	3.30
Total Due	768.30
Paid receipt number 46631	768.30
Balance due	0

Scott 295-2177

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.

X

I hereby authorize the interment in lot I hold under deed.

Vernon D Thomas
Signature of recorded holder of deed

X Vernon D Thomas
Signature

X 540 Ivy Lane
Address

X San Diego CA 92103
City Zip Code

X 573-0890
Telephone

Work Order # E 12479

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12479

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HOWARD	MILLER	ERCLL	08/31/1915	09/15/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	VERNON G. THOMAS, EXECUTOR 540 IVY LANE SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
· MERKLEY-MITCHELL MORTUARY · 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ [signature]	09/19/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	09/21/1995 T.C. MITCHELL	9512694 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA	11B. DATE BURIED 9/20/95	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.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46631

Date: 9-25, 1975

From: Merkley-Mitchell Address: 365 5th ave. San Diego, CA 92103

Seven Hundred + Sixty-Eight —— Dollars ($ 768.00)

In full Payment of Interment of Howard M. Kroll

Lot 134 Grave 3 Row — Section 1 Division Block 12

Invoice No. —

Acct. No. —

W.O. E-12479

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	375 00
Burial Containers	100 77182	190 00
Handling Fee	100 77185	145 00
Recording & Misc. Fees	100 77183	44 70
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	13 30
TOTAL PAID	$	768 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-19-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of SOMERS, HARPER I

in a LINER (Vault/Liner) Funeral, date, time Wed 9-20, 2:00PM

Church, Chapel, Graveside Chap+G.S : Rayzdale 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 DJM

War time veteran WW2, KOREA, NAVY

Lot 108 Grave 5 Row _____ Section 2 Division/Block 11

Grave space & Care Fund E-7705	⊘
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 46623	768.30
Balance due	⊘

I hereby certify I am the Goddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. 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 Marlene J McClarson
Signature of recorded holder of deed

x Marlene J McClarson
Signature

x 473 Stal Jacinto Dr
Address

x San Diego CA 92114
City Zip Code

x 619-262-5951
Telephone

Work Order # E 12480

Invoice # _____

Acct. # _____

PY-593 (Rev. 6-92)

E12480

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Harper	-	Somers	04/18/1910	09/17/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Darlene Janel McClaron-Friend 473 San Jacinta Dr. San Diego CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd San Diego, CA 92102	F-1329	Oliver Arbuthnot	09/19/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/19/1995	9512551

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

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Makket St., Sab Diego, CA	11B. DATE BURIED 9/20/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A metal w/sealed	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY	
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

E12480
46623

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-19, 1995

From: Darlene McClaron Address: 473 San Jacinto Dr. SD. CA 92114

Seven Hundred Sixty-Eight & 30/100 Dollars ($ 768.30)

In Full Payment of Interment of Harper I. Somers

Lot 108 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12480

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	15	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	768	30

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

ISSUED BY J. Weisner

AC-212 (Rev. 5-94)

ADL SD613480

L - 22
W - 12
H - 7

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-19-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of BOGARD, ANTHONY LaVelle PA 1186299

in a _____ (Vault/Liner) Funeral, date, time 9/25 MON 11AM

Church, Chapel, Graveside delivery only Paris-Frederick) Mortuary. JOE FERNANDEZ 443-4411

All Funeral cars must arrive 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 79 Grave 5 Row _____ Section 5 Division/Block 7

Grave space & Care Fund	90.00
Additional spaces and care fund	
Opening/Closing & Setup	75.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	210.00
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 12481

Invoice # 258959

Acct. # 000952

PY-593 (Rev. 8-92)

CITY OF SAN DIEGO, CALIFORNIA

E 12481

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 DAT Nov 8, 1995
BY: CA (CK) IF

PAYMENT REF NO 04-42258 AMT PAID: $210.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
09/28/95	10/28/95	AUGUST

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12481
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ANTHONY L BOGARD PA1186299 SVC	
LOT 79 GRAVE 5 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 ABOVE

AC-22 (Rev. 1/92) White - Customer Copy • Yellow - Remittance Copy INV NO. 258959

E 12481

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Anthony	LaVelle	Bogard	09/16/1995	09/16/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Sheila Cato - Mother 4910 Imperial Ave. National City, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Paris-Frederick Mortuary 374 N. Magnolia Ave.; El Cajon, CA 92020	F-795	▶ [signature]	09/22/1995

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7117(b) of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/22/1995	Billie Harris ▶ 9512741

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 9/25/95	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.

Air Seal Vault
Buried 1959

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/20/95

Disinterment

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clarence Wilford Jones

in a _____ Funeral, date, time Fri 7-24
Vault/Urn

Church, Chapel, Graveside _____ : Featheringill Mortuary 583-9511
(Steve)

All Funeral cars must arrive 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 204 Grave 2 Row _____ Section 1 Division/Block 1

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee Disinterment	1,000.00
Recording and filing fee	
Sales taxes	
Total Due	1,000.00
Paid receipt number R-46704	1,000.00
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12482

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12482 10-9-95

Inclosed is a check for the future disinternment of Clarence Welford Jones. Steve with Featheringale Mort. has been in Contact with you Jerald Jones 800-366-2254

8-15-96 E 12842

ally to let us know

E 12482 10-17

Steve called and said about CCC.

E 12482

Dear Steve Featheringale will be ready for disinterment between 16 or 20 of this month.

Yours Baldwin

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46704

Date: 10/13, 1965

From: Oswald W. Jones Address: 1785 South 100 East, Provo UT 84058

Four Hundred & 00/100 Dollars ($ 400.00)

In Payment of Disinterment of Clarence Wilford Jones

Lot 204 Grave 2 Row Section 1 Division Block 1

Invoice No.

Acct. No.

W.O. E-12482

BALANCE DUE -

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 2461

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Rauch

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	1000	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1000	00

F12182

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Clarence	Wilford	Jones	03/22/1901	10/15/1959	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Jerald W. Jones, Son 1732 South 145 East Orem, UT 84058

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
6322 El Cajon Blvd. Featheringill Mortuary San Diego, CA 92115	FD1083	Jerald Jones	07/08/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/08/1998	9810184 C.Maggard

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [X] 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	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED Berg Mortuary 500 N. State St., Orem, UT 84057	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION 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.

E12482

THE CITY OF SAN DIEGO

July 7, 1998

Ronald Jones

RE: Disinterment of Clarence W. Jones

Dear Mr. Jones:

Attached is the Authority to Disinter, Remove or Reinter form. All immediate next of kin must sign and complete the middle section. Each signature must also be notarized. The original form must be returned to Mt. Hope Cemetery prior to scheduling the disinterment. A *Disinterment Permit* must also be obtain and submitted to the cemetery prior to the disinterment. This form is obtain from the County of San Diego and is required to remove a body from the cemetery. The total cost to disinter the body of Clarence W. Jones is $1000.00. This fee has already been paid.

The disinterment consist of digging of the ground to the burial container or casket. If the casket and/or burial container remains intact and has not deteriorated badly the cemetery staff will raise the casket/burial container out of the ground. It is the mortuary's responsible to remove the body from cemetery grounds and/or grave if necessary.

If you have any questions, please feel free to call me at the number listed below.

Karyn Baker

Karyn Baker
Administrative Aide

Mt. Hope Cemetery
Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400

E 12482

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

AUTHORITY TO DISINTER, REMOVE OR REINTER

MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

Clarence Jones W.

from Lot 204 Grave 2 Section 1 Row ____ Block -

Division 1 and to remove the same to and reinter said remains

in Lot ____ Grave ____ Section ____ Row ____ Block ____

Division ____ Cemetery Provo Utah

The undersigned hereby certify and represent that they are the legal custodians of the remains and have the right to make this authorization, and that they are related to the decedent as indicated below. The undersigned further agree to hold Mount Hope Cemetery harmless from any liability on account of said authorization, disinterment, removal, and reinterment.

Signature	Relation to deceased	Address
X Ronald C Jonas	(Son)	
		605 W. 925 South, Orem, UT 84058
		phone # 801 226 0199

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) Date

IF THIS FORM IS NOT SIGNED IN THE PRESENSE OF CEMETERY STAFF, IMMEDIATE NEXT OF KIN SIGNATURE MUST BE NOTARIZED. ORIGINAL FORM MUST BE RETURNED.

NOTARY PUBLIC
STATE OF UTAH
My Commission Expires
October 8, 1999
SAMUEL J. WALKER
1055 North 300 West, Suite 3418
Provo, Utah 84604

Samuel J. Walker for Ronald C. Jones

DIVERSITY
BRINGS US ALL TOGETHER

1 x 2
GRAVE SIZE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-20-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mohamed Samir Abdel-Aziz

in a _____ Funeral, date, time Thurs. 9/21 - 10:30 A.M.
Vault/Liner

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 48C Grave _____ Row _____ Section Muslim Division/Block _____

Grave space & Care Fund	
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	170.00
Paid receipt number 46624	170.00
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.

X Samir A. Khan
Signature of recorded holder of deed

4024 Carlsbad Dr Bonita

X Samir A. Khan
Signature

X 4024 51ST. ST. APT. A
Address

X SAN DIEGO. CA 92105
City Zip Code

X 619-284-9401
Telephone

Work Order # E 12483

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40624

Date: 9/20, 19 95

From: Earl Lee Barfield AKA Samir Abdul-Aziz Address: 4034 51st St #A SD 92105

One Hundred & Seventy Dollars ($ 170 00)

In Full Payment of Interment of Mohamed Samir Abdul-Aziz.

Lot 78C Grave ____ Row ____ Section Muslim Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E12483

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

(ISSUED BY) J. Weisner

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	170	00

E 12483

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MOHAMED	SAMIR	ABOUL-AZIZ	09/19/1995	09/19/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SAMIR ABOUL-AZIZ ISLAM A.K.A. CARL LEE BARFIELD SR. FATHER 4024 51ST. ST. APT A SAN DIEGO CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SAMIR ABOUL-AZIZ ISLAM A.K.A. CARL LEE BARFIELD SR. 4024 51ST. ST. APT A SAN DIEGO CA 92105	—	Samir A. Islam Carl Lee Barfield	09/20/1995

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

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/20/1995	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO CA	11B. DATE BURIED: 9/21/95	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.

38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9/21/75

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bobby Wayne Shaw

in a Urn Garden (Vault/other) Funeral, date, time Fri. 9/29 2PM

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 300 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	450.00
Paid receipt number Mastercard	450.00
Balance due	0

Sheri M. Shaw
Mr. Rosedale
Mark

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 _____ (Signature)
X 32153 Paseo San Eskban (Address)
X Temecula (City) 92592 (Zip Code)
X (909) 695-3837 (Telephone)

Work Order # E 12484

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 124184

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

638295

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Bobby	Wayne	Shaw	07/15/1957	09/18/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Moreno Valley	Riverside	Sheri M. Shaw, Wife 32153 Paseo San Esteban Temecula, CA 92592

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary, 5050 Federal Blvd San Diego, CA 92102	1329		09/22/1995

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

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/25/1995	Bradley P. Gellert, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 7600 Riverside, CA 92513-7600	P.O. BOX 85222 San Diego, CA 92138-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St San Diego, CA 92102	11B. DATE BURIED 9/29/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium- 571 J. Crane St. Lake Elsinore, CA	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

Transfer of ownership

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-22-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FROM Lillie R. PEARSON to _____

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 235 Grave 2 Row _____ Section 14 Division/Block 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup SEE E-11553	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number 46627	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 Lillie R. Pearson
Signature

24712 E 117th St.
Address

Broken Arrow, OK 74014
City Zip Code

(918) 451-0458
Telephone

Work Order # E 12485

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12485

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46627

Date: 9-22, 1995.

From: Lillie R. Pearson Address: 24712 E. 114th St. Broken Arrow. OK 74014

forty five Dollars ($ 45.00)

In full Payment of transfere of ownership

Lot 235 Grave 2 Row ____ Section 14 Division 7 Block ____

Invoice No. ____

Acct. No. ____

W.O. C-0533

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

574 ISSUED BY V. Balubla

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

AC-212 (Rev. 5-94)

E12485

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

Lillie R. Pearson
24712 E. 114th St.
Broken Arrow, OK 74014

Re: Transfer of Lot Ownership
E-12485

Dear Ms. Pearson:

I am following up on a transfer of lot ownership that occurred on September 22, 1995, that show that you were transferring Lot 235; Gr 2; Section 14; Division 7 to another person. You were to notify us of the name of the person the lot was to be transferred to.

Our records show that you have not notified us of the name of the person you were to transfer the lot to. Also, our records show that Gilbert Johnson is still the owner of that lot. Did Gilbert Johnson transfer that lot to you, and are you in turn transferring that lot to someone else? If so, do you have the paper work that shows he transferred the lot to you? Copies of this paper work must be submitted to Mount Hope Cemetery, before any transferring of this lot can be done.

If you have any questions, please do not hesitate to write or call me at (619) 527-3400.

Sincerely,

Catina M. Turgeon

Catina Turgeon
Clerical Assistant II

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maxine Mathis

in a Lenex Funeral, date, time Thurs. 9/28/95 2PM

Church, Chapel, Graveside Chapel PGS : 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 Mathis

War time veteran _____

Lot 169 Grave 7 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	1,563.30
Paid receipt number	
Balance due	

9/26/95 pd marker

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 Charles Mathis
Signature

X 4533545 ST #4
Address

X 583-3924
City Zip Code

X SAN DIEGO
Telephone

Work Order # E 12486

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

28" L
14" W
10" H

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-25-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jimmy Meza

in a _____ (Vault/Liner) Funeral, date, time Thurs. 9/28 1PM

Church, Chapel, Graveside GS : Ragedale Mortuary.

All Funeral cars must arrive 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 3012 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 46635	270.00
Balance due	-0-

Mark

I hereby certify I am the Ragedale of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Mark Jest

Address 5050 Federal Blvd

City S.D. Zip Code 92102

Telephone 263-3141

Invoice # _____

Acct. # _____

Work Order # E 12487

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46635

Date: 9-26 19 95

From: Cascade Mortuary Address: 5050 Federal Blvd. SD. 92102

Two-Hundred & Seventy Dollars ($ 270.00)

In Full Payment of Interment of Jimmy Mega

Lot 3012 Grave Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E-12487

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Weiner

CREDIT	67007		
20% Sales Care	77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	270	00

E12487

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Jimmy	-	Meza	09/06/1995	09/20/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Esmael Jimenez - Father 807 S. 33rd Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	F-1320	▶ Jeanne Davis	09/27/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/28/1995 G. Davis	9513035 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 9/5/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J Wait	
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 9/26/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregory Brown

in a Liner (Vault/Liner) Funeral, date, time Fri. 9/29 2PM

Church, Chapel, Graveside Church then G.S. Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Renee Brown

War time veteran _____

Lot 12 Grave 5 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund E-9059	~~375.00~~
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
~~Flower vases~~ Marker setting fee Late arrival fee	150.00
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1,165.30
Paid receipt number E-46634	291.00
Balance due	~~874.30~~ 1034.30
	~~460.00~~
	469.30

Mark

X 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.

X Signature Renee Brown OVER

X Address 5581 ROSWELL

X City S.D. CA Zip Code 92114

X Telephone 264-8042

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12488

Invoice # 259041

Acct. # 086535

PY-593 (Rev. 8-92)

469.30

Late Arr. Fee waived -150.00

$319.30

E 12488

CITY of SAN DIEGO

MEMORANDUM

FILE NO.:

DATE : October 17, 1955

TO : Ernest Hamilton, Auditor's Office M.S. 7C

FROM : Jane K. Rauch, Mt. Hope Cemetery M.S. 72

SUBJECT: Account 086535, Invoice 259041, Debtor Renee Brown (E-12488)

Will you please back out the $150.00 billed to this account under Fund 100, Account 77183. This was a Late Arrival Fee, and it has been waived by the Manager's Office. Please reissue an invoice for the balance of $319.30.

If you have any questions regarding this matter, please call me at 73400.

Thank you for your assistance in this matter.

Jane K. Rauch

Jane K. Rauch
Ext. 73400

Printed on recycled paper

E12498

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 086535

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 10-3-95 (HD)

PAID BY (CIRCLE ONE): CA (CK) NP

PAYMENT REFERENCE NUMBER 3146 86780797

AMOUNT PAID 555.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME RENEE BROWN

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

REMARKS V. Bobobley
MS#72.

CASHIER

INV. NO. 259041

TR-1361 (2-82)

1165
291
874

MT. HOPE CEMETERY W.O. # E-12488

NOTE

474.30 San Diego, California 10-3 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 Four Hundred & Seventy Four 50 DOLLARS with interest from October 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 Renee Brown SIGNATURE _____

ADDRESS 5581 Roswell

CALIFORNIA DRIVER LICENSE NUMBER N5835748 SSN # 585-03-3874

PY-1012 (11-89)

MT. HOPE CEMETERY

W.O. # E-12488

NOTE

$ 874.30 San Diego, California 9-26 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 & Seventy Four & 30/100 DOLLARS with interest from October 29, 1994 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 Renée BROWN SIGNATURE Renee Brown

ADDRESS 5581 ROSWELL

CALIFORNIA DRIVER LICENSE NUMBER N5835748 SSN # 585-03387 4

PY-1012 (11-89)

E2489

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Gregory	-	Brown	07/23/1963	09/23/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Renee Brown - Wife 5581 Roswell Street San Diego, Ca 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	F-1329	▶ Yvonne Davis	09/28/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/28/1995 Y. Davis	9513043 ▶

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; 85022Box 85222 San Diego, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 9/29/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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

46634

Date: 9-26, 1995

From: Ruby Brown Address: 5581 Roosevelt St.

Two Hundred & Ninty-One Dollars ($ 291 00)

In Part Payment of Interment of Gregory Brown

Lot 12 Grave 5 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12488

BALANCE DUE 874.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94) N5835748

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT	67007	59	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	232	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	291	00

259041	09/29/95	086535	RENEE BROWN			10/03/95 CK	3146 8678	555.00	1,024.30	469.30
			100	072	77181	000072		203.19		PARTIAL PAYMENT
			100	072	77182	000072		102.95		
			100	072	77183	000072		105.66		
			100	072	77184	000072		57.43		
			100	072	77185	000072		78.57		
			60101		78390			7.20		

259041	09/29/95	086535	RENEE BROWN			10/18/95 CM	JV23886	150.00	1,024.30	319.30
			100	072	77181	000072		54.92		PARTIAL PAYMENT
			100	072	77182	000072		27.82		
			100	072	77183	000072		28.56		
			100	072	77184	000072		15.52		
			100	072	77185	000072		21.23		
			60101		78390			1.95		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-26-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CARLLEE HARVEY

In a T.S. Vault (Vault/Liner) Funeral, date, time MON, 10/2 1:00PM

Church, Chapel, Graveside Chapel + Grave Side CA. Burial (Cremation) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned. DeAnn Robinson

War time veteran _____.

Lot 271 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	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 4630	500.00
Balance due	1167.50

30 Day note

I hereby certify I am the Niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt Hope Cemetery harmless from any liability on account of said authorization and interment.

DeAnn Robinson
Signature

3960 KANSAS ST. #2
Address

San Diego CA 92104
City Zip Code

619.497-9083
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

12489

Work Order # E

Invoice # 259380

Acct. # 086581

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12489

NOTE

$ 1167.50 San Diego, California 9-26 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 Sixty Seven 50/100 DOLLARS with interest from November 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 DEBRA Ann Roberson SIGNATURE Debra Ann Roberson

ADDRESS 3960 KANSAS STREET #2, San Diego, CA 92104

CALIFORNIA DRIVER LICENSE NUMBER N7238159 SSN # 571-04-3767

PY-1012 (11-89)

E 124 99

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CARLLEE	–	HARVEY	06/11/1928	09/20/1995	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LINDA JACKSON-DAUGHTER 5287 CAMINITO CACHORRO SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	09/28/1995

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 7102 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/28/1995 M.MITCHELL	9513024 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 10/2/95	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.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46630

Date: 9-26, 1995

From: Debra Robyn- Address: 3960 Kansas #42 92104

Five Hundred Dollars ($ 500 -)

In Payment of Interment of Cordia Harvey

Lot 271 Grave 2 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12485

BALANCE DUE $1167.50

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 77164	500	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

259380 10/04/95 086581 DEBRA ANN ROBERSON

E-12484

100	072	77181	000072	667.00	
100	072	77182	000072	214.24	
100	072	77183	000072	142.83	
100	072	77184	000072	25.71	
100	072	77185	000072	90.84	
60101		78390		105.69	
67007		77184		10.00	
				77.69	

10/27/95 CK 012812 1,167.50 PARTIAL PAYMENT 0.50

259380 10/04/95 086581 DEBRA ANN ROBERSON

E. 2484

100	072	77181	000072	500.00	
100	072	77182	000072	160.60	
100	072	77183	000072	107.07	
100	072	77184	000072	19.27	
100	072	77185	000072	68.09	
60101		78390		79.23	
67007		77184		7.49	
				56.25	

10/10/95 CK 2096 1,167.50 PARTIAL PAYMENT 667.50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-27-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MATHIS, MAXINE

in a Dbl. Depth Crypt (Vault/Liner) Funeral, date, time 10/4 WED 1PM

Church, Chapel, Graveside Chapel & Grounds 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. Glenn E Mathis

War time veteran _____.

Lot 274 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	26.60
Total Due	1941.60
Paid receipt number R-46637	485.00
Balance due	1456.60

$ 2916.95

OWNERSHIP

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.

GLENN E MATHIS

Glenn E Mathis
Signature

7313 LATROBE CIR
Address

SAN DIEGO, CA 92139
City Zip Code

(619) 479-9230
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12490

Invoice # 259397

Acct. # 086586

PY-593 (Rev. 8-92)

2298.55
11-9-99

MT. HOPE CEMETERY W.O. # E-12490

NOTE

$ 1456.60 San Diego, California 27 Sep. 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 Fourteen hundred fifty-six & 60/100 DOLLARS with interest from 4 Nov. 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 Angelyne MATHIS SIGNATURE Angelyne Mathis

ADDRESS x 7313 LATROBE CIRCLE

CALIFORNIA DRIVER LICENSE NUMBER x N0237363 SSN # x 448 58 4400

PY-1012 (11-89)

E 1249D

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Maxine	-	Mathis	05/16/1939	09/22/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego,	San Diego	Patricia Taylor - Daughter 4466 Mayberry Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	F-1329	▶ Yvonne Davis	09/25/1995

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.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/03/1995 Y. Davis	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street,San Diego,CA	11B. DATE BURIED 10/4/95	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.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46637

Date: 9-27, 1995

From: Angelynne Van Gaasbeek Address: 7313 Latrobe Cir, San Diego 92139

Four hundred eighty-five & no/100 Dollars ($ 485.00)

In part Payment of interment of Madine Mathis

Lot 374 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12490

BALANCE DUE $456.60

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

003807

ISSUED BY J Rauch

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	485 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	485 00

OFFICIAL RECEIPT

47713

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-13, 19 96

From: Buddy Mathis Address: 3659-College Ave #73 S.D. CA 92115

Thirty one and 55/100 Dollars ($ 31.55)

In full Payment of temporary marker for MAXINE MATHIS

Lot 274 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12490

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 Catina Durgin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	16	00
Recording & Misc. Fees	100 77183	20	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	1	55
TOTAL PAID	$	31	55

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-27-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TAYLOR, Nellie L.

in a Liner (Vault/Liner) Funeral, date, time Mon. 10-2-11AM

Church, Chapel, Graveside 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. _____

War time veteran _____.

Lot 160 Grave 5 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	E-9647	0
Additional spaces and care fund		
Opening/Closing & Setup	E-9842	0
Burial Container	E-9842	0
Handling Fees	E-9842	0
Flower vases – Marker setting fee		
Recording and filing fee	E-9842	0
Sales taxes		
Total Due		0
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 12491

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

Interfund DP typed 10/5/95

E12491

E 12491

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Nellie	Izora	Taylor	08/30/1918	09/27/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Jewell Katona-Sister 6110 Pomegranate Ave. Sacramento, CA 95823

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Permit to issue permit	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶	09/29/1995

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

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	09/29/1995 James Hale	9513081 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.Box 85222 San Diego, CA 92186-5222	

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 10/2/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J Wait	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY metal casket	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.

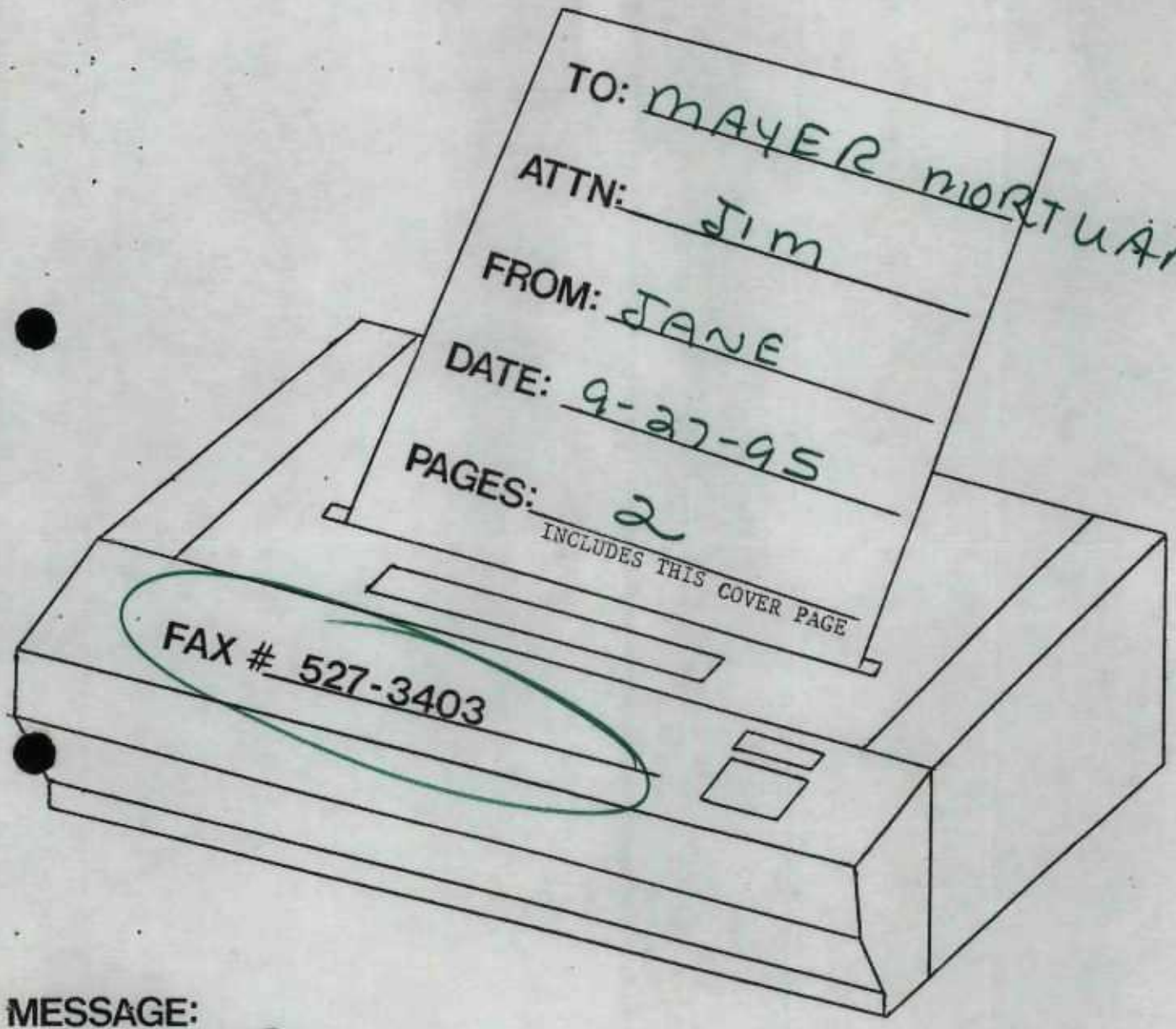
E 12491

TELEFAX COVER LETTER

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



MESSAGE:

Jim - will you please fax back with all questions answered? Thanks yaw

Jane

IF ALL PAGES ARE NOT RECEIVED, PLEASE CALL (619) 527-3400.

Printed on recycled paper

E 12491

TOSS WHEN WE RECEIVE FAX FROM MAYER

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Jim: These are areas we need to have completed:

Date 9-27-95

Chapel?
Church?
Graveside?

Date?
Time?

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TAYLOR, Nellie A.

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : 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. _____

Need full Signature here

War time veteran ____ or no ? →

Lot 160 Grave 5 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	E-9647	0
Additional spaces and care fund		
Opening/Closing & Setup	E-9842	0
Burial Container	E-9842	0
Handling Fees	E-9842	0
Flower vases – Marker setting fee		
Recording and filing fee	E-9842	0
Sales taxes		
Total Due		0
Paid receipt number		
Balance due		

Relationship to the deceased →

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

Need these completed, please.

Work Order # E 12491

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

281-7587

EVIDENCE DO NOT REMOVE FROM OFFICE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Trust

PRE-NEED UPGRADE & ADD SECOND SERVICE

Date 9-27-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of X Chlora Brooks + Richard Brooks, Jr.

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 2651 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container Change from Top Seal Vault to Double Depth Crypt	205.00
Handling Fees	150.00
Flower vases — Marker setting fee	
Recording and [illegible] fee	45.00
Sales taxes	15.23
Total Due	790.23
Paid receipt number 46693	790 23
Balance due	-0-

PAID
OCT 1 1 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Chlora M Brooks (Signature)
X 5164 CATOCTIN DR (Address)
X San Diego, CA 92115 (City, Zip Code)
X 286-8543 (Telephone)

✓ 12492

Work Order # E _____

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46693

Date: 10/11, 1995

From: Chlora M. Brooks Address: 5764 Catoctin Dr. SD 92115

Seven Hundred, Ninety Dollars & Twenty-Three ($790.23)

In Full Payment of Pre-Need Trust for Chlora Brooks, and Richard Brooks Jr.

Lot 2651 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12492

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	790	23
Sales Tax	60101 78390		
TOTAL PAID		$ 790	23

Pre-Need
Lot + Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-29-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Misak Keshishyan

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 3807 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1,763.30
Paid receipt number 46638	1,163.30
Balance due	600.00

PAID
OCT 12 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

R-46700

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Bal. 0

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____
Address 8596 Repus St
City San Diego 92126
Zip Code
Telephone 578-2176

Work Order # E 12493

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

12033

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO MISAK KESHISHYAN for the sum of $995.00 (DOLLARS)

LEGAL DESCRIPTION Lot 3087, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E-12493

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Marker Size is 12" X 24", Flat Marker Only

Cemetery Manager

Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46638

Date: 9/29, 19 95

From: Misak Keshishyan Address: 3596 Lebus St. SD CA 92126

One Thousand, One Hundred Sixty-Three 30/100 Dollars ($ 1,163.30)

In part Payment of Pre-Need lot & trust

Lot 3907 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E-12493

BALANCE DUE 600.00

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. Weisner

CREDIT	67007		
20% Sales Care	77184	199	00
80% Sales of Lots	100 77184	796	00
Opening/ Closing	100 77181		
Burial Containers	100 7718		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	168	30
Sales Tax	60101 78390		
TOTAL PAID	$	1,163	30

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46700

Date: 10/12, 1995

From: MISAK KESHISHYAN Address: 8596 Lepus St. SD 92126

Six hundred & no/100 Dollars ($ 600.00)

In Full Payment of Pre-need lot & trust

Lot 3807 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12493

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

104438

ISSUED BY J Rauch

CREDIT	67007	
20% Sales Cars	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	600 00
Sales Tax	60101 78390	
TOTAL PAID	$	600 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-29-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MERIWETHER, ROBERT L.

in a LINER (Vault/Liner) Funeral, date, time Mon. 10/2 2PM

Church, Chapel, Graveside Delivery : Ragsdale (marks) 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 31 Grave 9 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup 11-1-95 PAID IN FULL	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 46641	389.00
Balance due	$1,174.30

Marks

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 Signature Frank J. Meriwether

X Address 807 Dearborn Ave.

X City Louisville Ky. 40211 Zip Code

X Telephone 502-774-2915

Work Order # E 12494

Invoice # 259381

Acct. # 086580

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12494

NOTE

1,174.30 San Diego, California 9-29 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 One Thousand One Hund. Seventy-four + 30 DOLLARS with interest from Nov. 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 FRANK McRiwether SIGNATURE Frank McRiwether

ADDRESS 807 Dearborn Ave. Louisville, Ky. 40211

CALIFORNIA DRIVER LICENSE NUMBER Ky-704-19-4681 SSN # 704-19-4681

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46641

Date: 9/29, 1995

From: Frank Meriwether Address: 807 Dearborn St Louisville Ky 40211

Three Hundred & Eighty-Nine Dollars ($ 389.00)

In part Payment of Interment of Robert L. Meriwether

Lot 31 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12494

BALANCE DUE $1,174.30

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT	67007		
20% Sales Cars	77184	-389	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	389	00

Driver's DL 704194681

E-12494

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS **Found**

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Robert	Lewis	Meriwether	01/15/1922	09/20/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Frank Meriwether Jr. - Brother 807 Dearborn Avenue Louisville, KY 40211

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	F-1329	▶ Frank Davis	10/02/1995

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10575 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/02/1995 G. Davis	▶ 9513132

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street	11B. DATE BURIED 10/2/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 12494

259381	10/04/95	086580	FRANK MERIWETHER			11/01/95	CK	613109988	1,174.30	1,174.30	0.00
			100	072	77181	000072			375.00		PAID IN FULL
			100	072	77182	000072			190.00		
			100	072	77183	000072			45.00		
			100	072	77184	000072			159.00		
			100	072	77185	000072			145.00		
			60101		78390				13.30		
			67007		77184				247.00		

16

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 9-29-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of CONLEY, HARRY P.A. 1186477

in a Liner (Vault/Liner) Funeral, date, time Wed 10/4 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 $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 42 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

Catherine 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 12495

Invoice # 259398

Acct. # 000952

PY-593 (Rev. 8-92)

E 12495

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
HARRY	-	CONLEY	01/16/1919	09/23/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	SAN DIEGO CO. PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	▶ Karen Warrant	10/03/1995

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	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Karen Warrant 10/03/1995	9513212 ▶

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
CO. OF SAN DIEGO DEPT. OF HEALTH SERVICES VITAL RECORDS P.O. BOX 95222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 10/4/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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.

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

E-12495

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 11/8/95
BY: CA (CK) IF
PAYMENT REF NO 04-42258 AMT PAID $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
10/05/95	11/04/95	SEPTEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
JANE RAUCH REF NO: E-12495
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
HARRY CONLEY PA 1186477 SVCS	
LOT 41 GRAVE 1 SEC 1 DIV12	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. 259398

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/0 195

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARREOLA, DANIEL

in a Liner (Vault/Liner) _____ Funeral, date, time Thurs. 10/5 11AM

Church, Chapel, Graveside Chapel of Gnapiid 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. Claudia A Vassallo

War time veteran NO.

Lot 204 Grave 12 Row _____ Section 2 Division/Block 13

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – ~~Marker setting fee~~ TRON VASE	46.75
Recording and filing fee	45.00
Sales taxes	
Total Due	1710.05
Paid receipt number	R-466438466675
Balance due	1243.30

Cancelled & Refunded 10/3/95

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

Claudia A Vassallo
Signature
4619 Quemoy Ct
Address
San Diego Ca 92111
City Zip Code
277-7688
Telephone

Work Order # E 12496

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12496

NOTE

$ 1243.30 San Diego, California 2 OCT 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 Twelve hundred forty-three & 30/100 DOLLARS with interest from 6 NOV. 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 Claudia A Vassallo SIGNATURE x Claudia A Vassallo

ADDRESS x 6919 Quemoy Ct San Diego Ca 92111

CALIFORNIA DRIVER LICENSE NUMBER xC5042420 SSN # x564-69-6505

PY-1012 (11-89)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need for

Date 10/2/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Catherine Wright

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ Rogsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 95 Grave 8 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	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 46646	1563.30
Balance due	0

PAID
OCT 2 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12497

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12497

Anderson-Ragsdale Mortuary
"Third Generation In The Mortuary Profession"
5050 FEDERAL BLVD SAN DIEGO, CA 92102-2615
PHONE (619) 263-3141 FAX (619) 263-1507



September 20, 1995

County of San Diego
Ms. Monica Small
Lemon Grove, CA
FAX (619) 461-1064

IN RE: Catherine Wright

The minimum grave at Mt. Ho-e Cemetery is $1563.30

Cost of the grave.....	$ 795.00
Liner for the grave.....	$ 190.00
Opening and Closing.....	$ 275.00
Recording Charge.....	$ 45.00
Handeling Charge	$ 145.00
Sales Tax on Liner.....	$ 13.30
Total charges.....	$1563.30

The check should be made payable to Mt. Hope Cemetery

H. W. Ragsdale
OWNER

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46646

(Resident Trust Account)

Date: 10/2/95, 19 95

From: Care Enterprises West Inc. Address: 8351 Broadway Lemon Grove Calif 91945

[redacted] fifteen hundred sixty three 30/100 Dollars ($ 1563.30)

In [redacted] Payment of Pre Need Lot & Trust for Catherine Wright

Lot 45 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 12497

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

5552

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Laura Beck

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	[redacted]	
Burial Containers	100 77182	[redacted]	
Handling Fee	100 77185	[redacted]	
Recording & Misc. Fees	100 77183	[redacted]	
Pre-Need Trust	63033 9022	768	30
Sales Tax	60101 78390		
TOTAL PAID	$	1563	30

11

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/4/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mahalie Brice

in a Liner (Vault/Liner) Funeral, date, time Fri. 10/6 = 1PM

Church, Chapel, Graveside Chap. GS ; 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. Virgie Brice

War time veteran _____.

Lot 124 Grave 11 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	895 00
Additional spaces and care fund	—
Opening/Closing & Setup	375 00
Burial Container	190 00
Handling Fees	145 00
Flower vases – Marker setting fee	
Recording and filing fee	45 00
Sales taxes	13 30
Total Due	1,663.30
Paid receipt number 46652	1,000.00
Balance due	663.30

PAID
NOV 2 1995
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Brother 46756 of the above ~~named decedent~~ and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

663.3

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Virgie Brice
Signature
3713 #B
Address
San Diego, Ca 92113
City Zip Code
Virgie Brice
Telephone
232-8832

Work Order # E 12498

Invoice # 259618

Acct. # 086653

PY-593 (Rev. 8-92)

E 12498

MT. HOPE CEMETERY W.O. # E-12488

NOTE

$ $663.30 San Diego, California 10/4 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 One Hundred DOLLARS with interest from Nov. 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 Virgil Brice SIGNATURE Virgil Brice

ADDRESS 3113 Imperial ave #B S.D. 92102

CALIFORNIA DRIVER LICENSE NUMBER none SSN # 429-28-5059

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46652

Date: 10/4, 19 95

From: Virgil Brice Address: 3113 Imperial Ave. APT 3 SD 92102

One thousand Dollars ($ 1,000.00)

In Part Payment of Interment of Mahalie Brice

Lot 54 Grave 11 Row Section 1 Division 12 Block

Invoice No.

Ct. No.

P.O. E-12498

BALANCE DUE 663.30

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: Weiner

CREDIT	67007		
20% Sales Care	77184	179	00
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1000	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46756

Date: 11-2 , 19 95

From: Virgil Brice Address: 3113 Imperial Ave SD 92102

Six Hundred Sixty three & 30/100 Dollars ($ 663.30)

In FULL Payment of Interment of Natalie Brice

Lot 124 Grave 11 Row Section 1 Division 12 Block

Invoice No.

Act. No.

W.O. E-12498

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY L Hebbe

CREDIT	67007	270	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	13	30
TOTAL PAID	$	663	30

E-12498

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (Month, Day, Year)	3. DATE OF DEATH (Month, Day, Year)	4. SEX
Mahalie	-	Brice	06/10/1918	10/02/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Virgil Brice-Brother 3113 Imperial Ave. Apt. B San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson Ragsdale Mortuary 5050 Federal Blvd; San Diego, CA 92102	F-1320	▶ Anne Arbuthnot	10/06/1995

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

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/06/1995	9513407 Anne Arbuthnot ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records;P.O. Box 85222 San Diego, CA92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.;;San Diego CA.	11B. DATE BURIED 10/6/95	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
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

3 mos

Length 36
width 16
Ht. 13

Date 10-5-95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of PEROTT, MARQUIS EBEKEIL TROY,

in a — (Vault/Liner) Funeral, date, time Fri. 10/6 11 AM

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. GARY Rosa Fox

War time veteran —.

Lot 2809 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 B46654	-80.00
Balance due	190.00

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.

Rosa Fox
Signature
4374 mayberry st
Address
San Diego cal
City
Zip Code 92113
Telephone 263-4456

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 12499

Invoice # 259619

Acct. # 086654

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12499

NOTE

$ 190.00 San Diego, California 5-OCT 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 hundred ninety & no/100 DOLLARS with interest from 6 NOV 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 Lisa Fox SIGNATURE X Lisa Fox

ADDRESS X4374 mayberry St SD 92113

CALIFORNIA DRIVER LICENSE NUMBER XA5521543 SSN # X082-58-4137

PY-1012 (11-89)

F 12499

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MARQUIS	EZEKIEL TROY	PEROTT	07/03/1995	10/02/1995	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LISA LOUISE FOX-MOTHER 4416 MAYBERRY STREET SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92105	F-1357	▶ [signature]	10/04/1995

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10076 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	10/04/1995 M. MITCHELL	9513276 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 10/6/95	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46654

Date: 10/5, 1995

From: LISA FOX Address: 4374 Mayberry St., SD 92113

Eighty & no/100 Dollars ($ 80.00)

In part Payment of Marquis Ezekiel Troy Perott Interment

Lot 2809 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12499

BALANCE DUE $190.00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Rauch

AC-212 (Rev. 5-94)

CREDIT	67003		
20% Sales Care	77184		
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	80	00