MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-17-96

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

in a Liner (Vault/Liner) Funeral, date, time Mon. 1-22 1:00

Church, Chapel, Graveside Chapel/Graveside ; Ca Burial Garry Mortuary

All Funeral cars must 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. V. H.

War time veteran _____

Lot 4550 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-47017	1763.30
Balance due	0

PAID
~~FEB 09 1996~~
Jan. 17, 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

X Brad V. Hobson
Signature

X 868 N. Victor Av #15
Address

X Inglewood CA 90302
City Zip Code

X 310 674-9922
Telephone

Work Order # E 12700

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12700
62

APPLICATION 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
DOROTHY	ANN	HOBSON	08/19/1933	01/16/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	BROCK HOBSON-SON 868 N. VOCTOR AVE. #15 INGLEWOOD, CA 90302

7A. TYPED NAME AND ADDRESS OF 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	01/19/1996

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	01/19/1996 M. MITCHELL	9601256 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92102	11B. DATE BURIED 1/22/96	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

47017

Date: 1-17, 1996

From: Brock Hobson Address: P.O. Box 881085 San Diego 92168

One thousand Seven Hundred Sixty Three & 30/100 Dollars ($ 1763.30)

In full Payment of Interment of Dorthy Ann Hobson

Lot 4550 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E 12700

BALANCE DUE 0

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

2361

AC-212 (Rev. 5-94)

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

ISSUED BY S. Hubbell

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	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Delivery Only

Date 1-18-96

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

in a Ash Vault (Vault/Liner) Funeral, date, time Wed 1-24 10:00

Church, Chapel, Graveside _____ Lewis Colonial Mortuary. Reinalt 283-7211

All Funeral cars must arrive before 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 8 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	Pre-Need D-7641	-0-
Additional spaces and care fund		
Opening/Closing & Setup	Pre-Need E-8716	-0-
Burial Container	Pre-Need E-8716	-0-
Handling Fees	Pre-Need E-8716	-0-
Flower vases – Marker setting fee		
Recording and filing fee	Pre-Need E-8716	-0-
Sales taxes	Pre-Need E-8716	-0-
	760.15 Total Due	
	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 12701

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

LEWIS COLONIAL
69091

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

94-E12701

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	--	WILSON	09/27/1901	01/17/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GEORGE MANZELLA - SON 4844 OLD CLIFFS ROAD SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
LEWIS COLONIAL/BENBOUCH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶	8B. DATE SIGNED
			01/18/1996

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
$7.00	01/19/1996	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1/24/96	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 1/20/96	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.

at ~~Sea~~ Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/18/96

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

in a Liner (Vault/Liner) Funeral, date, time Mon. 1/29 - 11:00

Church, Chapel, Graveside Chapel Graveside Lagsdale Mortuary.

All Funeral cars must 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 148 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund (179 200)	895.00
Additional spaces and care fund	
Opening/Closing & Setup PER TREASURERS	375.00
Burial Container Office PAID IN	190.00
Handling Fees 1996.	45.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1,663.30
Paid receipt number 47023	360.00
Balance due R-47034	1,303.30
	1,156.00
	1,113.30

30 day Note

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

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

_____
Signature of recorded holder of deed

Linda Williams
Signature
3888 Orville St Apt 15
Address
Spring Valley CA 91977
City Zip Code
619 463-0599
Telephone

Invoice # 265134

Work Order # E 12702

Acct. # 087962

PY-593 (Rev. 8-92)

12702

265134 02/01/96 087962 LONA WILLIAMS

E-12702

100	072	77181	000072	03/02/96 CK 231003346	991.30	1,147.30	156.00
100	072	77182	000072		324.01		PARTIAL PAYMENT
100	072	77183	000072		164.17		
100	072	77184	000072		38.88		
100	072	77185	000072		172.81		
60101		78390			125.28		
67007		77184			11.49		
					154.66		

MT. HOPE CEMETERY

W.O. # E-12702

NOTE

$ 1,147.30 San Diego, California 1/24 19 96

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand, One Hundred, Forty Seven & 30 DOLLARS with interest from March 1, 1996 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.

X PRINT NAME Lona Williams X SIGNATURE Lona Williams

X ADDRESS 8174 Dodie #D

X CALIFORNIA DRIVER LICENSE NUMBER A3568795 X SSN # 506-42-0222

PY-1012 (11-89)

E-12702

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

87

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MATTIE	MAY	HARRIS	06/10/1908	01/23/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LONA WILLIAMS-DAUGHTER 8174 DODIE ST., APT. D 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	01/26/1996

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10026 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/26/1996 Y. Davis	9601716 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1/26	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

47034

Date: 1/24, 1996

From: Senda Williams Address: 3888 Orville St. apt. 15 Sp. 2 Valley 91977

One Hundred & Fifty-Six Dollars ($ 156.00)

In part Payment of Interment of Mattie May Harris

Lot 148 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12702

BALANCE DUE $1,147.30

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. Weisner

CREDIT	87007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	156.00
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	$	156.00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47023

Date: 1-19, 1996

From: Linda Williams Address: 3888 Orville St, Sp. Valley, Apt #5 CA 91977

Three Hund. & Sixty Dollars ($ 360.00)

In Part Payment of Pre-Need or Interment of Mattie May Harris

Lot 148 Grave 4 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12702

BALANCE DUE 1,303.30

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	360.00
Opening/ Closing	100 77181	360.00
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	360.00

D.I.P.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/18/96

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

in a Liner (Vault/Liner) Funeral, date, time Tues, Jan 23, 11:00 Am

Church, Chapel, Graveside Church, GS: Raysdale Mortuary.

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

will be applied and billed to undersigned. JS

War time veteran _____

Lot 35 Grave 8 Row _____ Section 1 Division/Block 11

Grave space & Care Fund E-3633	Ø
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	768.30
Paid receipt number 47024	768.30
Balance due	~~0~~

PAID
JAN 19 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

Lenita Spruce
Signature

2106 W. Imperial Hy
Address

Hawthorne 90250
City Zip Code

(213) 756-5594
Telephone

Work Order # E 12703

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12703

APPLICATION 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	-	Ferguson	12/29/1915	01/16/1996	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	Lula M. Clay, Niece 121 Beale St. Forrest City, AR 72335

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Arthur Williams	01/18/1996

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	01/22/1996	9601344 ▶ [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 St. San Diego, CA 92102	11B. DATE BURIED 1/23/96	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

47024

Date: 1-19 19 96

From: Lenta Springer Address: 2106 W. Imperial Hwy LA 90059

Seven Hund & Sixty-Eight & 30 Dollars ($ 768.30)

In Full Payment of Interment of

James Ferglison

Lot 35 Grave 8 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12703

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	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	13 30
TOTAL PAID	$	768 30

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-18-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James O. Hayden

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

Church, Chapel, Graveside _____ : Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 1550 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-need/E-4299 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 47022	400.00
Balance due	368.30

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

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12704

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

47022

Date: 1-18 , 1996

From Bagdale Mort. Address: 5050 Federal Blvd. SD 92102

Four Hundred Dollars ($ 400.00)

In part Payment of Pre-Need Trust for James O. Hayden

Lot 1550 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12704

BALANCE DUE $368.30

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

7699

AC-212 (Rev. 5-84)

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	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	400 00
Sales Tax	60101 78360	
TOTAL PAID	$	400 00

Right Center

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-19-96

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

in a Ash Vault (Vault/Liner) Funeral, date, time Tri 1-26 10:00

Church, Chapel, Graveside ~~Graveside~~ / Wit. Clairemont Dorothy Mortuary 279-2211

All Funeral cars must 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 2 Grave 1 1/2 Row Section Masonic Division/Block U

Grave space & Care Fund Pre-Need	0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.85
Total Due	268.85
Paid receipt number R 47026	268.85
Balance due	0

PAID
Jan. 22, 96
FEB 09 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Marilyn Geber

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 Marilyn Geber
Signature

X 257 Horner St.
Address

S.D. 92120
City Zip Code

286-7927
Telephone

Work Order # E 12705

Invoice #

Acct. #

PY-593 (Rev. 8-92)

Name of Cemetery/Funeral Home #52281 GREENWOOD MEMORIAL PARK & MORTUARY

E-12705

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody and make disposition of the cremated remains of the deceased, and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: PINNELL, REBECCA

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agree to indemnify and hold harmless the above named cemetery/funeral home, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named cemetery/funeral home shall be held harmless from any defects or faults of any container not supplied by the cemetery/funeral home.

Dated this _____ day of _____, 19 _____

Address _____ CLAIREMONT _____ _____
Street City State Zip

Signature: _____ _____
Authorized Representative SSN #/Photo ID Relationship to Deceased

Signature: _____ _____
Authorized Representative SSN #/Photo ID Relationship to Deceased

Witness: J. Weisner
Representative of Cemetery/Funeral Home

White - Cemetery Copy Yellow - Customer Copy

FORM CO4 REV 12/91

E-12705

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

89

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
REBECCA	-	PINNELL	06/13/1906	01/18/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	MARILYN GEBER: DAUGHTER 7257 HORNER STREET 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
CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE., SAN DIEGO, CA 92117	F-1126	▶ [signature]	01/24/1996

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	Victoria Mezh 01/24/1996	9601568 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1/26/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	12B. DATE CREMATED 1-25-96	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 FACI ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47026

Date: 1-22 1996

From: Marilyn Kober Address: 7257 Homer St. San Diego 92120

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

In full Payment of Interment of Rebecca Purnell

Lot 2 Grave 1 1/2 Row Section Masonic Division Block U

Invoice No.

Acct. No.

W.O. E-12705

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 1133

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	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78380	3	85
TOTAL PAID	$	268	85

D.I.P.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/22/9

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

In a Liner (Vault/Liner) Funeral, date, time Friday 26th 2:00 pm

Church, Chapel, Graveside Church, Graveside Pac. Ft. Beach Mortuary.

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

War time veteran _____

Lot 35 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Prepaid E-2645 0

Additional spaces and care fund

Opening/Closing & Setup

Burial Container

Handling Fees

Flower vases – Marker setting fee

Recording and filing fee 45.00

Sales taxes

PAID
FEB 09 1996
Jan 22, 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO CALIF

Total Due 45.00

Paid receipt number R-47029 45.00

Balance due 0

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

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

_____
Signature of recorded holder of deed

X Edwin C Krug
Signature
X 4872 Mt. Ainsfan Dr.
Address
X San Diego CA 92111
City Zip Code
X 277-7927
Telephone

Work Order # E 12706

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12706

APPLICATION 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
ADDELIA	CRAWFORD	KRUG	09/21/1899	01/21/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	EDWIN C. KRUG - SON 4872 MT. ALIFAN 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
PACIFIC BEACH MORTUARY 4710 CASS STREET, SAN DIEGO, CA 92109	815	▶ [signature]	01/22/1996

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	01/22/1996 ▶	[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

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 ▶ [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

47029

Date: 1-22, 1996

From: Edwin Krug Address: 4873 Mt. Alifan Dr. San Diego 92111

Forty five Dollars ($ 45.00)

In full Payment of Interment of Adelia Krug

Lot 35 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12706

BALANCE DUE 0

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

798

AC-212 (Rev. 5-94)

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

ISSUED BY D. Hackett

CREDIT 20% Sales Care	57007 77164		
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

12½x21x7

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/23/96

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

in a _____ Vault/Liner Funeral, date, time Thursday 25, 2:00 pm

Church, Chapel, Graveside Graveside/Witness Hamphrey Mortuary.

All Funeral cars must 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 2803 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 - 47028	270.00
Balance due	0

PAID
~~FEB 09 1996~~
Jan. 22, 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Robert Hamphrey 425-9411

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

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

_____
Signature of recorded holder of deed

X [signature]
Signature

X 3604 Beyer Blvd Bldg 15-202
Address

X San Ysidro Ca 92173
City Zip Code

X 619-690-9588
Telephone

Work Order # E 12707

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12707

APPLICATION 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
JENNIFER	LISBETH	DOMINGUEZ	01/18/1996	01/18/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Elvira Dominguez - Mother 3604 Beyer Blvd.,#15-202 San Ysidro CA 92173

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	Judith E King	01/23/1996

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	01/23/1996 J King	9601467

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1/30/96	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

47028

Date: 1/22, 19 86

From: Andrez A. Dominquez Address: 3604 Beyer Blvd # 15, San Ysidro 92173

Two Hundred Seventy Dollars ($ 270.00)

In Full Payment of Interment of Jennifer Lizbeth Dominquez

Lot D803 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-12707

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1076

AC-212 (Rev. 5-94)

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

ISSUED BY Karen Bak

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		
	100	✓	
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	90101 76390		
TOTAL PAID	$	270	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Delivery only

Date 1-22-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry Rutledge PA. 1191179

in a Vault/Liner Funeral, date, time Tues 1-23 11:00

Church, Chapel, Graveside Delivery Only; Mortuary Rydale Debbie

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

War time veteran _____

Lot 88 Grave 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	

PAID
MAR 13 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

694-3500 Debbie Admin

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 265020

Acct. # 000952

Work Order # E 12708

PY-593 (Rev. 8-92)

E-12708

APPLICATION 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
Henry	J. T.	Rutledge	03/13/1928	01/03/1996	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	Mildred McCray - Sister 1404 13th St. West Palm Beach, FL 33401

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Williams	01/08/1996

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/19/1996 ▶ [signature]	9601216

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 LOCAT (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 BURIA ▶ [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.

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

E-12708

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 3/5/96
BY: CA (CK) IF

PAYMENT REF NO 04-0219816

AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
01/29/96	02/28/96	DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-12708
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
HENRY RUTLEDGE SERVICES	
LOT 88 GR 2 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

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

INV NO. 265020

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need lot + Trust

Date 1-22-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe & Dolores Ruce

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 91 Grave 1 & 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	2 at 795	1590.00
Additional spaces and care fund	Paid in full 2-5-98	
Opening/Closing & Setup	2 at 375	750.00
Burial Container	2 at 190	380.00
Handling Fees	2 at 145	290.00
Flower vases – Marker setting fee		
Recording and filing fee	2 at 45	90.00
Sales taxes	2 at 13.30	26.60
Total Due		3126.60
Paid receipt number R 47027		782.00
Balance due		2344.60
		2344.60

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

Address

City Zip Code

Telephone

Signature of recorded holder of deed

also see E-12715 12709

Work Order # E

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

4

also E-12715

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot & Trust

Date 1-22-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe & Dolores Ruce

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 91 Grave 1 & 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	2 at	795	1590.00
Additional spaces and care fund			
Opening/Closing & Setup	2 at	375	750.00
Burial Container	2 at	190	380.00
Handling Fees	2 at	145	290.00
Flower vases – Marker setting fee			
Recording and filing fee	2 at	45	90.00
Sales taxes	2 at	13.30	26.60
Total Due			3126.60
Paid receipt number R 47027			782.00
Balance due			2344.60

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.

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 12709

Invoice # _____

Acct # _____

PY-593 (Rev. 8-92)

Also E-12709 1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-25-96

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

In a liner (Vault/Liner) Funeral, date, time Mon.

Church, Chapel, Graveside Church/Graveside Heath 477-4139 Mortuary.

All Funeral cars must 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 _____.

Lot 91 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund Pre-Need Lot E-12709 795.00 paid 782.00 Downpayment	13.00
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	781.30
Paid receipt number R-47036	781.30
Balance due	-0-

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

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

_____
Signature of recorded holder of deed

x [signature]
Signature

x 3669 Boveri St.
Address

x S.D. CA. ~~919~~ 92115
City Zip Code

x 619-582-5226
Telephone

Work Order # E 12715

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12715 & E-12709

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 22nd day of January, 1996, between Joe & Dolores Bruce, 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 91, Grave 1 2, Row —, Section 3, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $ 312.60, payable as follows: $ 782.00 cash herewith, the receipt of which is hereby acknowledged; $ 98.00 on the 10 day of March, 1996; and the balance in installments of $ 98.00 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, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY.

This Agreement described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which thereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not 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-12709 & E-12715

WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS ESTABLISHED FOR:

23 mo at 98.00
1 mo at 90.60

1-25-96 changed to
23 mo at 65.00
1 mo at 68.30

See Below
Name

Address

PURCHASER

X DOLORES PRICE
Print Name

X Dolores Price
Signature

X 3807 PEACH BLOSSOM St.
Street Address (Mail)

X National City, CA 91950
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: D. Shiller

SLW:st(62-I)
1-23-90

E-12709 & E-12715

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Effie Primas

Address 3193 Webster Ave. San Diego, CA 92113

You and each of you are here by notified that because of default in payments on that Agreement for the purchase of a before need Lot 52, Grave 5, Row ____, Section 3, ~~Block~~/Division 12 in Mt. Hope Cemetery, entered into on May 23, 1989, by and between Mt. Hope Cemetery and Effie Primas that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 29 day of August, 1996.

CITY OF SAN DIEGO
Mt. Hope Cemetery

Catina Turgeon

By: Catina Turgeon
Clerical Assistant II

2-14-86

OFFICIAL RECEIPT

48437

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-7, 1997

From: Joe & Dolores Price Address: 3807 Peach Blossom NC 91950

Sixty five and no/100 Dollars ($ 65.00)

In part Payment of pre-need lot and trust

Lot 91 Grave ~~XN#~~ 2 Row ____ Section 3 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-12709

BALANCE DUE 653.00

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

1044

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	65	00
Sales Tax	60101 78390		
TOTAL PAID	$	65	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49612

Date: 2-5 19 98

From: Shirley Price Address: 3807 Peach Blossom National City

Sixty eight and 30/100 Dollars ($ 68.30 , 91950

In full Payment of Prepaid lot and trust for Joe & Dolores Price

Lot 91 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 0

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

AC-212 (Rev. 5-94) 1223

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

ISSUED BY Calina Avallone

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	68	30
Sales Tax	80101 78300		
TOTAL PAID	$	68	30

OFFICIAL RECEIPT

49354

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY
527-3400

Date: 1-5 19 98

From: Shirley Price Address: 3807 Peach Blossom National City 9195

Sixty five & no/100 Dollars ($ 65.00)

In part Payment of pre need lot & trust

Lot 91 Grave 142 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 08.30

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

1204

AC-212 (Rev. 5-84)

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

ISSUED BY Catina 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	65	00
Sales Tax	60101 78360		
TOTAL PAID	$	65	00

OFFICIAL RECEIPT

49137

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11/5 , 19 97

From: Shirley Ann Price Address: 3807 Peach Blossom National City 91950

Sixty five and no/100 Dollars ($ 65.00)

In part Payment of pre need lot + trust for

Joe + Dolores Price

Lot 91 Grave 1+2 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 198.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 1170

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Wallace

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77186		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	69033 8022	65	00
Sales Tax	60101 78390		
TOTAL PAID	$	65	00

OFFICIAL RECEIPT

49267

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12/9, 1997

From: Dolores Price Address: 3807 Peach Blossom National City

Sixty five and no/100 —— Dollars ($ 65.00), 91950

In part Payment of pre need lot and trust

Lot 91 Grave 1 & 2 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 133.30

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

1191

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Avallone

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	65	00
Sales Tax	60101 76390		
TOTAL PAID	$	65	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40150

Date: 12-31 19 96

From: Dolores Price Address: 3807 Peach Blossom National City 91950

Sixty five and no/100 Dollars ($ 65.00)

In part Payment of Pre-need lots and trusts

Lot 91 Grave 142 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 848.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 0989

AO-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		
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	83033 9022	65	00
Sales Tax	80101 75390		
TOTAL PAID		$ 65	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47529

Date: 6/19 19 96

From: Joe Price Address: 3807 Peach Blossm St National City 91950

Sixty Five 00/00 Dollars ($ 65.00)

In Payment of Pre Need Lot & Trust

Lot 91 Grave 1/2 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 123830

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ 4576

AC-212 (Rev. 5-94)

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

ISSUED BY Karyn Burk

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	65	00
Sales Tax	60101 78300		
TOTAL PAID	$	65	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

010856 47217

Date: 3-25, 1996

From: Dolores Price Address: 3807 Perch Blossom St Nat City 91950

Sixty five Dollars ($ 65.00)

In part Payment of Pre-need Lot + Trust

Lot 91 Grave 2 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 1433.30

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

0822

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	65	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	$	65	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47159

Date: 3-7, 1996

From: Shirley Price Address: 3807 Peach Blossom

Sixty five Dollars ($ 65.00)

In part Payment of Pre-Need Lot + Trust

Lot 91 Grave 1 + 2 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E- 12709

BALANCE DUE 1498.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 080

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	65	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	$	65	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47027

Date: 1-22, 1996

From: Dolores Price Address: 3807 Peach Blossom National City 91950

Seven Hundred Eighty Two Dollars ($ 782.00)

In part Payment of Pre Need Lot - Trust
for 2 Dolores Price

Lot 91 Grave 1 & 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 2344.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☒
791

AC-212 (Rev. 6-94)

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

ISSUED BY S. Shickelton

CREDIT 20% Sales Care	87007 77184	146	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	~~782~~	~~00~~
Sales Tax	60101 78380		
TOTAL PAID	$	782	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47328

Date: 4/23, 19 96

From: Dellies Price Address: 3807 Peach Blossom National City, CA. 91950

Sixty Five and no/100 Dollars ($ 65.00)

In Cash Payment of pre-need Lot and trust

Lot 91 Grave 2 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 1308.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 0836

AC-212 (Rev. 5-94)

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

ISSUED BY Catina M. Duran

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	02	20
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	$	65	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3499

47417

Date: 5-21- 19 96

From: Dolores Price Address: 3807 Peach Blossom St. National City,

Sixty Five and no/100 Dollars ($ 65.00) CASH

In pait Payment of pre-need lot and trust

Lot 91 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 1303.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ #0851

AC-212 (Rev. 5-84)

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

ISSUED BY Catina Morgan

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	65	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	$	65	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47040

Date: 10-23 19 96

From: Shirley Ann Price Address: 3807 Peach Blossom National City 91950

Sixty five and no/00 Dollars ($ 65.00)

In part Payment of Pre-need lot and trust

Lot 91 Grave 142 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. L-12709

BALANCE DUE 978.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 0954

AC-212 (Rev. 5-94)

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

ISSUED BY Patina Jurgen

CREDIT 20% Sales Care	87007 77194		
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	83033 9022	65	00
Sales Tax	80101 78380		
TOTAL PAID	$	65	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47363

Date: 10-1 19 96

From: Joe & Dolores Price Address: 3807 Peach Blossom St. National City

Sixty five and no/100 Dollars ($ 65.00) 91950

In Part Payment of Pre-need lot & trust

Lot 91 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 1043.30

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☑
0926

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Durgeon

CREDIT			
20% Sales Care	87007 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	65	00
Sales Tax	80101 78580		
TOTAL PAID	$	65	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43018

Date: 11-14 19 96

From: Joe & Dolores Price Address: 3807 Peach Blossom St. National City

Sixty five and no/100 Dollars ($ 65.00) 91950

In part Payment of pre-need lot and trust.

Lot 91 Grave 142 Row ____ Section 3 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-12709

BALANCE DUE 913.30

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [X] Cash [ ] Check [X] 09666

AC-212 (Rev. 6-94)

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

ISSUED BY Catina Jurgens

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	65	00
Sales Tax	80101 78390		
TOTAL PAID	$	65	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

48355

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

MOUNT HOPE CEMETERY
527-3400

Date: 3-6 19 97

From: Dolores Price Address: 3807 Peach Blossom N.C. 91950

In Part Payment of Pre-need lot & Trust Dollars ($ 65.00)
Sixty five and no/100

Lot 91 Grave 2 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 718.50

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	69033 9022	65	00
Sales Tax	60101 76390		
TOTAL PAID	$	65	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1029

ISSUED BY Catina Vargas

AC-212 (Rev. 5-84)

OFFICIAL RECEIPT

48931

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-4 19 97

From: Shirley Ann Price Address: 3807 Peach Blossom National City 91950

Sixty five and no/100 Dollars ($ 65 00)

In part Payment of Preneed lot & trust for Joe & Dolores Price

Lot 91 Grave 172 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 328.00

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	65	00
Sales Tax	80101 78390		
TOTAL PAID	$	65	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☑ 1124

ISSUED BY (illegible)

AC-212 (Rev. 6-94)

OFFICIAL RECEIPT

43044

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-5 19 97

From: Dolores Price Address: 3807 Peach Blossom National City 91950

Sixty five and no/100 Dollars ($ 65.00)

In part Payment of pre-need lot and trust for.
Joe & Dolores Price

Lot 91 Grave 1+2 Row Section 3 Division/Block 12

Invoice No.

Acct. No.

W.O. E-13709

BALANCE DUE 393.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [X] Cash [ ] Check [X]

AC-212 (Rev. 6-94) 1107

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

ISSUED BY C. Zurgon-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	65	00
Sales Tax	60101 76390		
TOTAL PAID		$ 65	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47655

Date: 8-2, 1996

From: Shirley Price Address: 3807 Peach Blossom National City 91950

Sixty Five Dollars ($ 65.00)

In part Payment of Pre-Need Lot & Trust

Joe & Dolores Price

Lot 91 Grave 2 Row ____ Section 3 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-12709

BALANCE DUE 1173.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 0892

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

ISSUED BY S. Shackelton

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	65	00
Sales Tax	60101 78390		
TOTAL PAID	$	65	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

4 235

Date: 1-29 19 97

From: Shirley Ann Price Address: 3807 Peach Blossom National City 9195

Sixty five and no/100 Dollars ($ 65.00)

In part Payment of pre-need lot and trust for

Jot & Barbara Price

Lot 91 Grave 142 Row Section 3 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE 783.50

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

1005

AC-212 (Rev. 5-84)

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

ISSUED BY Melina Duggan

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	105	00
Sales Tax	80101 76300		
TOTAL PAID	$	105	00

OFFICIAL RECEIPT

49052

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10/7 19 97

From: Shirley Price Address: 3807 Peach Blossom Nc. 91950

Sixty five and 00/100 Dollars ($ 65.00)

In part Payment of preneed lot and trust

Lot 91 Grave 1+2 Row Section 3 Division 12 Block

Invoice No.

Acct. No. E-12709

W.O.

BALANCE DUE 263.00

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

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	65	00
Sales Tax	60101 78380		
TOTAL PAID	$	65	00

Pre-Need Lot ☒ At Need ☐ On Acct. ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1146

ISSUED BY C. Durgin-Vallone

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48680

Date: 6-10, 19 97

From: Shirley Ann Price Address: 3807 Beach Blossom National City 91950

Sixty five and no/100 Dollars ($ 65.00)

In part Payment of pre-need lot and trust for Joe and Bettes Price

Lot 91 Grave 1+2 Row ____ Section 3 Division 12 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12709

BALANCE DUE 523.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1077

AC-212 (Rev. 5-90)

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

ISSUED BY Crima 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	65	00
Sales Tax	60101 78380		
TOTAL PAID	$	65	00

OFFICIAL RECEIPT

43521

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3460

Date: 5-5, 1997

From: JOE PRICE Address: 3807 PEACH BLOSSOM NAT CITY

Sixty-Five Dollars ($ 65.00)

In PART Payment of PRE-NEED LOT + TRUST

Lot 91 Grave 1 + 2 Row Section 3 Division/Block 12

Invoice No.

Acct. No.

W.O. E-12709

BALANCE DUE $ 583.00

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

1061

AC-212 (Rev. 5-84)

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

ISSUED BY H. Leyman

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	65	00
Sales Tax	60101 78380		
TOTAL PAID	$	65	00

OFFICIAL RECEIPT 48721

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-24 19 97

From: Joe and Dolores Price Address: 3807 Peach Blossom St. National City

Sixty five and no/100 Dollars ($ 65.00) 91950

In Part Payment of pre-need lot and trust

Lot 91 Grave 142 Row ____ Section 3 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-12709

BALANCE DUE 458.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1093

AC-212 (Rev. 5-94)

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

ISSUED BY Catina M.T. Avallone

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 8022	65	00
Sales Tax	60101 78380		
TOTAL PAID	$	65	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12709

Pre-need Lot & Trust

Dolores Price
3807 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 65.00

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

$ _____

Amount Received $ _____

NAME Dolores Price

ADDRESS 3807 Peach Blossom St.

CITY National City STATE CA. ZIP 91950

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

E-12709

ACCOUNT No. Pre-Need Lot & Trust

Dolores Price
3807 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Dolores Price
3807 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. ▶ $ 65.00

Amount due if paid more than _____ days after due 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

E-12/09

ACCOUNT No. Pre-Need Lot & Trust

Dolores Price

3807 Peach Blossom St.

National City, CA 91950

(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Dolores Price
3807 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Dolores Price

3807 Peach Blossom St.

National City, CA 91950

(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Dolores Price
3807 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Dolores Price
3807 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 65.00

Amount due if paid more than _____ days after due 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

5-12/09

ACCOUNT No. Pre-Need Lot & Trust

Dolores Price
3807 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 65.00

Amount due if paid more than _____ days after due 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. Prepaid Lot & Trust

Dolores Price
3807 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. $ 65.00

Amount due if paid more than_____days after due 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-12/09 Pre-Need Lot & Trust
Dolores Price
3807 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Dolores Price
3807 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 65.00

Amount due if paid more than _____ days after due 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-Settlement & Trust

Dolores Price
3807 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 65.00

Amount due if paid more than _____ days after due 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. [redacted] Diamond Lot & Trust

Dajeron Price
3807 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Dolores Price

3807 Peach Blossom St.

National City, CA 91950

(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. ▶ $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Delores Price

3807 Peach Blossom St.

National City, CA 91950

(Lot 91 Gr 1 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 65.00

Amount due if paid more than _____ days after due 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. Prepaid Lot & Trust

Dolores Price
3867 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. ▶ $ 65.00

Amount due if paid more than _____ days after due 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 Lot & Trust
Barbara Price
3807 Punch Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 65.00

Amount due if paid more than _____ days after due 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 Lot & Trust

Dolores Price
3807 Peach Blossom St.
National City, CA 91950
(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 65.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____

☐ check (✓) if this is new addres

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Dolores Price

3807 Peach Blossom St.

National City, CA 91950

(Lot 91 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. ▶ $ 63.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

[illegible]
[illegible]
[illegible]
[illegible]

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. $ [illegible]

Amount due if paid more than _____ days after due 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.

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. ▶ $ 68.30

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

E-12709.

preneed lot & trust
91-1&2-3-12

				CREDIT	BALANCE
11-14	96	R-48618	CPN #10	65.00	913.30
12-31	96	R-48150	CPN #11	65.00	848.30
1-29	97	R-48235	CPN #12	65.00	783.30
3-6	97	R-48355	CPN 13	65.00	718.30
4-7	97	R-48437	CPN 14	65.00	653.30
5-5	97	R 48524	CPN 15	65.00	588.30
6-10	97	R-48680	CPN 16	65.00	523.30
6-21	97	R-48721	CPN 17	65.00	458.30
8-5	97	R-48844	CPN 18	65.00	393.30
9-4	97	R-48931	CPN 19	65.00	328.30
10/7	97	R-49052	CPN 20	65.00	263.30
11/5	97	R-49137	CPN 21	65.00	198.30
12/9	97	R-49267	CPN 22	65.00	133.30
1-5	98	49354	23	65.00	68.30
2-5	98	49612	24	68.30	0

Paid in full

deed # 12213
mailed 2/23/98

NAME PRICE, JOE & DOLORES ACCT. NO. E-12709

ADDRESS 3807 Peach Blossom St. National City, 91950 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
01-22-96	Pre-need Lot and Trust opened:				
	Lot 91, Gr 1 & 2 Sec 3 Div 12 2 @ 795.	1590.00			
	Trust includes: 2 Opening/Closings,				
	2 liners, 2 Handling Fees, 2 Recording fees,				
	2 taxes on liners.	1536.60			3126.60
01-22-96	Receipt #47027			782.00	2344.60
01-25-96	Joe passed away. Lot 91, gr 1 fully paid for				
	on E-12715 Receipt #47036.			781.30	1563.30
3-7 96	coupon # 1 R-47159 20% 159			65 00	1498 30
3-25 96	" 2 R-47317 80% 63 6			65 00	1433 30
4-23 96	" #3 R-47328			65.00	1368.30
5-21 96	" #4 R-47417 Rem to Trust			65.00	1303.30
6-19 96	" #5 R-47529			65 00	1238 30
8 96	" 6 R-47655			65 00	1173 30
8-27 96	" 7 R-47744			65.00	1108.30
10-1 96	" 8 R-47863			65 00	1043.30
10-23 96	" 9 R-47940			65 00	978.30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-96

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

In a T.S. Vault (Vault/Liner) Funeral, date, time Thur 1-25 11:00

Church, Chapel, Graveside Church/Graveside 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. OE.

War time veteran _____

Lot 135 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund (159 136)	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 R47030	500.00
Balance due	1167.50

Paid in full 2-5-96

3B Day Note

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

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

Signature of recorded holder of deed

+Ollie Ruth Edwards
Signature

2015 Irving Ave
Address

San Diego CA 92113
City Zip Code

619 239 6264
Telephone

Work Order # E 12710

Invoice # 265019

Acct. # 087936

PY-593 (Rev. 8-92)

12710

265019 01/29/96 087936	OLLIE RUTH EDWARDS			02/05/96 CK	087936	1,167.50	1,167.50	BALANCE	
E-12710	100	072	77181	000072		375.00		0.00	
	100	072	77182	000072		250.00		PAID IN FULL	
	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			

MT. HOPE CEMETERY

W.O. # E - 12710

NOTE

$ 1167.50 San Diego, California 1-22 19 96

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand one hundred sixty seven 50/100 DOLLARS with interest from Feb 25, 1996 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 Ollie Ruth Edwards SIGNATURE Ollie Ruth Edwards

ADDRESS 2015 Irving ave San Diego Ca 92113

CALIFORNIA DRIVER LICENSE NUMBER y0107004 SSN # 437-30-4237A

PY-1012 (11-89)

E 12710

APPLICATION 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
SAM	-	EDWARDS, JR	07/11/1916	01/20/1996	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	OLLIE R. EDWARDS-WIFE 2015 IRVING 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	01/24/1996

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	01/24/1996 M. MITCHELL	9601486 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92102	11B. DATE BURIED	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

47030

Date: 1-22, 1996

From: Ollie Edwards Address: 2015 Irving Ave San Diego 92113

Five Hundred Dollars ($ 500.00)

In part Payment of Interment of Sam Edwards Jr.

Lot 135 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E - 12710

BALANCE DUE 1167.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7153

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shackelton

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	500	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-24-96

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Fri. 1/26 - 11:00

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. D.H.S.

War time veteran yes.

Lot 76 Grave 8 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	325.00
Burial Container	250.00
Handling Fees	185.00
~~Flower vases~~ – Marker setting fee	125.00
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	$1892.50
Paid receipt number 47035	1,892.50
Balance due	0

PAID
JAN 25 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mortuary to Burn check for full amount by day of service

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

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

_____
Signature of recorded holder of deed

Dorothy Shepard
Signature

4585 Villas Drive
Address

Bonita, Ca. 91902
City Zip Code

(619) 267-7952
Telephone

Work Order # E 12711

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12 711

APPLICATION 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	EDWARD	SHEPARD	07/31/1922	01/19/1996	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 SHEPARD - WIFE 4585 VILLAS DRIVE BONITA, CA 91902

7A. TYPED NAME AND ADDRESS OF 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	01/24/1996

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	01/24/1996	9601537 Y. Davis ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1/26/96	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 FACIL ▶	
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

47035

Date: 1-25, 1996

From: Ragsdale Mort. Address: 5050 Federal Blvd. SD 92102

Two Thousand, One Hund. Sixteen & 50 Dollars ($ 2,116.50)

In full & Past Payment of Interment of John E. Shepard &
& Marker Install. Fee Down Pmt. 25% for Pre-Need Lot for Dorothy Shepard

Lot 76 Grave 7 & 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12711 & 12712

BALANCE DUE -0-

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

7136

AC-212 (Rev. 5-94)

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

ISSUED BY J. Weisner

CREDIT	67007	179	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	940	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	170	00
Pre-Need Trust	63033 9022	[illegible]	
Sales Tax	60101 78380	17	50
TOTAL PAID		$ 2,116	50

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3490

4 230

Date: 1-27 19 97

From: Dorothy Shephard Address: 13131 Mourpark St. #301 Sherman Oaks 91423

Twenty four and no/100 Dollars ($ 24.00)

In full Payment of garranized flower vase for John E. Shephard

Lot 76 Grave 8 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-1274

BALANCE DUE 0

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

AC-212 (Rev. 5-96)

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

ISSUED BY Catina Durgin

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77162	10	22 00
Handling Fee	100 77165	13	00
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78360		78
TOTAL PAID	$	24	00

Pre-Need
Lot for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-24-96

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

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 76 Grave 7 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup 7-6-99 IN	
Burial Container	
Handling Fees PAID	
Flower vases – Marker setting fee FULL	
Recording and filing fee FOR LOT	
Sales taxes ONLY	
Total Due	895.00
Paid receipt number 37035	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

Dorothy M. Shepard
Signature
4585 Villas Drive
Address
Bonita, Ca. 91902
City Zip Code
(619) 267-7952
Telephone

Work Order # E 12712

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

47035

Date: 1-25, 1996

From: Ragsdale Mort. Address: 5050 Federal Blvd. SD 92102

Two Thousand, One Hund. Sixteen & 50 Dollars ($ 2,116.50)

In full & Part Payment of Interment of John E. Shepard & Down Pmt. 25% for Pre-Need Lot for Dorothy Shepard

+ Marker Install. Fee

Lot 76 Grave 7 & 8 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-12711 & 12712

BALANCE DUE 0

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

AC-212 (Rev. 5-94) 7736

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

ISSUED BY J. Weisner

CREDIT 20% Sales Care	87007 77184	177.00
80% Sales of Lots	100 77184	940.00
Opening/ Closing	100 77181	375.00
Burial Containers	100 77182	250.00
Handling Fee	100 77185	185.00
Recording & Misc. Fees	100 77183	170.00
Pre-Need Trust	83033 9022	
Sales Tax	60101 78390	17.50
TOTAL PAID		$ 2,116.50

E-12712

lot 76-7-2-11

			CREDIT	BALANCE
7-29 98	Cpn 18	R-50237	28.00	1915.00
11-[illegible] 98	Cpn 19 & 20	R 50587	56.00	139.00
1-[illegible] 99		R-50719	28.00	111.00
2-8 99		R 50818	28.00	83.00
3-16-99		R-50952	28.00	55.00
5-3 99	Cpn 23		28.00	27.00
7-6 99		R51311	27.00	0

Paid in full
7/6/99

deed # 12338 OAK

NAME Shepard, Dorothy H. 13131 MOORPARK ST. APT. 301 SHERMAN OAKS CA 91423 ACCT. NO. E-12712

ADDRESS ~~4585 Villas Dr. Bonita, CA 91902~~ RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted]/96	Opened Pre-Need Lot:	895.00			
	Lot 76, Grave 7, Section 2, Division 11				
1/25/96	RECEIVED 25% DOWN PAYMENT OF R-47035			224.00	671.00
1/24/96	CPN.#1 · R-47033			28.00	643.00
2/2/96	" 2 R 47095 20% 179			2800	61500
4-2-96	~~" 3~~ R 47244 80% 716			28.00	58700
5-14 96	R-47399.			28.00	559.00
6-12 96	" 5 R-47508			2800	53100
7-2-96	" 6 R-47550			28.00	503.00
9-12 96	" 7 R-47818			28.00	475.00
10-10 96	" 8 R-47903			28.00	44700
11-25 96	" 9 R-48048			28.00	419.00
[redacted] 96	" 10+11 R-48117			50.00	363.00
1-13 97	NO Cpn R-48207			28.00	335.00
3-7 97	" 14 R-48361			28.00	307.00
5-9 97	" 15+16 R-48556			56.00	251.00
10/20 97	cpn # 17 R-49087			28.00	223.00

ER FORM NO. 25-204 Shepard, Dorothy H. PRE-NEED LOT PRINTED IN U

E-12712

To: Mt Hope Cemetery Office
From: Dorothy Shepard
RE: Payments on plot

I have just begun working in the Los Angeles Unified School District since I moved from San Diego. I will send November 10, and December 10 payments in together on the first of December. Thanks for your consideration. The payments will be brought up to date then.

Respectfully,
Dorothy Shepard

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12712

Dorothy H. Shepard
4585 Villas Drive
Bonita, CA 91902
76-7-2-11

Pleasant Hot

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. ▶ $ 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

ACCOUNT No. E-12712 Pk. Mad Lot

Dorothy H. Shepard
4585 Villas Drive
Bonita, CA 91902
76-7-2-11

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
	6										

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** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid Lot B-12/12

Dorothy Shepard
4585 Villas Drive
Bonita, CA 91902
(76-7-2-11)

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 ▶ $ 28.00

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

$ 28.00

Amount Received $ _____

NAME Dorothy Shepard

ADDRESS 4585 Villas Drive

CITY Bonita STATE Ca. ZIP 91902

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-12712

Dorothy Shepard
4585 Villas Drive.
Bonita, CA 91902
(76-7-2-11)

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. ▶ $ 28.00

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

$ _____

Amount Received $ 28.00

NAME Dorothy Shepard

ADDRESS 4585 Villas Drive

CITY Bonita, STATE Ca. ZIP 91902

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-12712

Dorothy Shepard
13131 Moorpark St. Apt. 301
Sherman Oaks, CA 91423
(76-7-2-11)

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 ▶ $ 28.00

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

$ _____

Amount Received $ _____

NAME Dorothy Shepard

ADDRESS 13131 Moorpark Street

CITY Sherman Oaks Calif. ZIP 91423

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-12712

Dorothy Shepard
13131 Moorpark St. Apt. 301
Sherman Oaks, CA 91423
(76--7--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. ▶ $ 28.00

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

$ _____

Amount Received $ 28.00

NAME Dorothy Shepard

ADDRESS 13131 Moorpark St. apt. 301

CITY Sherman Oaks STATE Ca. ZIP 91423

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-12712

Dorothy Shepard
13131 Moorpark St. Apt. 301
Sherman Oaks, CA 91423
(76-7-2-11)

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. ▶ $ 28.00

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

$ _____

Amount Received $ 28.00

NAME Dorothy Shepard

ADDRESS 13131 Moorpark St. apt. 301

CITY Sherman Oaks STATE Ca. ZIP 91423

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-12712

Dorothy Shepard
13131 Moorpark St. Apt. 301
Sherman Oaks, CA 91423
(76-7-2-11)

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. ▶ $ 28.00

Amount due if paid more than _____ days after due date above. ▶ $ 28.00

$ 28.00

Amount Received $ 28.00

NAME Dorothy Shepard

ADDRESS 13131 Moorpark St. apt. 301

CITY Sherman Oaks STATE Ca. ZIP 91423

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Dayed Lot E-12712

Dorothy Shepard
13131 Moorpark St. Apt. 301
Sherman Oaks, CA 91423
(76-7-2-11)

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 ▶ $ 28.00.

Amount due if paid more than ____ days after due date above. ▶ $ 28.00

$ 28.00

Amount Received $ 28.00

NAME Dorothy Shepard

ADDRESS 13131 Moorpark St. apt. 301

CITY Sherman Oaks STATE Ca. ZIP 91423

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-12712

Dorothy Shepard
13131 Moorpark St. Apt. 301
Sherman Oaks, CA 91423
(76-7-2-11)

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. $ 28.00

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

$ 28.00

Amount Received $ _____

NAME Dorothy Shepard

ADDRESS 13131 Moorpark Street #301

CITY Sherman Oaks STATE Ca. ZIP 91423

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-12712

Dorothy Shepard
13131 Moorpark St. Apt. 301
Sherman Oaks, CA 91423
(76-7-2-11)

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 ▶ $ 28.00

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

$ _____

Amount Received $ 28.00

NAME Dorothy Shepard

ADDRESS 13131 E. Moorpark St. apt 301

CITY Sherman Oaks STATE Ca. ZIP 91423

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need lot E-12712

Dorothy Shepard
13131 Hoorpark St. Apt. 301
Sherman Oaks, CA 91423
(76-7-2-11)

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. ▶ $ 28.00

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

$ _____

Amount Received $ 28.00

NAME Dorothy Shepard

ADDRESS 13131 Hoorpark St. apt. 301

CITY Sherman Oaks, Ca. ZIP 91423

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot

Dorothy Shepherd

13131 Moorpark St. Apt. 301

Sherman Oaks, CA 91423

(76-7-2-11) Sent 10-17-97

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. ▶ $ _____

$ 28.00

Amount Received $ _____

NAME Dorothy Shepard

ADDRESS 13131 Moorpark St. apt 301

CITY Sherman Oaks STATE Ca. ZIP 91423

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-typed Lot E-12712

Dorothy Shepherd
13131 Moorpark St. Apt. 301
Sherman Oaks, CA 91423
(76-7-2-1E)

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. ▶ $ _____

$ 28.00

Amount Received $ _____

NAME Dorothy Shepherd

ADDRESS 13131 Moorpark St. apt 301

CITY Sherman Oaks STATE Ca. ZIP 91423

☐ check (✓) if this is new address

Please bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Owned Lot

Dorothy Shephard

13131 Moorpark St. Apt. 301

Sherman Oaks, CA 91423

(76-7-2-11)

Month and Day Due Indicated Below

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

$ 28.00

Amount Received $ _____

NAME Dorothy Shepard

ADDRESS 13131 Moorpark st apt. 301

CITY Sherman Oaks STATE Ca. ZIP 91423

☐ 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

51097

Date: 5-3, 19 99

From: Dorothy Shephard Address: 13131 Moorpark St #301 Sherman Oak

twenty eight Dollars ($ 28.00) 91423

In part Payment of pre need lot

Lot 76 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E12712

BALANCE DUE 27.00

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 Catrina M. T Avallone

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

AC-212 (Rev. 5-94)

613

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

47033

MOUNT HOPE CEMETERY

527-3400

Date: 1-24, 1996

From: Chicuita Shepard Address: 13131 Moorpark St, Apt 407, Sherman Oaks 91423

Twenty-Eight & No/100 Dollars ($ 28.00)

In _____ Payment of: Pre-Need Lot for Dorothy Shepard

Lot 76 Grave 7 Row _____ Section 2 Division ~~Block~~ 11

Invoice No. _____

Acct. No. _____

W.O. E-12712

BALANCE DUE $643.00

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

1901

AC-212 (Rev. 5-94)

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

ISSUED BY J Wait

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	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

47095

Date: 2/12 19 96

From: Dorothy Shepard Address: 4585 Villas Dr. Bonita CA 91902

Twenty-Eight Dollars ($ 28.00)

In Part Payment of Pre-Need Lot

Lot 76 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12712

BALANCE DUE $ 615.00

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		
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

47244

Date: 4-2, 1996

From: Dorothy Shepard Address: 4585 Villas Dr. Bonita 91902

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 76 Grave 7 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E - 12712

BALANCE DUE 587.00

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 S. Shichelton

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

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47389

Date: 5-14 ,19 96

From: Dorothy Shephard Address: 4585 Villas Dr. Bonita, Ca. 91902

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 76 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12712

BALANCE DUE 559.00

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 Catina M. 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	63033 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

47508

Date: 6-12, 1996

From: Dorothy Shepard Address: 4585 Villas Dr. Bonita 91902

twenty eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 76 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12712

BALANCE DUE 531.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
16-7728

AC-212 (Rev. 8-94)

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

14221

ISSUED BY S. Shechellon

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

47550

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY
527-3400

Date: 7-2 19 96

From: Dorthy Shepard Address: 4585 Ville Dr Spring 91903

Twenty eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 76 Grave 7 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. F - 12712

BALANCE DUE 503.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 598377

AC-212 (Rev. 5-94)

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	65033 9022		
Sales Tax	80101 78380		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47?18

Date: 9-12 19 96

From: Dorothy Shepard Address: 13131 Moorpark St. Apt. 301 Sherman Oaks, Ca. 91423

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 76 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12712

BALANCE DUE 475.00

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

AC-212 (Rev. 6-94)

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

ISSUED BY Catina Jungen

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 78990		
TOTAL PAID		$ 28	00

OFFICIAL RECEIPT

47303

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY
527-3400

Date: 10 - 10 1996

From: Dorothy Shepard Address: 13131 Moorpark St. Apt 301 Sherman Oaks
Twenty Eight Dollars ($ 28.00 91423

In part Payment of Pre-Need Lot

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12712

BALANCE DUE 447.00

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 S. Shackelton

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

AC-212 (Rev. 5-84)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40048

Date: 11-25 19 96

From: Dorothy Shephard Address: 13131 Moorpark St. Apt. 301 Shirman Oaks

Twenty Eight and no/100 Dollars ($ 28.00) 91423

In part Payment of Pre-need lot

Lot 76 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12712

BALANCE DUE 449.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [ ] Cash [ ] Check [X]

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		
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 78300		
TOTAL PAID	$	28.	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40117

Date: 12-17 19 96

From: Dorothy Shephard Address: 13131 Moorpark St. Apt. 301 Shiman Oaks
Fifty Six and no/100 Dollars ($ 56.00) 91423

In part Payment of

Lot 76 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12712

BALANCE DUE 303.00

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

AC-212 (Rev. 8-94)

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

ISSUED BY Catina Jurgeon

CREDIT	67007		
30% Sales Care	77184		
60% Sales of Lots	100 77184	56	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	60033 9022		
Sales Tax	60101 76300		
TOTAL PAID	$	56	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
627-3469

40207

Date: 1-13 19 97

From: Dorothy Shephard Address: 13131 Moorpark St. Apt 301 Sherman Oaks

Twenty eight and no/100 Dollars ($ 28.00) 91423

In part Payment of pre-need lot

Lot 70 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12712

BALANCE DUE 335.00

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

AC-212 (Rev. 5-96)

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

ISSUED BY Catina Jungern

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	80101 78300		
TOTAL PAID		$ 28	00

OFFICIAL RECEIPT

40361

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3460

Date: 3-7 19 97

From: Dorothy Shephard Address: 13131 Moorpark St. Apt. 301 Sherman Oak 91423

Twenty eight Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 76 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12712

BALANCE DUE 307.00

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 Laura Jurgeon

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

48556

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-9 19 97

From: Dorothy Shephard Address: 13131 Moorpark St. Apt. 301 Sherman Oaks, 91423

Fifty Six and no/10 Dollars ($ 56.00)

In part Payment of pre-need lot

Lot 76 Grave 7 Row _____ Section 2 Division 11 Block

Invoice No. _____

Acct. No. _____

W.O. E-12712

BALANCE DUE 251.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [ ] Cash [ ] Check [X]

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Ingram

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	56	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		$ 56	00

OFFICIAL RECEIPT

49087

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10/20 19 97

From: Dorothy Shephard Address: 13131 Morpark St. #301 Sherman Oaks

Twenty Eight and no/100 Dollars ($ 28.00) 91423

In part Payment of Preneed lot

Lot 70 Grave 7 Row Section 2 Division -Block 11

Invoice No.

Acct. No.

W.O. E-12712

BALANCE DUE 223.00

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

AC-212 (Rev. 5-94) Moneyorder

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

ISSUED BY C. Jurgeon-Avallone

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 0022		
Sales Tax	60101 76300		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

50237

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY
527-3400

Date: 7 29 19 98

From: Dorothy Shephard Address: 13131 Moorpark St. #301 Sherman Oaks 91423

twenty eight and no/100 —— Dollars ($ 28.00)

In part Payment of preneed lot

Lot 716 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12712

BALANCE DUE 1950

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

CREDIT	87007		
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	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID		$ 28	00

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

ISSUED BY Catina Avallone

AC-212 (Rev. 5-94) 0157

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/25/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sophie McCullough Ecker ⊗

in a Ash Vault (Vault/Liner) Funeral, date, time Wed. 1/31 AYD

Church, Chapel, Graveside Del. 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 8 Grave 39 Row _____ Section Mas. Division/Block D

Grave space & Care Fund Pre-Need - A-6052 — 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 47045 268.85

Balance due — 0

PAID
JAN 31 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO CALIF

Jerome Ecker 575-0543

I hereby certify I am the ~~Jerome~~ 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

Jerome E Ecker
Signature

Bernardo Shores
Address

500 Highway 75 - 91932
City Zip Code

575-0543
Telephone

✓ 12713

Work Order # E

Invoice # _____

Acct. # _____

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 MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SOPHIE	M.	ECKER	09/18/1912	01/24/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CORONADO	SAN DIEGO	JEROME ECKER: HUSBAND BERNARDO SHORES R.V.PK.SP.#40 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
GREENWOOD MORTUARY:I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	F-843	▶	01/29/1996

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	01/30/1996	Victoria Meza 9601817 ▶

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)
- [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 1/31/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY:I-805 & IMPERIAL AVENUE., SAN DIEGO, CA 92102	12B. DATE CREMATED 1-30-96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47045

Date: 1/31, 1996

From: Jerome & Ekey Address:

Two Hundred Sixty Eight & 85 Dollars ($ 268.85)

In full Payment of Interment of

Sophie McCullough Ecker

Lot 8 Grave 39 Row Section Mau. Division Block D

Invoice No.

Acct. No.

W.O. E-12713

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 78380	3 85
TOTAL PAID	$	268 85

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-25-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris H. Smith

in a liner (Vault/Liner) Funeral, date, time Fri 1-26 2:30

Church, Chapel, Graveside Chapel/Graveside: Rayedale Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 132 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	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-47040	1563.30
Balance due	-0-

PAID
JAN 29 1996
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 12714

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12714

TAKE TO MT. HOPE CEMETERY:

I need the cemetery to select a grave (Minimum) for Doris H. Smith Services on Friday at 2:00pm from our Chapel. The Mortuary will make payment.

123
[redacted] - 3 - 3 - 17

E-12714

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 01-23-96

1A. NAME OF 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	H.	SMITH	01/30/1923	01/23/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	REGINA F. HENDERSON - STEPDAUGHTER 1728 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
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	F-1329	▶ Gene Davis	01/25/1996

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	01/25/1996 G. Davis	9601636 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1/26/96	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

47040

Date: 1-29, 1996

From: Ruggdale Address: 5050 Federal Blvd San Diego 92102

One Thousand Five Hundred Sixty Three & 30/100 Dollars ($1563.30)

In full Payment of Interment of Dora H. Smith

Lot 122 Grave 3 Row Section 3 Division-Block 12

Invoice No.

Acct. No.

W.O. E-12714

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7741

AC-212 (Rev. 5-94)

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

ISSUED BY S. Mueller

CREDIT	67007	159	00
20% Sales Cars	77184		
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 78390	13	30
TOTAL PAID	$	1563	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-25-96

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

in a liner (Vault/Liner) Funeral, date, time Mon. 1/29-12:00

Church, Chapel, Graveside ~~Church~~ Chapel / Graveside Heath 477-4139 Mortuary.

All Funeral cars must 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 Lois L. Shaffer

War time veteran _____.

Lot 91 Grave 1 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need Lot E-12709 795.00 paid 782.00 downpayment	13.00
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	781.30
Paid receipt number R-47036	781.30
Balance due	-0-

PAID
JAN 25 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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 Lois L. Shaffer
Signature

x 3669 Boren St.
Address

x S.D. CA. ~~919~~ 92115
City Zip Code

x 619-582-5226
Telephone

Work Order # E 12715

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12715

APPLICATION 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
JOE	WILLARD	PRICE	04/14/1927	01/24/1996	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	Lois L. Shaffer - Daughter 3669 Boren Street San Diego CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Heath Funeral Home, 611 Highland Ave., National City CA 91950	FD 807	Edward Heath	01/26/1996

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	01/26/1996	[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
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 1/29/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU [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

47036

Date: 1-25, 1996

From: Dolores Price Address: 3807 Peach Blossom National City 91950

Seven Hundred Eighty for & 30/100 Dollars ($ 781.30)

In full Payment of Interment of Joe Price

Lot 91 Grave 1 Row Section 3 Division 13 Block

Invoice No.

Acct. No.

W.O. E- 12715

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 793

AC-212 (Rev. 5-94)

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

ISSUED BY S. Stubblefield

CREDIT 20% Sales Care	67007 77184	13	00
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	95	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360	13	30
TOTAL PAID		$ 781	30

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47041

Date: 1/29, 1996

From: L. Shaffer Address: 3669 Boren St. SD92115

Thirty one 40/00 Dollars ($ 31.40)

In Payment of Temp. Marker for Joe Price

Lot 91 Grave Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12715

BALANCE DUE

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

1112

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	20	00
Handling Fee	100 77185	10	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	1	40
TOTAL PAID	$	31	40

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/25/96

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

in a Ash Vault (Vault/Liner) Funeral, date, time Tues 2-6 1:00

Church, Chapel, Graveside del. Only ; Neptune Society Mortuary. Vince

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

will be applied and billed to undersigned. _____

War time veteran _____

Lot 51 Grave 6 Row _____ Section MAS. Division/Block A

Grave space & Care Fund Pre-Need/D-5504	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 47062	268.85
Balance due	0

PAID
FEB 06 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Geo. Sandt 297-2918 Jenny Knapp Vince Neptune Society will bring check

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12716

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 MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
AGNES	A	McGUFFIE	08/26/1910	01/24/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	JEANETTE KNAPP-DAUGHTER PO BOX 422 ALPINE, CA 91903

7A. TYPED NAME AND ADDRESS OF 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	▶	01/31/1996

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	01/31/1996 JANET MURPHY	9601985 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [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 3571 MARKET STR SAN DIEGO, CA 92102	11B. DATE BURIED 2/6/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LEMEDA INC 14065 HWY 8 BUS EL CAJON,CA 92021	12B. DATE CREMATED 2/1/96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47062

Date: 2 6, 1996

From: Neptune Society Address: P.O. Box 2308 El Cajon, Ca 92021

In Full Payment of Dollars ($ 268.85)

Interment of
Agnes Mc Guffie

Lot 51 Grave 6 Row Section Mar. Division Block A

Invoice No.

Acct. No.

W.O. E-12716

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
	100		
Handling Fee	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 1/26/96

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

In a Ash Vault Funeral, date, time Tues. 2-5 2:00

Church, Chapel, Graveside Delivery Only ; Mayer John Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

Lot 52 Grave _____ Row _____ Section IOOF Division/Block 20

Grave space & Care Fund 7-1945 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 268.25

Paid receipt number 47063 268.85

Balance due 0

PAID
FEB 06 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary will bring check

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

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

John Mayer for P.A.
Signature

Address

Signature of recorded holder of deed

City [redacted] Zip Code

281-7055
Telephone

12717

Work Order # E

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12717

APPLICATION 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	A.	Walter	09/26/1908	12/31/1995	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	Public Administrator-J. Edwards 5201-A Ruffin Rd. San Diego, CA 92186-5222

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶	01/31/1996

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	01/31/1996 James Hale	9601927 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/5/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY P.C.I. 571 Crane St., Lake Elsinore, CA	12B. DATE CREMATED 2.1.96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

47063

MOUNT HOPE CEMETERY

527-3400

Date: 2-6 1996

From: Mayer Mort Address: 2859 Adams SD 92116

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

In Full Payment of Interment of Mary Walter

Lot 52 Grave _____ Row _____ Section IDOF ~~Division~~ Block 20

Invoice No. _____

Acct. No. _____

W.O. E-12717

BALANCE DUE 0

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

8071

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	60101 78390	3	85
TOTAL PAID	$	268	85

Transfer of Pre Need Lot # Pre Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To: Bobbie + Michael Sullivan

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 88 Grave 11 Row _____ Section 1 Division/[redacted] 11

Grave space & Care Fund ..... From: Julia Park .....

Additional spaces and care fund ....

Opening/Closing & Setup ....

Burial Container ....

Handling Fees ....

~~Flower vases – Marker setting fee~~ Transfer fee 45.00

Recording and filing fee ....

Sales taxes ....

Total Due 45.00

Paid receipt number 47037 45.00

Balance due 0

Bobbie + Michael Sullivan P.O. Box 134 Palermo CA 95941

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

702-727-7651

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

_____
Signature of recorded holder of deed

Julia V. Park
Signature

710 50 1st # 321
Address

El Cajon, Ca. 92019-4733
City Zip Code

444-[redacted]6727
Telephone

Invoice # _____

Work Order # E 12718

Acct. # _____

PY-593 (Rev. 8-92)

E-12718

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
264-3151
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

QUITCLAIM DEED

In consideration of _____

I/~~We~~ Julia Park

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Bobbie + Michael Sullivan

all that Cemetery property situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Lot 88 Grave 11 Row — Section 1 Division/~~Block~~ 11 + Trust

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said _____, its successors and assigns forever.

WITNESS my/our hand this 2 day of January 1996

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

J. Ann Waits

S. Shelton

Witnesses

Julia V. Park
410 50 1st #221
El Cajon, Ca. 92019-4738
619-444-6727

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47037

Date: 1-26 19 96

From: Bobbie Park Address: P.O. Box 134 Pahrump Nv 89041

Forty Five Dollars ($ 45.00)

In full Payment of Transfer of Lot & Trust to Bobbie & Michael Sullivan

Lot 88 Grave 11 Row Section Division Block 11

Invoice No.

Acct. No.

W.O. E-12718

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 D. Sullivan

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	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-96

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

In a Liner (Vault/Liner) Funeral, date, time Tues 1-30 1:00

Church, Chapel, Graveside Church | Graveside, Ca Burial Gary Mortuary.

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

will be applied and billed to undersigned X CT

War time veteran _____

Lot 147 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	179 300	895.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees	PAID IN FULL	145.00
Flower vases – Marker setting fee	5-22-96	
Recording and filing fee	PER. TREASURERS	45.00
Sales taxes	GREG WOODS	13.30
	Total Due	1663.30
	Paid receipt number Visa	416.00
	3/14 1,394.58 Balance due	1247.30

30-Day note ~~[illegible]~~

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 Charlyn Turner
Signature

15225 Trafoe Ave #4
Address

San Diego, Ca 92115
City Zip Code

X 264-1586
Telephone

Invoice # 265465

Acct. # 088009

Work Order # E 12719

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E - 12719

NOTE

$ 1,247.30 San Diego, California Jan 26 1996

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 Feb 30, 1996 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 Charlyn Turner SIGNATURE Charlyn Turner

ADDRESS 5565 Trojan Ave #4 S.D., Ca 92115

CALIFORNIA DRIVER LICENSE NUMBER C3279964 SSN # 571-13-1845

PY-1012 (11-89)

E-12719

APPLICATION 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
Ebony	Pauline	Young	04/15/1982	01/25/1996	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	Charlynn Turner-mother 5225 Trojan Ave. #4 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
California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego CA 92115	F-1357	▶ Mary Mitchell	01/26/1996

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/26/1996 M. Mitchell	9601682 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1/30/96	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 CREMA ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

33" L
17" W

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/26/96

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

in a liner (Vault/Liner) Funeral, date, time Wed. 1/31 - 1:00

Church, Chapel, Graveside Chapel / Graveside CA Burial Gary Mortuary.

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

will be applied and billed to undersigned. [illegible]

War time veteran _____

Lot 274 Grave _____ Row _____ Section 2 Division/Block 9

Grave space & Care Fund	195.00
Additional spaces and care fund	
Opening/Closing & Setup	195.00
Burial Container	95.00
Handling Fees	50.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	6.65
Total Due	586.65
Paid receipt number 47046	586.65
Balance due	0

PAID
JAN 31 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

Robert E. Dwyer
Signature

7070 MADRONE AVE
Address

SAN DIEGO CA 92114
City Zip Code

619-262-1228
Telephone

Work Order # E 12720

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

CALIFORNIA CREMATION & BURIAL CHAPEL

Mt. Hope Cemetery

E-12720 1/31/96 2262

586.65

Union Account Brittany J. Williams ******586.65

E-12720

2

APPLICATION 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
Brittany	Janay	Williams	12/15/1993	01/25/1996	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	Robertine Douglas-Fostermother 7070 Madrone 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
California Cremation And Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115	F-1357	▶	01/29/1996

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	01/29/1996 M. Mitchell	9601747 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 LOC[illegible] (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 1/31/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU[illegible] ▶ 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

47046

Date: 1/31, 1996

From: A Burial Address: 5880 El Cajon Blvd.

Five Hundred, Eighty-Six & 65/100 Dollars ($ 586.65)

In Full Payment of Interment of

Brittany J. Williams

Lot 374 Grave ____ Row ____ Section 2 Division ____ Block 9

Invoice No. ____

Acct. No. ____

W.O. E-12920

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 2262

AC-212 (Rev. 5-94)

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

ISSUED BY J. Weisner

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	45	00
Handling Fee	100 77185	50	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360	6	65
TOTAL PAID	$	586	65

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/26/96

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

in a Liner (Vault/Liner) Funeral, date, time Tues. 1/30 - 11:00 AM

Church, Chapel, Graveside Del. Only; Mark. Mitch. 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 94 Grave 1 Row _____ Section 1 Division/Block 12

Grave space & Care Fund 235.00

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 .....

Total Due 990.00

PAID
APR 18 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

paid 994.20

Rebecca Bass Creditors Claim 2-8-96

Paid receipt number _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12721

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 MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANDREW	JACKSON	GILLIS	07/31/1911	01/20/1996	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	RICHARD DEVENPORT, NEPHEW 361 BILLOW DRIVE 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
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶	01/29/1996

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	01/29/1996	9601796 T.C. MITHCELL ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1/30/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU ▶
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

47321

Date: 4-18 19 96

From: Public Administrator Address: 5201-A Ruffin Rd SD 92123

Nine Hundred Ninety four & 20/100 Dollars ($ 994.20)

In full Payment of Interment of Andrew Gillis

Lot 94 Grave 1 Row Section 1 Division Block 13

Invoice No.

Acct. No.

W.O. E-13721

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 138680

AC-212 (Rev. 5-94)

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	239	20
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 8022		
Sales Tax	80101 78390		
TOTAL PAID	$	994	20

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-29-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Peggy M. Webster

in a Vault/Liner Fence Funeral, date, time Thurs 2-1 10:00

Church, Chapel, Graveside Church/Graveside Lewis-Colonial Mortuary

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

War time veteran _____

Lot 3375 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need D-1452 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 47043	768.30
Balance due	0

PAID
JAN 30 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Michael Webster

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

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

Signature of recorded holder of deed

Signature (SON)

Address 1434 Bonair Way

City La Jolla 92037 Zip Code

Telephone 459-6376

Work Order # E 12722

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12722

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

87

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
PEGGY	MARGARET	WEBSTER	09/23/1908	01/28/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MICHAEL WEBSTER - SON 743-A BONAIR WAY 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
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶	01/30/1996

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	01/30/1996	▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2/5/95	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

47043

Date: 1/30 1995

From Michael Webster Address: 2820 Monroe St, SD 92116

Seven Hundred, Sixty Eight & 30 Dollars ($ 768.30)

In full Payment of Interment of

Peggy M. Webster

Lot 3375 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12722

BALANCE DUE -0-

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

1510

AC-212 (Rev. 5-94)

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	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	60101 78300	13	30
TOTAL PAID	$	768	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-29-96

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

In a Liner Vault/Urn* Funeral, date, time Fri. 2/2-11:00

Church, Chapel, Graveside Graveside Conrad Mortuary.

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

War time veteran _____

Lot 261 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1563.30
Paid receipt number Visa card	1,563.30
Balance due	0

PAID
JAN 29 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

Eugene V Lund
Signature

3666 aztec DR
Address

LA MESA Ca 91942
City Zip Code

469-1677
Telephone

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

Signature of recorded holder of deed

Invoice # _____

Work Order # E 12723

Acct. # _____

PY-593 (Rev. 8-92)

E-12723

84

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
FRED	JOHN	LUND	05/23/1911	01/27/1996	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	EUGENE V. LUND – BROTHER 5666 AZTEC DRIVE LA MESA, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	Karen Warrant	01/30/1996

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	Karen Warrant 02/01/1996	9602038

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	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2/2/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J Watt	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-1-96

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

in a Liner (Vault/Liner) Funeral, date, time Mon. 2/5 1:00

Church, Chapel, Graveside Church/Graveside/Burial Jeanette Mortuary.

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

will be applied and billed to undersigned X _____

War time veteran _____.

Lot 40 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre-Need E-10059 -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-47204	768.30
Balance due	-0-

PAID
MAR 19 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CA

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

✓ 12724

Work Order # E _____

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12724

APPLICATION 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
JO	RUTH	HEAD	08/02/1925	01/31/1996	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	JOHNNIE DOZZELL-DAUGHTER 7570 CHURCH ST. APT. #12 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 AND BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	02/01/1996

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	02/02/1996 M. MITCHELL	▶ 9602110

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 92102	11B. DATE BURIED 2/5/96	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

47204

Date: 3-19, 19 96

From: La Burial Address: 5880 El Cajon Blvd

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

In full Payment of Interment for Ruth Head

Lot 40 Grave 8 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E - 12724

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2398

AC-212 (Rev. 5-94)

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

ISSUED BY L. Sullivan

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

Date 2/1/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Church 8145 9AM

in a Ash Vault (Vault/Liner) Funeral, date, time Wed 2/7/96

Church, Chapel, Graveside Graveside; Goodbody Allen Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

Lot 118 Grave 5 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre-need E-12202 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 47050	268.85
Balance due	0

PAID
FEB 02 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

Ohm K. Church
Signature

6346 Caminito Basilio
Address

San Diego, CA 92111
City Zip Code

619.565.4454
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12725

PY-593 (Rev. 8-92)

Name of Cemetery/Funeral Home #52340 GREENWOOD MEMORIAL PARK & MORTUARY E-12725

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody and make disposition of the cremated remains of the deceased, and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: CHURCH, WILLIAM EARL

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agree to indemnify and hold harmless the above named cemetery/funeral home, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named cemetery/funeral home shall be held harmless from any defects or faults of any container not supplied by the cemetery/funeral home.

Dated this 14th day of Feb, 19 96

Address GOODBODY
Street City State Zip

Signature: [signature] 572960237
Authorized Representative SSN #/Photo ID Relationship to Deceased

Signature: D. Weesner
Authorized Representative SSN #/Photo ID Relationship to Deceased

Witness: Mt. Hope Cemetery
Representative of Cemetery/Funeral Home

White - Cemetery Copy Yellow - Customer Copy

FORM CO4 REV 12/91

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47050

Date: 2/2 19 96

From: Alma Church Address: 6346 Cimenito Basilis, SD 92111

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

In Full Payment of Wilbert Church

Interment Of

Lot 118 Grave 5 Row Section 1 Division 11 ~~Block~~

Invoice No.

Acct. No.

W.O. E-12725

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1496

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 77161	105 00
Burial Containers	100 77182	55 00
Handling Fee	100 77185	60 00
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	3 85
TOTAL PAID	$	268 85

E-12725

APPLICATION 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	EARL	CHURCH	01/05/1920	02/01/1996	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	ALMA CHURCH: WIFE 6346 CAMINITO BASILIO 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	▶ [signature]	02/02/1996

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	Victoria Mena 02/02/1996	9602096 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2/2/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	12B. DATE CREMATED 2 5 96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need Lot

Date 2-2-96

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

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 _____ 11-26-04

Lot 118 Grave ~~7~~ 6 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 R-47048	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

Mary E. Bryant
Signature

902 Dollen Bowden St
Address

San Diego Ca 92114
City Zip Code

(619) 264-5181
Telephone

Work Order # E 12726

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

47194

Date: 3/13, 19 96

From: Mary E Bryant Address: 902 Bollenbacher St. S.D., CA 92114

Six hundred seventy one and 00/100 Dollars ($ 671.00)

In Payment of pre-need lot

Lot 118 Grave 7 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12726

BALANCE DUE Ø

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ #2398

AC-212 (Rev. 5-94)

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

ISSUED BY Catina M. Jurgen

CREDIT	67007	179	00
20% Sales Care	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	60101 78390		
TOTAL PAID	$	671	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47048

Date: 2-2 , 1996

From: Carl E. Bryant Address: 907 Bellenbacher St. San Diego 92114

Two Hundred Twenty Four Dollars ($ 224.00)

In part Payment of Pre-Need Lot for
Mary E. Bryant

Lot 118 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12726

BALANCE DUE 671.00

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

2397

AC-212 (Rev. 5-94)

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

ISSUED BY J. Stubblefield

CREDIT 20% Sales Com	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/2/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John S. Rochelle

In a Liner (Vault/Liner) Funeral, date, time Thurs, 2/8 10:00AM

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. ECG

War time veteran _____.

Lot 129 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund (179 300)	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 47049	416.00
Balance due	1247.30

paid in full 2/6/96

30 day Note

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

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

_____
Signature of recorded holder of deed

Edward C. Griffith
Signature
687 Bethany St.
Address
San Diego, CA. 92114
City Zip Code
(619) 262-1557
Telephone

Work Order # E 12727

Invoice # 265624

Acct. # 088063

PY-593 (Rev. 8-92)

E-12727

					02/26/96 CK 658	1,247.30	1,247.30	0.00
265624 02/13/96 088063	EDWARD C. GRIFFITH		77181	000072		375.00		PAID IN FULL
E-12727	100	072	77182	000072		190.00		
	100	072	77183	000072		45.00		
	100	072	77184	000072		300.00		
	100	072	77185	000072		145.00		
	100	072	78390			13.30		
	60101		77184			179.00		
	67007							

MT. HOPE CEMETERY

W.O. # E-12727

NOTE

1,247.30 San Diego, California 2/2 1996

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 30
3751 Market Street, San Diego, CA 92101, the sum of One Thsnd. Two Hund. Forty Seven 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.

X PRINT NAME Edward C. Griffith SIGNATURE Edward C. Griffith

ADDRESS 687 Bethany St. San Diego, CA. 92114

CALIFORNIA DRIVER LICENSE NUMBER N3434059 SSN # 570-11-0778

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47049

Date: 2/2, 1996

From: Edward C. Griffith Address: 627 Bethany St. SD 92114

Four Hundred & Sixteen — Dollars ($ 416.00)

In Part Payment of Interement Of

John S. Rochelle

Lot 129 Grave 5 Row Section 1 Division Block 12

Invoice No.

*Acct. No.

W.O. E-12727

BALANCE DUE ~~$1,247.30~~ $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.

ISSUED BY J. Weisner

CREDIT	67007		
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 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	416	00

E-12727

APPLICATION 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	S.	Rochelle	06/18/1923	02/02/1996	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	Lurenette P. Griffin - Niece 438 N. 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 Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	02/06/1996

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	02/08/1996	9602388 ▶ [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 St. San Diego, CA 92102	11B. DATE BURIED 2/8/96	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 2-2-96

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

in a liner (Vault/Liner) Funeral, date, time Tues 2-6 11:00

Church, Chapel, Graveside Chapel/Graveside : Rosedale (Mark) Mortuary.

All Funeral cars must 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 _____.

J Lot 253 Grave 3 Row _____ Section 7 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 M/C	1563.30
Balance due	-0

PAID
FEB 02 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Paul McKee 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

Paul McKee
Signature
7165 Potter Lane
Address
San Diego 92114
City Zip Code
(619) 264-8680
Telephone

Work Order # E 12728

Invoice # _____

Acct. # _____

PY-593 (Rev. 9-92)

E-12728

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

49

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOANN	BEATRICE	BLACET	03/01/1946	01/30/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SONIA SMITH - DAUGHTER 624 25TH STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	F-1329	▶ Yvonne Davis	02/05/1996

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	02/05/1996 Yvonne Davis	▶ 9602203

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2/6/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ John 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.

22 3/4" width
11" height
9 1/4" Baby

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-96

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

in a _____ Vault/Liner Funeral, date, time Wed 2-7 10:00

Church, Chapel, Graveside Chapel/Graveside; Ca Burial Jeanette Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

Lot 3233 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 47081	270.00
Balance due	0

PAID
FEB 07 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Ca Burial 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 12729

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

CALIFORNIA CREMATION & BURIAL CHAPEL

[redacted]

Mt. Hope Cemetery

E-12729

2/ 6/96

2294

270.00

[redacted]nion Account

Baby boy Israel Hightower

******270.00

E-12729

APPLICATION 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
Israel	Jacob	Hightower	02/02/1996	02/02/1996	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	Tommy Hightower-father 3731 37th Street #4 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]	02/07/1996

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	02/07/1996 M. Mitchell	▶9602320

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2/7/96	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

47081

Date: 2/7, 1996

From: CA Burial Address: 5880 El Cajon Blvd. SD 92115

Two Hundred & Seventy Dollars ($ 270.00)

In Full Payment of Interment of

Israel Jacob Hightower

Lot 3233 Grave 1 Row Section Division 9 Block

Invoice No.

Acct. No.

W.O. E-12729

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 2294

AC-212 (Rev. 5-94)

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

ISSUED BY J. Weisner

CREDIT	57007	~~80~~	00
20% Sales Care	77184	80	00
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	53033 9022		
Sales Tax	50101 76390		
TOTAL PAID	$	270	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/5/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillie M. Shingleton

in a Double Dept Crypt (Vault/Liner) Funeral, date, time Wed, Feb 7, 11:00

Church, Chapel, Graveside Church/Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 15.0

will be applied and billed to undersigned. x Dorothy Sharp

War time veteran _____

✓ Lot 232 Grave 8 Row _____ Section 2 Division ~~Block~~ 12

Grave space & Care Fund 177 206	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 47053	510.00
Balance due	1531.60

Pd in full 5-8-96

30 day Note

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

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

_____
Signature of recorded holder of deed

x Dorothy Sharp
Signature

x 5461 Imperial Ave
Address

x San Diego 92114
City Zip Code

x 619-263-2929
Telephone

Work Order # E 12730

Invoice # 265623

Acct. # 088064

PY-593 (Rev. 8-92)

2-13

E-12730

265623 02/13/96 038064	DOROTHY SHARP			03/12/96 CK 4451		1,000.00	1,531.60	PARTIAL	531.60
E-12730	100	072	77181	000072		244.84			PAYMENT
	100	072	77182	000072		248.11			
	100	072	77183	000072		29.38			
	100	072	77184	000072		134.50			
	100	072	77185	000072		208.93			
	60101		78390			17.37			
	67007		77184			116.87			

MT. HOPE CEMETERY

W.O. # E 12730

NOTE

$ 510.00 San Diego, California Feb 5 19 96

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 ten 0/00 DOLLARS with interest from March 7, 1996 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.

[redacted] PRINT NAME Dorothy Sharp SIGNATURE Dorothy Sharp

ADDRESS 5461 Imperial ave

CALIFORNIA DRIVER LICENSE NUMBER K0837277 SSN# 571-54-9850

PY-1012 (11-89)

E-12730

APPLICATION 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	Marie	Shingleton	03/03/1918	02/02/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Arthur Shingleton - Husband 7510 Black Oak Rd. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329		02/06/1996

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	02/06/1996	9602292

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2/7/96	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

47053

Date: 2/5, 19 96

From: Dorothy Sharp Address: 7510 Black Oak Rd. San Diego CA 92114

Five Hundred-ten 00/00 Dollars ($ 510.00)

In Payment of Interment of Lillie Shingleton

Lot 232 Grave 8 Row Section 2 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E 18730

BALANCE DUE 1531.60

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 Karen Bek

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	63033 9022		
Sales Tax	80101 78300		
TOTAL PAID	$	510	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/5/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louella Sessions-Baynard in a Double Depth (Vault/Liner) Funeral, date, time Wed Feb 7, 2:00 Church, Chapel, Graveside Church & Graveside Ragsdale Mortuary.

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

War time veteran _____

Lot 92 Grave 11 Row _____ Section 3 Division Block 12

Grave space & Care Fund 159 / 151	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vase – Marker setting fee Overtime - Arrived 3:40	150.00
Recording and filing fee	45.00
Sales taxes	36.60
Total Due	1944.60
Paid receipt number R-47084 Late fee → 150.00	300.00
Balance due	1644.60

30 day Note

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.

1,606.60

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

_____
Signature of recorded holder of deed

X Thomas Baynard
Signature
X 6252 Alderley St.
Address
X San Diego 92114
City Zip Code
X (619) 286-0519
Telephone

Invoice # 26522

Work Order # E 12731

Acct. # 088065

PY-593 (Rev. 8-92)

									BALANCE
265622	02/13/96	088065	BLANCHE M. SESSIONS			03/13/96 CA	921.60	1,606.60	685.00
			100	072	77181	000072	215.11		PARTIAL PAYMENT
			100	072	77182	000072	217.98		
			100	072	77183	000072	111.86		
			100	072	77184	000072	86.62		
			100	072	77185	000072	183.56		
			60101		78390		15.26		
			67007		77184		91.21		

MT. HOPE CEMETERY W.O. # F-12731

NOTE

$ 485.00 1456.60 San Diego, California Feb 6 19 96

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 fifty six 60/00 DOLLARS with interest from March 7, 1996 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 Blanche M. Sessions SIGNATURE F0609752 CA I

ADDRESS 2820 Ocean View Blvd San Diego, Ca. 92113

~~CALIFORNIA DRIVER LICENSE NUMBER~~ Blanche Sessions SS# 559-50-4600

PY-1012 (11-09)

E-12731

from **MT. HOPE CEMETERY**

3751 MARKET ST.
SAN DIEGO, CA 92102
(619) 527-3400

MEMO

On Wednesday, Feb. 7, 1996, The burial service of Louella Sessions - Baymore was late in coming in the gate, arriving at about 3:45 PM. We called Ragsdale mort. and they were aware of this fact.

Jeanne A. Weisner
Clerical asst. II

Printed on recycled paper

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
LOUELLA	-	BAYNARD	04/04/1945	02/02/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BLANCHE SESSIONS-MOTHER 2820 OCEANVIEW BLVD. SAN DIEGO, C A 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	▶ Diane Davis	02/06/1996

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	02/06/1996	9602258 ▶ Y. Davis

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2/7/96	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

47084

Date: 2/7, 1995

From Ragsdale Mort. Address: 5050 Federal Blvd. SD 92102

Four Hundred & Eighty-Five Dollars ($ 485.00)

In Part Payment of Interment of

Louella Sessions-Baypard

Lot 92 Grave 11 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12731

BALANCE DUE $4606.60

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 7811

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	485.00
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	$	485.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-96

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

in a liner (Vault/Liner) Funeral, date, time Tues 2-6 1:00

Church, Chapel, Graveside Chapel Graveside : Ca Burial Mortuary.

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

will be applied and billed to undersigned. +

War time veteran _____.

Lot 120 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 159 236	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-47055	400.00
Balance due	1163.30
	1000.00
	1163.30

PAID
FEB 29 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 Day note

Daughter + City Bank VISA

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

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

_____
Signature of recorded holder of deed

+ Dora J. Alfa
Signature

+ 4027 ARMSTRONG
Address

+ San Diego Ca 92111
City Zip Code

+ 619 292-1935
Telephone

Work Order # E 12732

Invoice # 265523

Acct. # 088029

PY-593 (Rev. 8-92)

2/23/56

Bal - 163.52

Advanta via 163.30

0

MT. HOPE CEMETERY

W.O. # E-12732

NOTE

$ 1163.30 San Diego, California Feb 5 19 96

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 One Hundred Sixty Three ~ 30/100 DOLLARS with interest from March 7, 1996 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 Dora J Abeyta SIGNATURE X Dora J Abeyta

ADDRESS X 4027 Armstrong St

CALIFORNIA DRIVER LICENSE NUMBER X M0579347 SSN # X 572-62-1228

PY-1012 (11-89)

E-12732

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

84

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	BILL	FLENOID	03/01/1911	02/01/1996	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	DORA ABEYTA-DAUGHTER 4027 ARMSTRONG STREET 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 92186-5222		▶ Mark Mitchell	02/06/1996

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	02/06/1996 M. MITCHELL	▶ 9602243

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2/6/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J. W. Waits	
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

47055

Date: 2-5, 1996

From: Don Mehta Address: 4027 Armstrong San Diego 92111

Four Hundred Dollars ($ 400.00)

In part Payment of Interment of William Herrid

Lot 120 Grave 2 Row 1 Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E - 12732

BALANCE DUE 1163.30

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 D. Hackleton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	400	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	$	400	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/5/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James C. Moore Sr.

In a Double Death Vault/Liner Funeral, date, time Ragsdale 2:00 pm Feb 9, Friday

Church, Chapel, Graveside Chapel Graveside Ragsdale Mortuary.

As 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. Sharonda R. Moore

War time veteran X

Lot 64 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 179 206	695.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees Paid in Full 3-16-96	320.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	96.60
Total Due	2041.60
Paid receipt number 47057	510.00
Balance due	1531.60

30 day Note

I hereby certify I am the daughter/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

Sharonda Moore
Signature
3541 Z St.
Address
San Diego, CA 92113
City Zip Code
(619) 234-0601
Telephone #

Work Order # E 12733

Invoice # 265719

Acct. # 080086

PY-593 (Rev. 8-92)

2-15

12733

265719	02/15/96	088086	SHARONIA MOORE		03/16/96 CK	470037767	1,531.60	1,531.60	0.00
			100	072	77181	000072	375.00		PAID IN FULL
			100	072	77182	000072	380.00		
			100	072	77183	000072	45.00		
			100	072	77184	000072	206.00		
			100	072	77185	000072	320.00		
			60101		78390		26.60		
			67007		77184		179.00		

R- 12733

MT. HOPE CEMETERY

W.O. # E 12733

NOTE

510.02 San Diego, California Feb 5 19 96

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand five hundred thirty one 60/02 DOLLARS with interest from March 9, 1996 on the unpaid principal ($1,531.60) 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 Sharonia Moore SIGNATURE Sharonia K. Moore

ADDRESS 3541 Z St. S.D. CA 92113

CALIFORNIA DRIVER LICENSE NUMBER A4837177 SSN # 548-25-9241

PY-1012 (11-89)

E-12732

APPLICATION 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	Cleveland	Moore	03/20/1926	02/03/1996	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	Ruby Moore - Wife 3541 "Z" 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 92102	F-1389	▶ Ruby Moore	02/07/1996

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	02/09/1996	9602491 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2/4/96	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

47057

Date 2/5, 19 96

From: Sharonia Moore Address: 3341 Z Street / San Diego 92113

five hundred ten only Dollars ($ 510.00)

In Payment of Interment of James C. Moore Sr.

Lot 64 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 12733

BALANCE DUE 1531.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 508

AC-212 (Rev. 5-94)

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

ISSUED BY Karen Bak

CREDIT	87007		
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	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	510	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-96

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

In a Liner (Vault/Liner) Funeral, date, time Tri 2-9 11:00

Church, Chapel, Graveside Chapel / Graveside La Burial Mortuary.

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

will be applied and billed to undersigned. x BRH

War time veteran _____.

✓ Lot 145 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1563.30
Paid receipt number 47116	1,563.30
Balance due	-0-

PAID
FEB 21 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mortuary will bring check (Pd. in Full)

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

x Bettye R. Hansett / HANSETT
Signature

x 8585 Inns Dale Lane
Address

x San Diego, Ca. 92114
City Zip Code

x 619-479-2813
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12734

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12734

NOTE

$ 1,563.30 San Diego, California _____ 19__

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of _____ 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 CA Burial SIGNATURE _____

ADDRESS _____

CALIFORNIA DRIVER LICENSE NUMBER _____ SSN # _____

PY-1012 (11-89)

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

E-12734

STATEMENT

TELEPHONE:
527-3400

DATE	YOUR ORDER NO.
February 13, 1996	

TO:
Ca Burial
5602 El Cajon Blvd.
San Diego, CA 92115

DESCRIPTION OF CHARGE	AMOUNT
James Gafford Services	
Lot 145 Gr 4 Sec 3 Div 12	$ 795.00
Opening/Closing	375.00
Liner	190.00
Handling Fee	145.00
Recording Fee	45.00
Tax on Liner	13.30
Total Due	$1,563.30

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-12734

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	R.	GAFFORD	08/30/1918	02/04/1996	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	LEWIS GAFFORD-BROTHER 6543 MONTEREY ST. SAN ANTONIO, TX 78237

7A. TYPED NAME AND ADDRESS OF 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	▶ M. Mitchell	02/07/1996

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	02/07/1996 M. MITCHELL	9602333 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92102	11B. DATE BURIED 2/9/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Jan 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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47116

Date: 2/22, 1996

From: CA Burial Address: 5880 El Cajon Blvd. SD 92115

One Thousand, Five Hundred, Sixty Three & 30 Dollars ($ 1,563.30)

In Full Payment of Interment of

James Gafford

Lot 145 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12734

BALANCE DUE -0-

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

2334

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	159 00
80% Sales of Lots	100 77184	636 00
Opening/ Closing	100 77151	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	60101 78390	13 30
TOTAL PAID	$	1,563 30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Veronica Anderson - Akers 2/13-11:00

in a liner (Vault/Liner) Funeral, date, time ~~Thurs. 2-8 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 $ 130.00 will be applied and billed to undersigned. x RLA

War time veteran _____.

✓ Lot 211 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund (179 3.00)	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container paid in full 3/18/96	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 47058	416.00
Balance due	1247.30

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 Roy Lee Akers
Signature

x 812 N. Sierra St.
Address

x San Diego, CA 92114
City Zip Code

x
Telephone

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

Signature of recorded holder of deed

Work Order # E 12735 ✓

Invoice # 265830

Acct. # 088102

PY-593 (Rev. 6-92)

2-16

E-12735

265830	02/16/96	088102	ROY LEE AKERS			03/18/96	CK 3104	1,247.30	1,247.30	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			300.00		
			100 072	77185	000072			145.00		
			60101	78390				13.30		
			67007	77184				179.00		

MT. HOPE CEMETERY

W.O. # E-12735

NOTE

1,247.30 San Diego, California 2-9 1996

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 Hund. & Forty-Seven 13 DOLLARS with interest from March 5, 1996 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.

X PRINT NAME Roy Lee Akers X SIGNATURE Roy Lee Akers

X ADDRESS 212 N. Sierra St

X CALIFORNIA DRIVER LICENSE NUMBER C4767213 CA X SSN # 459-92-1355

PY-1012 (11-89)

E-12735

APPLICATION 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
Veronica	Barbara	Anderson-Akers	08/24/1944	02/03/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Roy Akers, Husband 212 Siena St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	02/06/1996

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	02/10/1996	9602601 ▶ [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 St. San Diego, CA 92102	11B. DATE BURIED 2/13/96	11C. SIGNATURE OF PERSON IN CHARGE OF [illegible] ▶ [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

47058

Date: 2-7, 1996

From: Roy Lee Akers Address: 212 N. Glenn St. SD 92114

Four Hundred & Sixteen Dollars ($ 416.00)

In Part Payment of Interment of Veronica Akers

Lot 211 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12735

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.

ISSUED BY J. Weisner

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	416	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 78380		
TOTAL PAID	$	416	00

E-12735

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.

ROY LEE AKERS
212 N. SIENA ST.
SAN DIEGO CA 92114

ACCT NO
088102

TREASURERS USE ONLY

PAYMENT DATE 3/18/96
BY: CA (ER) IF

PAYMENT REF NO 3104 H.D.

AMT PAID: 124730

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/16/96	03/17/96	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-12735
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
VERONICA ANDERSON-AKERS	
LOT 211 GR 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 R-47058	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.

RETURN WITH PAYMENT

AC-32 (REV 1/1989)

INV NO. 265830

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-6-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna G. Cummings

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 181 Grave 2 Row _____ Section 11 Division/Block 7

Grave space & Care Fund Pre-Need B-5099	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container Paid in full 9-9-97	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 R47099 2-14-96	192.00
Balance due	576.30
	576.30

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. 0

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

_____
Signature of recorded holder of deed

X Edna G. Cummings
Signature

X 8429 Macawa Ave
Address

X San Diego, Ca. 92123-2817
City Zip Code

X (619) 277-2444
Telephone

Work Order # E 12736

Invoice # _____

Acct. # _____

PY-593 (Rev. 6-92)

NAME CUMMINGS, EDNA G. ACCT. NO. E-12736

ADDRESS 8429 Macawa Ave, San Diego, 92123 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
1-06	96	Pre-need Trust opened. 181-2-11-7	768.30			
		Trust includes: Opening/Closing, Handling Fee, Liner, Recording Fee and Tax.				
2-14	96	25% down R-47099			192.00	576.30
3-6	96	coupon #1 R-47196			24.00	552.30
4-16	96	" #2&3 R-47320			48.00	504.30
5/7	96	" #4 R-47368			24.00	480.30
6/11	96	" 5 R-47507			24.00	456.30
7/11	96	" 6&7 R-47604			48.00	408.30
8/12	96	" 8 R-47705			24.00	384.30
9-6	96	" 9 R-47786			24.00	360.30
10-8	96	" 10&11 R-47893			48.00	312.30
11-8	96	" 12 R-48005			24.00	288.30
12-6	96	" 13 R-48085			24.00	264.30
1-7	97	" 14&15 R-48184			48.00	216.30
2-4	97	" 16 R-48201			24.00	192.30
3-10	97	" 17 R-48307			24.00	168.30

E-12736

NAME

ACCT. NO.

ADDRESS Pre-Need Trust RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
					168 30
4-97	coupon 18 & 19 R-48452			48 00	120 30
5-7 97	" 20 R-48544			24 00	96 30
6-6 97	" 21 R-48664			24 00	72 30
7-7 97	22 R-48766			24 00	48 30
8-5 97	23 R-48843			24 00	24 30
9-9 97	24 R-48959			24 30	0

PAID IN FULL

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

DO NOT MAIL ENTIRE BOOK E-12736

ACCOUNT No. Pre-Need Trust

Edna G. Cummings

8429 Macawa Ave.

San Diego, CA 92123-2817

(Lot 181 Gr 2 Sec 11 Div 7)

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ 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 ESTATE BOOK

ACCOUNT No. E-12736

Pre-Need Trust

Edna G. Cummings (Lot 181 Gr 2
8429 Macawa Ave. Sec 11 Div 7)
San Diego, CA 92123-2817

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 $ 24.00

NAME Edna G. Cummings

ADDRESS 8429 Macawa Ave.

CITY San Diego STATE Ca. ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust

Edna G. Cummings

8429 Macawa Ave.

San Diego, CA 92123-2817

(Lot 181 Gr 2 Sec 11 Div 7)

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 $ 24.00

NAME Edna G. Cummings

ADDRESS 8429 Macawa Ave

CITY San Diego STATE Cal. ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12736

Pre-Need Trust

Edna G. Cummings (Lot 181 Gr 2
8429 Macawa Ave. Sec 11 Div 7)
San Diego, CA 92123-2817

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 $ 24.00

NAME EDNA G CUMMINGS

ADDRESS 8429 MACAWA AVE

CITY SAN DIEGO STATE CAL ZIP 92123

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No E-[illegible]738 re-Need Trust

Edna G. Cummings
8429 Macawa Ave.
San Diego, CA 92123-2817
(Lot 181 Gr 2 Sec 11 Div 7)

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 $ 24.00

NAME Edna B Cummings

ADDRESS 8429 Macawa Ave.

CITY San Diego STATE Cal. ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12736

Pre-Need Trust

Edna G. Cummings (Lot 181 Gr 2
8429 Macawa Ave. Sec 11 Div 7)
San Diego, CA 92123-2817

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. ▶ $ _____

$ 24.00

Amount Received $ _____

NAME Edna G. Cummings

ADDRESS 8429 Macawa Ave

CITY San Diego STATE Ca ZIP 92123

☐ 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

Edna G. Cummings
8429 Macawa Ave.
San Diego, CA 92123-2817
(Lot 181 Gr 2 Sec 11 Div 7)

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. ▶ $ _____

$ 24.00

Amount Received $ _____

NAME Edna G Cummings

ADDRESS 8429 Macawa Av.

CITY San Diego STATE Ca ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12130

Pre-Need Trust
Edna G. Cummings (Lot 181 Gr 2
8429 Macawa Ave. Sec 11 Div 7)
San Diego, CA 92123-2817

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. ▶ $ _____

$ 24.00

Amount Received $ _____

NAME Edna G Cummings

ADDRESS 8429 Macawa Ave

CITY San Diego STATE Ca. ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12736 Pre-Need Trust

Edna G. Cummings
8429 Macawa Ave.
San Diego, CA 92123-2817
(Lot 181 Gr 2 Sec 11 Div 7)

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 $ 24.00

NAME Edna G Cummings

ADDRESS 8429 Macawa Ave.

CITY San Diego STATE Ca ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12736

Pre-Need Trust

Edna G. Cummings (Lot 181 Gr 2

8429 Macawa Ave. Sec 11 Div 7)

San Diego, CA 92123-2817

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 $ 24.00

NAME Edna G Cummings

ADDRESS 8429 Macawa Ave.

CITY San Diego STATE Ca. ZIP 92123-2817

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12736 Care-Need Trust

Edna G. Cummings

8429 Macawa Ave.

San Diego, CA 92123-2817

(Lot 181 Gr 2 Sec 11 Div 7)

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. ▶ $ _____

$ 24.00

Amount Received $ _____

NAME Edna G Cummings

ADDRESS 8429 Macawa Ave

CITY San Diego STATE Ca ZIP 92123-2817

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12736

Pre-Need Trust
Edna G. Cummings (Lot 181 Gr 2
8429 Macawa Ave. Sec 11 Div 7)
San Diego, CA 92123-2817

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. $ _____

$ 24.00

Amount Received $ _____

NAME Edna G. Cummings

ADDRESS 8429 Macawa Ave

CITY San Diego STATE Ca. ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12736

Pre-Need Trust
Edna G. Cummings
8429 Macaws Ave.
San Diego, CA 92123-2817
(Lot 181 Gr 2 Sec 11 Div 7)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 24.00

Amount due if paid more than ____ days after due date above. ▶ $ [illegible]

$ _____

Amount Received $ 24.00

NAME Edna G Cummings

ADDRESS 8429 Macaws Ave

CITY San Diego STATE Ca ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-1736

Pre-Need Trust
Edna G. Cummings (Lot 181 Gr 2
8429 Macawa Ave. Sec 11 Div 7)
San Diego, CA 92123-2817

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. $ _____

$ 24.00

Amount Received $ _____

NAME Edna G Cummings

ADDRESS 8429 Macawa Ave

CITY San Diego STATE CA ZIP 92123

☐ 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 E-12736

Edna G. Cummings
8429 Macawa Ave.
San Diego, CA 92123-2817
(Lot 181 Gr 2 Sec 11 Div 7)

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. $ _____

$ 24.00

Amount Received $ _____

NAME Edna G. Cummings

ADDRESS 8429 Macawa Ave

CITY San Diego STATE Cal. ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12136

Pre-Need Trust
Edna G. Cummings (Lot 181 Gr 2
8429 Macawa Ave. Sec 11 Div 7)
San Diego, CA 92123-2817

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. ▶ $ _____

$ 24.00

Amount Received $ _____

NAME Edna G. Cummings

ADDRESS 8429 Macawa Ave

CITY San Diego STATE Ca ZIP 92102

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12736

Pre-Need Trust
Edna G. Cummings
8429 Macawa Ave.
San Diego, CA 92123-2817
(Lot 181 Gr 2 Sec 11 Div 7)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
		10			7						

Amount due when paid on, or before, due date above ▶ $ 24.00

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

$ 24.00

Amount Received $ _____

NAME Edna G. Cummings

ADDRESS 8429 Macawa Av.

CITY San Diego STATE Calif ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12736

Pre-Need Trust
Edna G. Cunningham (Lot 181 Gr 2
8429 Nacawa Ave. Sec 11 Div 7)
San Diego, CA 92123-2817

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. $ _____

$ 24.00

Amount Received $ _____

NAME Edna G Cunningham

ADDRESS 8429 Nacawa Ave.

CITY San Diego STATE Ca. ZIP 92123

☐ 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

Edna G. Cumings

8429 Macawa Ave.

San Diego, CA 92123-2617

(Lot 181 Gr 2 Sec 11 Div 7)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 24.00

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

$ 24.00

Amount Received $ _____

NAME Edna G Cumings

ADDRESS 8429 Macawa Rd.

CITY San Diego STATE Ca ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12736

Pre-Need Trust
Edna G. Cummings (Lot 181 Gr 2
8429 Macawn Ave. Sec 11 Div 7)
San Diego, CA 92123-2817

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. ▶ $ _____

$ 24.00

Amount Received $ _____

NAME Edna G. Cummings

ADDRESS 8429 Macawn Ave

CITY San Diego STATE Cal. ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12736

Trust

Edna G. Cummings

8429 Macawa Ave.

San Diego, CA 92123-2817

(Lot 481 Gr 2 Sec 11 Div 7)

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. $ _____

$ 24.00

Amount Received $ _____

NAME Edna G. Cummings

ADDRESS 8429 Macawa Ave.

CITY San Diego STATE Ca. ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12736

Pre-Need Trust
Edna G. Cummings (Lot 181 Gr 2
8429 Raytown Ave. Sec 11 Div 7)
San Diego, CA 92123-2817

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. ▶ $ _____

$ 24.02

Amount Received $ _____

NAME Edna G. Cummings

ADDRESS 8429 Raytown Ave

CITY San Diego STATE Ca ZIP 92123

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. acct # E-12736

Edna G. Cummings
3429 Macaw Ave.
San Diego, CA 92123-1617
(Lot 481 Gr 2 Sec 11 Div 7)

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. ▶ $ 4.173

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

$ 24.00

Amount Received $ _____

NAME Edna G. Cummings

ADDRESS 3429 Macaw Ave

CITY San Diego STATE Ca. ZIP 92123

☐ check (✓) if this is new address

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

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 ▶ $ 24.30

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

$ 24.30

Amount Received $

NAME Edna B. Cummings

ADDRESS 8429 Marina Dr

CITY San Diego STATE Calif ZIP 92123

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3409

47756

Date: 9-6 19 96

From: Edna Cummings Address: 8429 Macawa Ave. S.D., Ca. 92123

Twenty four and no/100 Dollars ($ 24.00)

In part Payment of pre-need trust

Lot 181 Grave 2 Row Section 11 Division 7 Block

Invoice No.

Acct. No.

W.O. E-127360

BALANCE DUE 360.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4903

AC-212 (Rev. 8-94)

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

ISSUED BY Catina Surgeon

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	63033 9022	24	00	
Sales Tax	80101 78360			
TOTAL PAID	$	24	00	

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48085

Date: 12-6 19 96

From: Edna Cummings Address: 8429 Macawa Ave. San Diego 92123

Twenty four and no/100 — Dollars ($ 24.00)

In part Payment of Pre-need. trust

Lot 181 Grave 2 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-12736

BALANCE DUE 264.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4989

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgens

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	24	00
Sales Tax	80101 78390		
TOTAL PAID	$	24	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47320

Date: 4/16, 19 96

From: Edna E. Cummings Address: 8429 Magnolia Ave. San Diego, CA. 92182

Forty eight and no/100 Dollars ($ 48.00)

In part Payment of Pre-need trust

Lot 181 Grave 2 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. L-12756

BALANCE DUE 24.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4800

AC-212 (Rev. 5-94)

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

ISSUED BY Catina M. Knight

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	48	00
Sales Tax	60101 78390		
TOTAL PAID	$	48	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47099

Date: 2-14, 1996

From: Edna Cummings Address: 8129 Macawa Ave San Diego 92123

One Hundred Ninety Two Dollars ($ 192.00)

In part Payment of Pre-Need Trust

Lot 181 Grave 2 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-12736

BALANCE DUE 576.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4752

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shirbellon

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	192	00
Sales Tax	60101 78360		
TOTAL PAID	$	192	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47146

Date: 3-6, 1996

From: Edna Cummings Address: 8429 Havana Ave SD 92123

Twenty four Dollars ($ 24.00)

In part Payment of Pre-Need Trust

Lot 181 Grave 2 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-13736

BALANCE DUE 552.30

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	24	00
Sales Tax	60101 78380		
TOTAL PAID	$	24	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4769

ISSUED BY L Nicholls

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47368

Date: 5/7 , 19 96

From: Edna G. Cummings Address: 8429 Macawa Ave. S.D., CA 92123

Twenty Four and no/100 Dollars ($ 24.00)

In part Payment of Pre-need trust

Lot 181 Grave 2 Row Section 11 Division 7 Block

Invoice No.

Acct. No.

W.O. E-12736

BALANCE DUE 480.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ #4892

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgeon

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	24	00
Sales Tax	60101 76390		
TOTAL PAID		$ 24	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

47507

MOUNT HOPE CEMETERY
527-3400

Date: 6/11 19 96

From: Edna Cummings Address: 5429 Nacawa Ave San Diego Ca 92123

Twenty four 00/00 Dollars ($ 24.00)

In Payment of Pre Need Trust

Lot 181 Grave 2 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-12736

BALANCE DUE 456.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ 4547

AC-212 (Rev. 5-84)

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

ISSUED BY Karyn Bak

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	24	00
Sales Tax	60101 76300		
TOTAL PAID	$	24	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47604

Date: 7/11, 19 96

From: Edna Cummings Address: 8439 Macawa Ave SD CA 92123

Forty eight 00/00 Dollars ($ 48.00)

In _____ Payment of Pre Need Trust

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E 13736

BALANCE DUE 468.30

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ 4866

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

AC-212 (Rev. 8-84)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

47707

MOUNT HOPE CEMETERY

527-3400

Date: 8/12, 1996

From: Edna Cumming Address: 8429 Macawa Ave San Diego Ca 92123

Twenty four 00/00 Dollars ($ 24.00)

In _____ Payment of Pre Need Trust

Lot 181 Grave 2 Row _____ Section 11 Division ~~Block~~ 7

Invoice No. _____

Acct. No. _____

W.O. E-12736

BALANCE DUE _____

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

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

ISSUED BY Kenya Buk

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	24	00
Sales Tax	60101 78380		
TOTAL PAID	$	24	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

47707

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8/12, 19 96

From: Edna Cumming Address: 8484 Alacuda Ave San Diego Ca 92123

Twenty four 00/00 Dollars ($ 24.00)

In Payment of The Need Trust

Lot 181 Grave 2 Row Section 11 Division 7 Block

Invoice No.

Acct. No.

W.O. E-12736

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 Karyn Burk

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		
Pre-Need Trust	63033 9022	24	00
Sales Tax	80101 78390		
TOTAL PAID	$	24	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47893

Date: 10-8 19 90

From: Edna Cummings Address: 8429 Miramar Ave. San Diego 92123

Forty eight and no/100 Dollars ($ 48.00)

In part Payment of pre-need trust

Lot 181 Grave 2 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-12736

BALANCE DUE 312.30

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

AC-212 (Rev. 5-84) 4932

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		
Opening/ Closing	-100 77181		
Burial Containers	100 77182		
Handling Fee	100 77186		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	48	00
Sales Tax	90101 78300		
TOTAL PAID	$	48	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48005

Date: 11-8, 1996

From: Edna Cummings Address: 8429 Macawa Ave. San Diego 92123

Twenty four and no/100 Dollars ($ 24.00)

In part Payment of pre-need trust

Lot 181 Grave 2 Row ____ Section 11 Division ~~Block~~ 7

Invoice No. ____

Acct. No. ____

W.O. E-12736

BALANCE DUE 288.30

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

4951

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	24	00
Sales Tax	60101 78390		
TOTAL PAID	$	24	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48184

Date: 1-7 19 97

From: Edna Cummings Address: 8429 Macawa Ave. San Diego, Ca 92123

Forty Eight and 00/100 Dollars ($ 48.00)

In Part Payment of pre-need trust

Lot 181 Grave 2 Row ____ Section 11 Division 7 ~~Block~~

Invoice No. ____

Acct. No. ____

W.O. E-12736

BALANCE DUE 216.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 5010

AC-212 (Rev. 5-94)

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

ISSUED BY Edna Ingram

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	48	00
Sales Tax	80101 78380		
TOTAL PAID	$	48	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

4 261

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

MOUNT HOPE CEMETERY
527-3400

Date: 2-4 ,19 97

From: Edna Cummings Address: 8429 Miramar Riv. S.D. 92123

Twenty four and no/100 Dollars ($ 24.00)

In part Payment of pre-need trust

Lot 181 Grave 2 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-12736

BALANCE DUE 192.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 5029

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Suggs

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	24	00
Sales Tax	60101 78380		
TOTAL PAID	$	24	00

OFFICIAL RECEIPT

40307

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-10 19 97

From: Edna Cummings Address: 8429 Magnolia Ave. S.D. 92123

Twenty four and no/100 Dollars ($ 24.00)

In Part Payment of pre-need trust

Lot 181 Grave 2 Row Section 11 Division 7 Block

Invoice No.

Acct. No.

W.O. E-12736

BALANCE DUE 168.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 5056

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		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022	24	00
Sales Tax	60101 78360		
TOTAL PAID	$	24	00

OFFICIAL RECEIPT

43541

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-7 19 97

From: Edna Cummings Address: 8429 Macawa Ave. San Diego 92123

Twenty four and no/100 Dollars ($ 24.00)

In part Payment of pre-need trust

Lot 181 Grave 2 Row Section 11 Division 7 ~~Block~~

Invoice No.

Acct. No.

W.O. E-12736

BALANCE DUE 96.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☑
5099

AC-212 (Rev. 5-84)

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

ISSUED BY Catina Duncan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77186		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 80022	24	00
Sales Tax	80101 76300		
TOTAL PAID	$	24	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3480

48243

Date: 8-5 19 97

From: Edna Cummings Address: 8429 Macawa Avenue San Diego 92123

Twenty four and no/100 Dollars ($ 24.00)

In part Payment of pre-need trust

Lot 181 Grave 2 Row Section 11 Division 7 Block

Invoice No.

Acct. No.

W.O. E-12736

BALANCE DUE 24.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 5156

AC-212 (Rev. 8-94)

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

ISSUED BY C Jungen-Arallano

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	69033 9022	24	00
Sales Tax	60101 78380		
TOTAL PAID	$	24	00

48760

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY
527-3400

Date: 7-8 , 1997

From: Edna Cummings Address: 8429 Macawa Ave San Diego 92123

Twenty Four Dollars ($ 24.00)

In part Payment of Pre-Need Lot + Trust

Lot 181 Grave 2 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-12736

BALANCE DUE 48.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 5137

AC-212 (Rev. 6-94)

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		
Pre-Need Trust	83033 9022	24	00
Sales Tax	80101 78360		
TOTAL PAID	$	24	00

OFFICIAL RECEIPT

48959

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-9 , 19 97

From: Edna Cummings Address: 8429 Macawa Ave San Diego 92123

Twenty four and 30/100 Dollars ($ 24.30)

In full Payment of pre need trust

Lot 181 Grave 2 Row Section 11 Division 7 Block

Invoice No.

Acct. No.

W.O. E-12736

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 5183

AC-212 (Rev. 5-96)

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

ISSUED BY C. Duggan-Travers

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77183		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	24	30
Sales Tax	60101 78360		
TOTAL PAID	$	24	30

OFFICIAL RECEIPT

48452

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-9-97, 19

From: Edna Cummings Address: 8429 Macawa Ave San Diego 92123

Forty Eight Dollars ($ 48.00)

In part Payment of Pre-Need Trust

Lot 181 Grave 2 Row Section 11 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E-12736

BALANCE DUE 120.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 5082

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

ISSUED BY S. Shackelton

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	48	00
Sales Tax	60101 78390		
TOTAL PAID	$	48	00

AC-212 (Rev. 6-94)

OFFICIAL RECEIPT

48601

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-6, 1997

From: Edna G. Cummings Address: 8429 Macawa Ave. San Diego 92123

Twenty four and no/100 Dollars ($ 24.00)

In part Payment of pre-need trust

Lot 181 Grave 2 Row ____ Section 11 Division ~~Block~~ 7

Invoice No. ____

Acct. No. ____

W.O. E-12736

BALANCE DUE 72.38

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

5118

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgen-Avallone

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	24	00
Sales Tax	60101 78390		
TOTAL PAID	$	24	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-6-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rudolph J. Walker II

in a liner (Vault/Liner) Funeral, date, time Thur 2-8 1:00

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 M.B.C.

War time veteran _____.

Lot 93 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	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 R-47059	1663.30
Balance due	-0-

PAID
FEB 06 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CAL.

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

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

_____
Signature of recorded holder of deed

X Mary B. Crawford
Signature
X 2280 Harrison Ave.
Address
X S.D. 92113
City Zip Code
X 239-4013
Telephone

Work Order # E 12737

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12737

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
Rudolph	Jason	Walker, II	08/18/1974	02/02/1996	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	Joan M. Walker, Mother 2126 Montcliff Rd. San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd San Diego, CA 92102	F-1329	▶ [signature]	02/06/1996

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	02/06/1996	9602285. ▶ [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 St. San Diego, CA 92102	11B. DATE BURIED 2/9/96	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

47059

Date: 2-6, 1996

From: Mary B. Crawford Address: 2760 Harrison Ave San Diego 92113

One thousand Six Hundred Sixty three + 30/100 Dollars ($ 1663.30)

In full Payment of Rudolph J. Weller II / Interment

Lot 93 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12737

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2711

AC-212 (Rev. 5-94)

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

ISSUED BY S. Stockton

CREDIT	67007	179	00
20% Sales Care	77184		
60% Sales of Lots	100 77184	716	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	$	1663	30

Set up at Veterns Monument

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-6-96

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

in a Liner (Vault/Liner) Funeral, date, time Fri. 2/9 - 11:00

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. [illegible]

War time veteran yes.

✓ Lot 13 Grave 4 Row ____ Section 1 Division/Block 11

Grave space & Care Fund	19.9 / 35.7	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 47060		439.00
Balance due		1324.30

Paid in full 2-22-96

30 day note

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

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

Signature of recorded holder of deed

Signature: Aaron J. Springer

Address: 2106 W. Imperial Hwy

City: Hawthorne Ca. 90250 Zip Code

Telephone: 1-213-756-5594

Work Order # E 12738

Invoice # 265717

Acct. # 088087

PY-593 (Rev. 8-92)

3-15

8
N
1
2

E-12738

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
265717	02/15/96	088087	AARON SPRINGER					02/22/96	CK	7118	1,324.30	1,324.30	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				357.00		
			100	072		77185	000072				145.00		
			60101			78390					13.30		
			67007			77184					199.00		

MT. HOPE CEMETERY

W.O. # E-12738

NOTE

1,324.30 San Diego, California 19

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand, Three Hundred Twenty-four & 30/100 DOLLARS with interest from March 9, 1996 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 Alton J. Springer SIGNATURE Alton J. Springer

ADDRESS 2106 W. Imperial Hwy. Hawthorne/CA 90250

CALIFORNIA DRIVER LICENSE NUMBER E0545752-2-1-97 SSN # 259-70-5005

PY-1012 (11-89)

E-1278

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

98

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LENITA	MAXINE	SPRINGER	10/17/1947	02/03/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	AARON JAMES SPRINGER-HUSBAND 2106 W. IMPERIAL HWY HAWTHORNE, CA 90250

7A. TYPED NAME AND ADDRESS OF 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	02/06/1996

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	02/06/1996 Y. Davis	9602286 ▶

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2/9/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ John 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

47060

Date: 2/6, 1996

From Aaron J. Springer Address 2106 W. Imperial Hwy. ~~SD 90250~~ Lincoln Ca

Four Hund & Thirty-Nine - Dollars ($ 439.00) 90250

In Part Payment of Interment of Tenita Springer

Lot 13 Grave 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12738

BALANCE DUE $1,324.30

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

7100

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	439	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	$	439	00

Pre-Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-6-96

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

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 13 Grave 3 Row _____ Section 1 Division/Block 11

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 47061	249.00
9-4-96 R - 47762 Balance due	746.00
	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 AARON J SPRINGER
Signature

X Aaron J. Springer
Address

X 2106 W. Imperial Hwy
City Zip Code

X Hawthorne, Ca 90250
Telephone

Work Order # E 12739

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12739

CITY OF SAN DIEGO

Mt. Hope Cemetery

Notice of Cancellation and Forfeiture

To Aaron Springer

Address 2106 W. Imperial Hwy. Hawthorne, CA 90250

You and each of you are here by notified that because of default in payments on that Agreement for the purchase of a before need Lot 13, Grave 3, Row ____, Section 1, ~~Block~~/Division Ø 11 in Mt. Hope Cemetery, entered into on February 6, 1996, by and between Mt. Hope Cemetery and Aaron Springer that at the end of 30 days from date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited.

Dated this 29 day of August, 1996.

9-4-96
paid in full

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Catina Turgeon
Catina Turgeon
Clerical Assistant II

2-14-86

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47061

Date: 2/6 19 96

From: Aaron Springs Address: 2106 W. Imperial Ave, Hawthorne CA 90250

Dollars ($ 249.00)

In Part Payment of Pre-Need Lot

Lot 13 Grave 3 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E12739

BALANCE DUE ~~249~~ 746.00

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. Weisner

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77184	249	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
	100		
Handling Fee	77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	249	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

re need Lot + Trust

Date 2-7-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lois Elenor B. Cooper

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 136 Grave 1 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup — Paid in full 2-10-98	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-47080	391.00
Balance due	1172.30
	1172.30

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 Mrs Lois Elenor B Cooper (Signature)
X 4520 Cochise Way (Address)
X San Diego, Ca. 92117 (City, Zip Code)
X 273-4457 (Telephone)

Work Order # E 12740

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

deed # 12212
mailed 2/23/98

NAME COOPER, LOIS ELINOR B. ACCT. NO. E-12740

ADDRESS 4520 Cochise Way, San Diego, 92117 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
[redacted]7 96	Pre-Need Lot & Trust Opened:				
	Lot 136, Gr 1, Sec 3, Div 12	795.00			
	Trust includes: Opening/Closing, Liner				
	Handling Fee, Recording Fee, Tax on liner.	768.30			1563.30
	20% 159 80% 636				
02-07 96	Receipt #47080			391.00	1172.30
				98.00	1074.30
5-17 96	" 47409 Coupon 3			49.00	1025.30
6-11 96	" 47505 " 4			49.00	976.30
7-3 96	" 47559 " 5			49.00	927.30
8-8 96	" 47687 " 6			49.00	878.00
9-10 96	47797 #7			49.00	829.00
10-10 96	R- 47904 #8			49.00	780.00
11-12 96	R-48013 #9			49.00	731.00
[redacted]9 96	R-48100			49.00	682.00
[redacted]8 97	R-48187 #11	25%		49.00	633.00
2-3 97	R-48264 #12			49.00	584.00
3-6 97	R- 48352 #13	TRIG		49.00	535.00
4-16 97	R-48478 #14			49.00	486.00

COOPER Lois

E-12740

BAL 486.00

5-13	97	RECEIPT # 48567 CPN #15		49 00	437 00
				49 00	

480.00

6-23	97	R-48718 CPN #	16	49.00		437.00
7-9	97	R-40765	#17	49.00		388.00
8-8	97	R-48859	#18	49.00		339.00
9-10	97	R-48965	#19	49.00		290.00
10-13		R-49071	#20	49.00		241.00
11-17		R-49175	#21	49.00		192.00
12/8	97	R-49259	#22	49.00		143.00
1-13	98	R-49387	#23	49.00		94.00
		see reverse side of this card for cpn 15		49.00		45.30
2-10	98	cpn 24 R-49638		45.30		0

PAID
FEB 10 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre need lot a Trust

Date 2-7-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lois Elenor B. Cooper

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 136 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	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1563.30
Paid receipt number R-47080	391.00
Balance due	1172.30

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 Mrs Lois Elenor B Cooper (Signature)
X 4520 Cochin Way (Address)
X San Diego, Ca. 92117 (City, Zip Code)
X 273-4457 (Telephone)

Work Order # E 12740

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12740

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 7th day of February, 1996, between LOIS ELINOR B. COOPER, 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 136, Grave 1, Row ____, Section 3, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $1563.30, payable as follows: $391.00 cash herewith, the receipt of which is hereby acknowledged; $49.00 on the 10 day of March, 1996; and the balance in installments of $49.00 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, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY.

This Agreement described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which thereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not 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-12740

WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS ESTABLISHED FOR:

Lois Elinor B. Cooper

Total Cost $1563.30
Less 25% 391.00

Balance Due $1172.30

23 Payments at $49.00
1 Payment at $45.30

Lois Elinor
Name

Address

PURCHASER

X Mrs Lois Elinor B. Cooper
Print Name

X Mrs Lois Elinor B. Cooper
Signature

X 4520 Cochise Way
Street Address (Mail)

X San Diego Ca 92117
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sue Nicholson

SLW:st(62-1)
1-23-90

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

DO NOT MAIL ENTIRE BOOK E-12740

ACCOUNT No. Pre-Need Lot & Trust

Lois Elinor B. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 136 Gr 1 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME Mrs lois Elinor B. Cooper

ADDRESS 4520 Cochise Way

CITY San Diego STATE Ca ZIP 92117

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK E-12740

ACCOUNT No. Pre-Need Lot & Trust

Lois Elinor B. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 135 Gr 1 Sec 3 Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME Mrs lois Elinor B. Cooper

ADDRESS 4520 Cochise Way

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. Pre-Need Lot & Trust

Lois Elinor B. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 135 Gr 1 Sec 3 Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME Lois Elinor B. Cooper

ADDRESS 4520 Cochise Way

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. Pre-Need Lot & Trust

Lois Elinor B. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 136 Gr 1 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

...en remittance **COUPON** **5**

. MAIL ENTIRE BOOK.

ACCOUNT No. Pre-Need Lot & Trust

Lois Elinor B. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 135 Gr 1 Sec 3 Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME Lois E.B. Cooper

ADDRESS 4520 Cochise Way

CITY San Diego STATE Ca. ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Lois Elinor B. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 136 Gr 1 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Lois Elinor B. Cooper

4520 Cochise Way

San Diego, CA 92117

(Lot 135 Gr 1 Sec 3 Div 12

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Lois Elinor B. Cooper

4520 Cochise Way

San Diego, CA 92117

(Lot 136 Gr 1 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Lois Elinor B. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 135 Gr 1 Sec 3 Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Lois Elinor B. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 136 Gr 1 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Lois Elinor S. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 135 Gr 1 Sec 3 Div 12

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Vault

Lois Elinor B. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 136 Gr 1 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before; due date above. ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot A Trust

Lois Elinor S. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 135 Gr 1 Sec 3 Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Lois Elinor B. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 136 Gr 1 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME Mrs Lois Elinor B. Cooper

ADDRESS 4520 Cochise Wy.

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. Pr[illegible] Lot 4 Trust

Lois Elinor B. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 135 Gr 1 Sec 3 Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Developed Lot & Trust

Lois Elinor B. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 136 Gr 1 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME Lois Elinor B. Cooper

ADDRESS 4520 Cochise Way

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. Pre-Need Lot & Trust

Lois Elinor B. Cooper

4520 Cochise Way

San Diego, CA 92117

(Lot 135 Gr 1 Sec 3 Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Prepaid Lot 4 Trust

Lois Elliot S. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 136 Gr 1 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust
Lois Elinor A. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 135 Gr 1 Sec 3 Div 1)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust
Lois Elinor B. Cooper
4520 Cochise Way
San Diego, Ca 92117
(Lot 134 Gr 1 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. ▶ $ 42.00

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

$ _____

Amount Received $ _____

NAME Lois Elinor B. Cooper

ADDRESS 4520 Cochise Way

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. Pre-Need Lot & Trust

Lois Elinor B. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 135 Gr 1 Sec 3 Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Prepaid Lot & Trust

Mail Elinor L. Cooper
4520 Cochise Way
San Diego, CA 92117
(Lot 136 Gr 1 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT 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 _____

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.

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. $ 45.30

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

49638

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-10 19 98

From: Lois Cooper Address: 4520 Cochise Way SD 92117

forty five and 30/100 Dollars ($ 45.30)

In full Payment of pre need lot and trust

Lot 136 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 0

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

1114

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Arcaro

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77192		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	45	30
Sales Tax	60101 78380		
TOTAL PAID	$	45	30

OFFICIAL RECEIPT

49259

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12/18/97

From: Lois Cooper Address: 4520 Cochise Way SD 92117

forty nine and no/100 Dollars ($ 49.00)

In part Payment of pre need lot and trust

Lot 130 Grave 1 Row ____ Section 3 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-12740

BALANCE DUE 143.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1087

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 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77165		
Pre-Need Trust	63033 9022	49	00
Sales Tax	60101 78380		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

49387

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-13 19 98

From: Lois Elinor Cooper Address: 4520 Cochise Way SD 92117

Forty nine & no/100 Dollars ($ 49.00)

In part Payment of pre need lot & trust

Lot 136 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 94.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [X] Cash [ ] Check [X] 1098

AC-212 (Rev. 5-84)

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	49	00
Sales Tax	80101 76390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

48765

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3460

Date: 7-9, 1997

From: Lois Cooper Address: 4520 Cochise Way San Diego 92117

Forty Nine Dollars ($ 49.00)

In part Payment of Pre-Need Lot & Trust

Lot 136 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E- 12740

BALANCE DUE 388.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1010

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

ISSUED BY S. Stickelton

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	49.00
Sales Tax	80101 78380	
TOTAL PAID	$	49.00

AC-212 (Rev. 5-84)

FFICIAL RECEIPT

49175

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

-627-3400

Date: 11-17, 1997

From: Lois Cooper Address: 4520 Cochise Way San Diego 92117

Forty Nine Dollars ($ 49.00)

In Part Payment of Pre-Need Lot + Trust

Lot 136 Grave 1 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 192.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1072

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

ISSUED BY S. Shackleton

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	49	00
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49071

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10-13, 1997

From: Lois Cooper Address: 4520 Cochise Way San Diego 92117

Forty Nine Dollars ($ 49.00)

In part Payment of Pre-need Lot + Trust

Lot 136 Grave 1 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E- 12740

BALANCE DUE 241.00

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

AC-212 (Rev. 6-94)

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

ISSUED BY I. Stockton

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	49	00
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

48965

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-10 19 97

From: Lois Cooper Address: 4520 Cochise Way San Diego 92117

Forty nine and no/100 Dollars ($ 49.00)

In part Payment of pre need lot & trust

Lot 136 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E - 12740

BALANCE DUE 290.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [X] Cash [ ] Check [X]

AC-212 (Rev. 5-96) 1037

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

ISSUED BY Surgeon - Avallone

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	49	00
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

48859

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3480

Date: 8-8 19 97

From: Lois Elinor Cooper Address: 4520 Cochise Way San Diego 92117

Forty nine and no/100 Dollars ($ 49.00)

In part Payment of pre-need lot and trust

Lot 1360 Grave 1 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 339.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [X] Cash [ ] Check [X] 1023

AC-212 (Rev. 5-94)

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

ISSUED BY Tanya Burk

CREDIT	67007		
25% 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	49	00
Sales Tax	60101 78360		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47080

Date: 2-7, 19 96

From: Doris Elaine B. Cooper Address: 4520 Cochise Way San Diego 92117

Three Hundred Ninety One Dollars ($ 391.00)

In part Payment of Pre Need Lot & Trust

Lot 136 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E - 13740

BALANCE DUE $ 1172.30

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

717.

AC-212 (Rev. 5-94)

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

ISSUED BY D. Shelton

CREDIT 20% Sales Care	57007 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	80101 78290		
TOTAL PAID	$	391	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47246

Date: 4/2 , 19 96

From: Lois Cooper Address: 4520 Cochise Way, SD, CA 92117

Dollars ($ 98.02)

In Payment of Pre Need Trust

Lot 136 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 12748

BALANCE DUE 107430

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	98	02
Sales Tax	80101 78380		
TOTAL PAID	$	98	02

OFFICIAL RECEIPT

47409

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3480

Date: 5-16, 1990

From: Lois Elinor Cooper Address: 4520 Cochise Way, San Diego 92117

For ty Nine Dollars ($ 49.00)

In Payment of Pre Need Lot Trust

Lot 136 Grave 1 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 769

AC-212 (Rev. 5-84)

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

ISSUED BY Kanya Bak

CREDIT 20% Sales Care	97007 77184		
80% Sales of Lots	100 77184	49	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	90101 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47505

Date: 6/11, 1996

From: Luis Cooper Address: 4590 Cochise Way San Diego 92117

Forty nine 00/00 Dollars ($ 49.00)

In Payment of Pre Need Lot 1 Trust

Lot 136 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 976.30

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

AC-212 (Rev. 5-96)

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

ISSUED BY Karyn Bek

CREDIT	67007		
50% Sales Cars	77184		
50% Sales of Lots	100 77184	49	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	$	49	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47559

Date: 7-3 19 96

From: Lois Elinor B. Cooper Address: 4520 Cochise Way S.D., Ca. 92117

Forty Nine and 00/100 Dollars ($ 49.00)

In part Payment of pre-need lot and trust

Lot 130 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 927.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ #799

AC-212 (Rev. 6-94)

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	49	00
Opening/ Closing	100 77161		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 80222		
Sales Tax	60101 76300		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3460

47657

Date: 8-8 19 96

From: Lois Cooper Address: 4520 Cochise Way, San Diego, Ca 92117

Forty nine and no/100 Dollars ($ 49.00)

In part Payment of pre-need lot and trust

Lot 136 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 878.00

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

816

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	49	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 78300		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

47797

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 9-10 19 96

From: Lois Cooper Address: 4520 Cochise Way SD 92117

Forty Nine Dollars ($ 49.00)

In part Payment of Pre-Need Lot - Trust

Lot 136 Grave 1 Row Section 3 Division 17 Block

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 829.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 832

AC-212 (Rev. 5-94)

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

ISSUED BY J. Shields

CREDIT 20% Sales Care	67007 77184	49	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	69033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3408

47904

Date: 10-10, 19 96

From: Lois Cooper Address: 4520 Cochise Way SD 92117

Forty Nine Dollars ($ 49.00)

In part Payment of Pre-Need Lot & Trust

Lot 136 Grave 1 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 780.00

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 S Shrichelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	49	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	$	49	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

48013

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

MOUNT HOPE CEMETERY
527-3400

Date: 11-12 19 96

From: Lois Cooper Address: 4520 Cochise Way San Diego 92117

Forty nine and no/100 Dollars ($ 49.00)

In part Payment of pre-need lot and trust

Lot 136 Grave 1 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 731.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 870

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Durgin

CREDIT 20% Sales Cars	87007 77184		
80% Sales of Lots	100 77184	49	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 78300		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

40100

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

MOUNT HOPE CEMETERY
527-3400

Date: 12/10 19 96

From: Lois Eling Cooper Address: 4520 Cochise Way SD CA 92117

Forty nine 00/00 Dollars ($ 49.00)

In Part Payment of Pre Need Trust Lot

Lot 136 Grave 1 Row ____ Section 3 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-13740

BALANCE DUE 682.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 891

AC-212 (Rev. 5-94)

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

ISSUED BY Karen B. K

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	49	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	$	49	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48187

Date: 1-8 19 97

From: Lois Cooper Address: 4520 Cochise Way San Diego 92117

Forty nine and no/100 Dollars ($ 49.00)

In part Payment of Pre-need lot and trust

Lot 136 Grave 1 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 633.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [X] Cash [ ] Check [X] 0904

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Wright

CREDIT 20% Sales Care	67007 77184	3	00
80% Sales of Lots	100 77164	46	00
Opening/ Closing	100 77151		
Burial Containers	100 77162		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

4 254

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-3 19 97

From: Lois Cooper Address: 4520 Cochise Way S.D. 92117

Dollars ($ 49.00)

In part Payment of pre-need lot and trust

Lot 136 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 584.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 0926

AC-212 (Rev. 5-96)

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

ISSUED BY Catina Duggan

CREDIT 20% Sales Care -	87007 77184	49	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 78380		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

43352

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-6 19 98

From: Lois Cooper Address: 4520 Cochise Way SD 92117

Forty Nine Dollars ($ 49.00)

In part Payment of Pre-Need Lot - Trust

Lot 136 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E- 12740

BALANCE DUE 535.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 0939

AC-212 (Rev. 8-94)

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

ISSUED BY S. Shields

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	49	00
Sales Tax	60101 78360		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

43718

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-23 19 97

From: Lois Elinor Cooper Address: 4520 Cochise Way San Diego 92117

Forty nine and no/100 Dollars ($ 49.00)

In Part Payment of pre-need lot and trust

Lot 136 Grave 1 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 437.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1002

AC-212 (Rev. 5-96)

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

ISSUED BY Catina Avallone

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022	49	00
Sales Tax	60101 78360		
TOTAL PAID		$ 49	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

48507

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

MOUNT HOPE CEMETERY
527-3400

Date: 5-13, 1997

From: Lois Cooper Address: 4520 Cochise Way S.D. CA 92117

Forty-nine Dollars ($ 49.00)

In Part Payment of Pre Need Lot & Trust

Lot 136 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE $437.00

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

AC-212 (Rev. 5-96) 973

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

ISSUED BY Norman Ferguson

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	49	00
Sales Tax	60101 76390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

48473

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-16 19 97

From: Lois Cooper Address: 4520 Cochise Way San Diego 92117

Forty nine and no/100 Dollars ($ 49.00)

In part Payment of pre-need lot and trust

Lot 136 Grave 1 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12740

BALANCE DUE 486.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 0964

AC-212 (Rev. 6-94)

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

ISSUED BY Fatima Jurgen

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 8022	49	00
Sales Tax	60101 76300		
TOTAL PAID	$	49	00

11½" H
14" W
32½ L

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/8/95

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

In a _____ (Vault/Liner) Funeral, date, time Fri. 2/9 11:00

Church, Chapel, Graveside Graveside ; Rogdale Mortuary.

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

War time veteran _____.

Lot 3008 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 47093	270.00
Balance due	-0-

PAID
FEB 09 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Rogdale bring check.

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code

Telephone _____

Invoice # _____

Acct. # _____

Work Order # E 12741

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-12741

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
Trevor	Keith	Powell, Jr.	01/31/1996	01/31/1996	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	Trevor K. Powell, Sr. - Father 402 63rd St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd San Diego, CA 92102	F-1329	▶ [signature]	02/08/1996

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	02/09/1996	9602456 ▶ [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

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2/9/96	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

47093

Date: 2-9 , 19 96

From Ragsdale Mort. Address: 5050 Federal Blvd. SD 92102

Two-Hundred & Seventy Dollars ($ 270.00)

In Full Payment of Interment of

Trevor Powell

Lot 3008 Grave ____ Row ____ Section 1 Division 9 Block

Invoice No. ____

Acct. No. ____

W.O. E-12741

BALANCE DUE 0

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

7821

AC-212 (Rev. 6-94)

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

ISSUED BY J. Weisner

CREDIT	87007		
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	80101 78380		
TOTAL PAID	$	270	00

MT. HOPE CEMETERY,

INTERMENT ORDER

City of San Diego

Date 2-8-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Delorse Cook @ Mon. 2/26

in a Ash Vault (Vault/Liner) Funeral, date, time Wed 2/14 AYD

Church, Chapel, Graveside del. Only ; CA Burial Jeanette Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 171 Grave 6 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund Pre-need E-9787	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 R-47118	268.85
Balance due	0

Eunice Gipson

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

X Eunice Gipson
Signature

X 6919 BENSON AVE.
Address

X SAN DIEGO 92114
City Zip Code

X 262-8419
Telephone

Work Order # E 12742

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-12742

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
DELORES	-	COOK	08/25/1955	02/08/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	MARLON HILLARD-SON 6919 BENSON 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	Darlette Benyard	02/12/1996

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	02/12/1996 J. BENYARD	9602574

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 LO[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 92101	11B. DATE BURIED 2/26/96	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 2-15-96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

47118

Date: 2/23, 19 96

From: California Burial Address:

Two hundred Sixty eight 85/00 Dollars ($ 268.85)

In Payment of Interment of Dolores Cook

Lot 171 Grave 6 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E 19742

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2342

AC-212 (Rev. 5-94)

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

9

ISSUED BY Karyn Bak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76360	3	85
TOTAL PAID	$	268	85

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Will be adding 2 more ash vaults in future

Date 2-8-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Lyman Davenport III Ø

in a Ash Vault (Vault/Liner) Funeral, date, time AYD 2-27

Church, Chapel, Graveside Del. ; Pierce Brothers Cunningham & O'Connor Mortuary.

All Funeral cars must arrive before 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 3 Row _____ Section 4 Division/Block 4

Grave space & Care Fund Pre-Need C-2975	Ø
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	3.85
Total Due	268.85
Paid receipt number 47109	268.85
Balance due	Ø

PAID
FEB 20 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

mortuary to mail check, ashes, burial permit

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

X Address

X City Zip Code

X Telephone

Invoice # _____

Acct. # _____

Work Order # E 12743

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-8-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Lyman Davenport III

In a _____ Funeral, date, time _____
Vestibule

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 Crave 3 Row _____ Section 4 Division/Block 4

Grave space & Care Fund Pre need C-2975 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 _____

Balance due _____

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 owner of deed

[signature]
Signature

516 E. Lomita Ave., Apt. #3
Address

Glendale, CA 91205
City Zip Code

(818) 241-5704
Telephone

Work Order # E 12743

Invoice # _____

Acct. # _____

E-12743

Rud[illegible] Urrea

Pierce, Brothers O'Co[illegible]or

Cunningham 2

720 West Wash Blvd.

LA 90015

213 749-4151

George Lyman Davenport III

9-1-213-746-6504

Grave 3



268, 85

E-12743

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

108

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GEORGE	LYMAN	DAVENPORT, III	03/11/1927	02/08/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS ANGELES	LOS ANGELES	GRACE S. DAVENPORT, SISTER 516 E. LOMITA AVE. APT.#3 GLENDALE, 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 charge	8B. DATE SIGNED
PIERCE BROTHERS CUNNINGHAM & O'CONNOR 720 W. WASHINGTON BL.,LOS ANGELES,CA 90015	FD-8	Gilda Perez	02/10/1996

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/12/1996	Robert C. Mata JC

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
313 NO. FIGUEROA ST. LOS ANGELES,CA 90012	P.O. BOX 85222 SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET, SAN DIEGO, CA	11B. DATE BURIED 2/15/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CHAPEL OF THE PINES, 1605 S.CATALINA ST.,LOS ANGELES,CA	12B. DATE CREMATED 2-14-96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

47109

Date: 2/20 19 96

From: Pierce Bros. Cunningham & O'Connor mort. Address: 730 W. Washington Blvd. La. Ca 90015

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

In Full Payment of Interment

George Lyman Davenport III

Lot 92 Grave 3 Row ____ Section 4 Division ~~Block~~ 4

Invoice No. ____

Acct. No. ____

W.O. E-12743

BALANCE DUE 0

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

AC-212 (Rev. 5-94) 01849660

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	90101 78390	3	85
TOTAL PAID	$	268	85

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Delivery only

Date 2-12-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith Cutter # PA 1192809 11.00

in a liner Vault/Liner Funeral, date, time Wed 2-14

Church, Chapel, Graveside Del. Only ; Merkley 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 101 Grave 7 Row _____ Section 1 Division/Block 12

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

PAID
MAR 13 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

paid in full 3/5/96

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

Invoice # 265232

Acct. # 000953

Work Order # E 12744

PY-593 (Rev. 8-92)

2-16

E-12744

265832	02/16/96	000952	COUNTY OF SAN DIEGO			03/05/96 CK	04-021986	386.00	386.00	0.00
E-12744			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		

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-2744

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
EDITH	GRANGER	CUTTER	09/05/1905	02/03/1996	F

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-HITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119		02/12/1996

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	02/12/1996 D. BODDY	9602595 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/14/96	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

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.

E-12744

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 3-5-96

BY: CA (CK) IF

PAYMENT REF NO 04-029860

AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/16/96	03/17/96	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-12744
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
EDITH CUTTER PA#1192809	
LOT 101 GR 7 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. 265832

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-12-96

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

in a Ash Vault Vault/Liner Funeral, date, time Fri 3/1/96 1:00pm

Church, Chapel, Graveside Delivery Only : Merkley Mitchell Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

Lot 1 Grave 7 Row _____ Section 100F Division/Block 5

Grave space & Care Fund ..... Pre-Need C-5559 -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
MAR 1 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Don Poindexter
284-4900

Total Due 268.85

Paid receipt number 47130 268.85

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.

Signature Donald Poindexter

Address 5922 Redford St.

City San Diego Ca Zip Code 92120

Telephone 619 582 9282 BUS. 284-4900

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 12745

Acct. # _____

PY-593 (Rev. 8-92)

E-12745

APPLICATION 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
ROBERTA	KATHRYN	AHLQUIST	01/02/1912	02/11/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	DONALD L. POINDEXTER, SON 5022 RADFORD STREET 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 charge	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ [signature]	02/16/1996

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	02/20/1996	9602912 ▶ T.C. 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
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 LOC[illegible]T (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/1/96	11C. SIGNATURE OF PERSON IN CHARGE OF BUR[illegible] ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, 571J CRANE SRTEET, LAKE ELSINORE, CA 92530	12B. DATE CREMATED 2.2.96	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 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 FR[illegible] ISSUE DATE.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47130

Date: 3-1- , 1996

From: Donald Poindexter Address: 5022 Radford St, SD 92120

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

In Payment of Interment of Roberta Ahlquist

Lot 1 Grave 7 Row Section ICOF ~~Division~~ Block 5

Invoice No.

Acct. No.

W.O. E-12745

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 Cate

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360	3	85
TOTAL PAID	$	268	85

Craig Stone

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinterment

Date 2-13-96

PAH 1088017

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe CC#89-1335

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

Church, Chapel, Graveside _____ ; Neptune Mortuary.

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

War time veteran _____.

Lot _____ Grave 52 Row 6 Section B Division/Block 5

PAID

APR 16 1996

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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-47316 1000.00
Balance due	-0-

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

X RR2 Box 187
Address

X Albert Lea MN 56007
City Zip Code

X 507-826-3464 Home
Telephone 507-373-6097 Work

Work Order # E 12746

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12746

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

February 15, 1996

Carla McCarthy
4571 Timber Avenue
McIntire, Iowa 50455

Dear Ms. McCarthy:

This letter is to follow up the telephone conversation that I had with you on Tuesday, February 13, 1996. I am enclosing two forms that require signatures by your mother.

Please sign the Interment/Disinterment Work Order, Number E-12746, on the lines indicated by the red "x's". Return this orginal, 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. This form must be signed and notorized by your mother.

Be sure you have Neptune obtain a Disinterment Permit for you. When we have 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 futher assistance to you in this matter, please do not hesitate to contact me.

Sincerely,

Jeanne A. Weisner

Jeanne A. Weisner
Clerical Assistant II

jaw
Enclosures

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E-12746

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

April 1996
MONTH YEAR

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

PA# 1088017
JOHN DOE CC#89-1335

from Lot ____ Grave 52 Section 6 Row 6-B Block ____

Division 5 and to remove the same to and reinter said remains

in Lot ____ Grave ____ Section ____ Row ____ Block ____

Division ____ Cemetery NEPTUNE MORTUARY

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.

Janet M. Stene	MOTHER	RR2 BOX 187 Albert Lea.
Signature	Relation to deceased	Address MN. 56007

I hereby authorize the above disinterment:

_____ _____
(Lot owner must sign if not legal custodian) Date

Subscribed and sworn to before me this
5TH day of April, 1996

James J. Schlichting

JAMES J. SCHLICHTING
NOTARY PUBLIC - MINNESOTA
FREEBORN COUNTY
My Commission Expires Jan. 31, 2000

E-12746

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

February 13, 1996

Mt. Hope Cemetery
ATTN: Jeanne
3751 Market St.
San Diego, CA 92113

RE: CRAIG STENE (John Doe 89-1335/P.A. Case 1088017D)

Gentlemen:

Please be advised that the Public Administrator has received payment in the amount of $415.00 from the decedent's sister, Carla McCarthy, as reimbursement in full for county costs associated with the decedent's burial. Please consider this a letter of release from the Public Administrator.

Sincerely,

BARBARA A. BAKER
PUBLIC ADMINISTRATOR/GUARDIAN

BY: Kevin P. Judkins
KEVIN P. JUDKINS
Deputy Public Administrator

KPJ:tuw

cc: Carla McCarthy
Shirley Chin

E-12746

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
CRAIG	HARLAN	STENE	04/16/1957	06/17/1989	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	JANET STENE-MOTHER RT 2 BOX 187 ALBERT LEA, MN 56007

7A. TYPED NAME AND ADDRESS OF 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		04/19/1996

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	04 / 22 / 1996	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 86222 SAN DIEGO,CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [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 n/a	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LEMEDA INC 14065 HWY 8 BUS EL CAJON,CA 92021	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED HILLCREST CEMETERY HWY 65 SOUTH ALBERT LEA, MN 56007	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION 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.

E-12746

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CHRIS	HARLAN	STENE	04/16/1957	06/17/1989	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, P.O. MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JANET STENE-MOTHER RT 2 BOX 187 ALBERT LEA, MN 56007

7A. NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—PER 8B	8B. DATE SIGNED
NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON,CA 92021	FD-1352	Janet Stene-Mother	04/19/1989

APPLICANT'S SIGNATURE

I hereby acknowledge as applicant that the proposed disposition listed herein is one of the dispositions authorized by Section 7054 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT DOES NOT GRANT DISPOSAL OUTSIDE OF CALIFORNIA.

8A. AMOUNT OF FEES PAID	8B. DATE PERMIT ISSUED	8C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	04/22/89	

8D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
PO BOX 85222 SAN DIEGO,CA 92186-5222

8E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

9. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY N/A	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC 14065 HWY 8 BUS EL CAJON,CA 92021	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED HILLCREST CEMETERY HWY 65 SOUTH ALBERT LEA, MN 56007	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
BURIAL AT SEA OR DISPOSITION EITHER OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST PORT OR 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

47316

Date: 4-16 , 1996

From: Cheryl Trenkel Address: 39-97 48th St. Sunnyside, NY 11104

One Thousand Dollars ($ 1000.00)

In full Payment of Disinterment of Craig Stent

Lot _____ Grave 52 Row 6-B Section 6 Division _____ Block 5

Invoice No. _____

Acct. No. _____

W.O. E-12746

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2261

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		
50% 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

Transfer of Pre-Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-13-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To: Hattie M. Kramer & Elein S. Lacune

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 455 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund from Minnie Beseda	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee Transfer Fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number R-47097	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 Hattie M. Kramer
Signature

X 5423 - Eldegardens St
Address

X San Diego, Calif 92120
City Zip Code

X 286-3733
Telephone

Work Order # E 12747

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E - 12747

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92101
Property Department
264-3151

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

QUITCLAIM DEED

In consideration of _____

_____

_____

I/We Minnie Beseda

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Hattie M. Kramer and Elein S. Racine

all that Cemetery property situated in Mount Hope Cemetery, in said City of San Diego, County of San Diego, State of California, described as follows:

Lot 455 Grave ____ Row ____ Section 1 Division/~~Block~~ 8

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said _____, its successors and assigns forever.

WITNESS my/our hand this 31st day of January 1996

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

x Minnie Beseda 1-31-96

Verna Johnson 1-31-96

Donna Maupin 1-31-96
Witnesses

SUSAN PARKER NOTARY PUBLIC STATE OF MONTANA

Susan Parker
Notary Public for the State of Montana
Residing at Libby
My Commission Expires 08-28-98

E-12747

1-31-96

Hi Rube & Laurie

I hope this signature will do. It is the best she could do. I mentioned to her that you had called and that I got a letter from you and she seemed to understand. He health remains about the same.

The people at the Care Center are very helpful. Its a great place considering what they have to do.

The elk meat is excellent - I wish you were close enough to share some. I am going back down to ~~Gardiner~~ Gardiner

E-12747

next week with my friend Steve Becker ~~and~~ to be the photographer for his trip.

Our weather has finally become winter. It is colder and clear - beautiful. I was getting very tired of the warm, gray, wet weather.

All is well here with Gene and family & I talk to Nancy about every other day.

Hope all is well with you both. Say hello to your family for me

Take care and I hope to see you this spring.

2/6/96

Dear Hattie and Elein:
Hope the enclosed signature will do. I'm understood what this quickclaim Deed was about - but her writing isn't very good any more. Know what happens!

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47097

Date: 2-13, 1996

From: ~~Minnie Beseda~~ Hattie Kramer Address: 5922 Eldergardens San Diego 92120

Forty Five Dollars ($ 45.00)

In full Payment of Transfer of Lot to Hattie M. Kramer & Elein S. Racini

Lot 455 Grave _____ Row _____ Section 1 Division ~~Block~~ 8

Invoice No. _____

Acct. No. _____

W.O. E-12747

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 371

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shackelton

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 2-13-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gerald A. Green

in a _____ Funeral, date, time Fri 2-16 11:00

Church, Chapel, Graveside Graveside : Featherly Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

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

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

PAID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12748

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/14/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ralph Rostad 2:30 PM

In a T.S. Vault (Vault/Liner) Funeral, date, time Thurs. 2/15/96

Church, Chapel, Graveside Del. Only ; (A) 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 119 Grave 2 Tier _____ Section 2 Division/Block 12

PAID
MAR 28 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	125.00
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	$ 1892.50
Paid receipt number B-47229	1892.50
Balance due	0

Marilee Sarey Public Guardian Estate 5201-B Ruffin Rd. 92123 6943500

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12749

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12749

APPLICATION 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
RALPH	-	ROSTAD	09/13/1912	02/10/1996	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	LOIS ROSTAD-WIFE 5201A 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	02/15/1996

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/15/1996 M. MITCHELL	9602781 ▶

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 2/15/96	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

47229

Date: 3-28, 1996

From: Public Admin. Address: 5201-A Ruffin Rd. S D 92123

One Thousand Eight Hundred Ninety Two & 50/100 Dollars ($ 1892.50)

In full Payment of Interment of Ralph Rostad

Lot 119 Grave 3 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12749

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 137527

AC-212 (Rev. 5-94)

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

ISSUED BY L. Shellion

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	895	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
	100	185	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101	17	50
Marker Setting Fee	78390 77186	125	00
TOTAL PAID		1892.	50

pre-need lot & trust for

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/14/96

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

of Lois Rostad

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

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 119 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	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- 47230	1767.50
Balance due	0

PAID
MAR 28 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Paid on F-12749

Maville Lowry

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

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

_____
Signature of recorded holder of deed

X Signature Deputy Public Administrator/Public Guardian

X Address 5201-A Ruffin Road

X City San Diego, California 92123 Zip Code

X Telephone 694-3508

Work Order # E 12750

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

47230

Date: 3-28, 1996

From: Public Admin. Address: 5201-A Ruffin Road S.D. 92123

One Thousand Seven Hundred Sixty Seven & 50/100 Dollars ($ 1767.50)

In full Payment of Re-Need Lot & Trust for

Iris Rostad

Lot 119 Grave 3 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E- 12750

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 137528

AC-212 (Rev. 5-94)

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

ISSUED BY L. Hubbell

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	1767	50
Sales Tax	80101 78390		
TOTAL PAID	$	1767	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need lot

Date 2-15-96

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

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 135 Grave 12 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees — paid in full 10-23-97	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	795.00
Paid receipt number R-47103	199.00
Balance due	596.00
	596.00

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 Ollie Ruth Edwards
Signature

X 2015 Irving Ave
Address

X San Diego
City Zip Code

X 619-239-6264
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12751

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT 43446

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4/8, 1997

From: Ollie Edwards Address: 2015 Irving Ave S.D. CA 92113

Twenty Five 00/00 Dollars ($ 25.00)

In Part Payment of Pre Need Lot

Lot 135 Grave 12 Row - Section 3 Division/Block 12

Invoice No.

Acct. No.

W.O. IE-104751

BALANCE DUE 296.00

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

AC-212 (Rev. 6-94)

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

4-8-97

ISSUED BY Karyn Burke

CREDIT		
20% Sales Care	87007 77184	25 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	93033 9022	
Sales Tax	90101 76390	
TOTAL PAID	$	25 00

NAME EDWARDS, OLLIE ACCT. NO. E-12751

ADDRESS 2015 Irving Ave., San Diego 92113 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
02[redacted]	96	Pre-need Lot opened:				
		Lot 135, Gr 12, Sec 3, Div 12 80= 636 20= 159	795.00			795.00
02-15	96	Receipt #47102 Downpayment			199.00	596.00
3/28	96	coupon # 1 R-47231			25.00	571.00
5-2	96	" 2 R-47349			25.00	546.00
5-31	96	" 3 R-47447			25.00	521.00
7-8	96	" 4 R-47583			25.00	496.00
7-30	96	" 5 R-47644			25.00	471.00
8-27	96	" 6 R-47745			25.00	446.00
9-27	96	" 7 R-47857			25.00	421.00
10-28	96	" 8 R-47951			25.00	396.00
12-2	96	" 9 R-48057			25.00	371.00
12-31	96	" 10 R-48149			25.00	346.00
1[redacted]	97	" 11 R-48236			25.00	321.00
2-26	97	" 12 R-48321			25.00	296.00
4-8	97	" 13 R-48446			25	271.00
4-28	97	" 14 R-48506			25.00	246.00
5-28	97	" 15 R-48625			25.00	221.00

PRINTED IN U.S.A.

E-12751

221.00

6-25	97	R-48724	CPN # 16	25.00	196.00
7-25	97	R-48808	CPN # 17	25.00	171.00
8-27	97	R-48907	CPN # 18	25.00	146.00
10/23	97	R-49088	CPN 19, 20, 21, 22, 23 & 24	146.00	0

Paid in full
10/23/97

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

DO NOT MAIL ENTIRE BOOK E-12751

ACCOUNT No. Pre-need Lot

Ollie Edwards

2015 Irving Ave.

San Diego, CA 92113

(Lot 135, Gr 12, Sec 3, Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, *due date above* ▶ $25.00

Amount due if paid more than ____ days after due date above. ▶ [redacted]

$ _____

—Amount Received $ 25-00

NAME Ollie Edwards

ADDRESS 2015 Irving ave

CITY San Diego STATE Ca ZIP 92113

☑ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK E-12751

ACCOUNT No. Pre-Need Lot

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135 Gr 12, Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135, Gr 12, Sec 3, Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 25.00

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

$ _____

Amount Received $ 25.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Ollie Edwards

2015 Irving Ave.

San Diego, CA 92113

(Lot 135 Gr 12, Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Fremont Lot

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135, Gr 12, Sec 3, Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135, Gr 12, Sec 3, Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135 Gr 12, Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135, Gr 12, Sec 3, Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

10

ACCOUNT No. Pre-Need Lot

Ollie Edwards

2015 Irving Ave.

San Diego, CA 92113

(Lot 135 Gr 12, Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above: $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preserved Lot

Ollie Edwards
2015 Irving Ave.
San Diego, CA 9211[illegible]
(Lot 135, Gr 12, Sec 3, Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$_____

Amount Received $_____

NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135 Gr 12, Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pierced Ear

Ollie Edwards
2015 Irving Ave. #
San Diego, CA 92113
(Lot 135, Gr 12, Sec 3, Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135 Gr 14, Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 15.00

Amount due if paid more than ____ days after due 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. Perpetual Lot

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135, Gr 12, Sec 3, Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above: $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Ollie Edwards
2015 Irving Ave.
San Diego, CA 9?113
(Lot 135 Gr 12, Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 15.00

Amount due if paid more than _____ days after due 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.

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135, Gr 12, Sec 3, Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Ollie Edwards
2015 Irving Ave.
San Diego, CA 9:113
(Lot 135 Gr 1., Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Promised Lot

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135 Gr 12, Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Promised Lot

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135, Gr 12, Sec 3, Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot
Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135 Gr 17, Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot
Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135, Gr 17, Sec 3, Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135 Gr. 11, Sec 3 Div 10)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ ~~3.00~~ 21.00

Amount due if paid more than ____ days after due 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.

Ollie Edwards
2015 Irving Ave.
San Diego, CA 92113
(Lot 135, Gr 11, Sec 3, Div 10)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above $ 3.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

49098

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3406

Date: 10/23, 19 97

From: Ollie Ruth Edwards Address: 2015 Irving Ave Unit San Diego 92113

One hundred forty six and 00/100 Dollars ($ 146 00)

In full Payment of Pre Need Lot

Lot 135 Grave 12 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12751

BALANCE DUE -0-

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

CREDIT		
20% Sales Care	67007 77184	146 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 76390	
TOTAL PAID	$	146 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7491

ISSUED BY C. Jurgon - Avalone

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

48506

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-28, 1997

From: OLLIE EDWARDS Address: 2015 Irving AVE S.D. 92113

TWENTY-FIVE Dollars ($ 25.00)

In PART Payment of PRE NEED LOT

Lot 135 Grave 12 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E12751

BALANCE DUE $2701.00

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

AC-212 (Rev. 5-94) 7411

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

APR 28 1997

ISSUED BY Norma Vasquez

CREDIT 20% Sales Care	67007 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	25	00
Sales Tax	80101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

43321

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-26 19 97

From: Ollie Ruth Edwards Address: 2015 Irving Ave. San Dugo 92113

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 135 Grave 12 Row ____ Section 3 Division 12 Block

Invoice No. ____

Acct. No. ____

W.O. E-12751

BALANCE DUE 321.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [ ] Cash [ ] Check [X]

7372

AC-212 (Rev. 8-84)

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

ISSUED BY Catina Jungton

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	$	25	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47231

Date: 3/28, 19 96

From: Ollie Edwards Address: 2015 Irving Ave. San Diego, CA 92113

Twenty five and no/100 Dollars ($ 25.00)

In Payment of Pre-need Lot

Lot 135 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-17751

*BALANCE DUE 1157.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #7300

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	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		$ 25	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47102

Date: 3-15- 19 96

From: Ollie Edwards Address: 2015 Irving Ave San Diego 92113

One Hundred Ninety Nine Dollars ($ 199.00)

In part Payment of Pre-Need Lot

Lot 135 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12751

BALANCE DUE 596.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7176

AC-212 (Rev. 5-94)

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

ISSUED BY D. Shackelton

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

OFFICIAL RECEIPT

47503

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 7-8, 1996

From: Ollie Edwards Address: 2015 Irving Ave SD 92113

Twenty five Dollars ($ 25.00)

In part Payment of Pre-Need Lot

Lot 135 Grave 13 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12751

BALANCE DUE 496.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑ 7245

AC-212 (Rev. 5-94)

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

ISSUED BY D. Hubbard

CREDIT			
20% Sales Cars	67037 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 76300		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47644

Date: 7-30 19 96

From: Ollie P. Edwards Address: 2015 Irving ave. San Diego, Ca. 92113

Twenty five and no/00 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 135 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12751

BALANCE DUE 471.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7289

AC-212 (Rev. 5-96)

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

ISSUED BY Catina Jurgen

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 77186		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78300		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47057

Date: 9-27 19 96

From: Ollie Edwards Address: 2015 Irving Ave. San Diego 92113

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of pre-need Lot

Lot 135 Grave 12 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12751

BALANCE DUE 446.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 7263

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Durgon

CREDIT	87007			
20% Sales Care	77184		3	
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	83033 9022			
Sales Tax	80101 78080			
TOTAL PAID		$	25	00

OFFICIAL RECEIPT

47951

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10-28, 19 96

From: Ollie Edwards Address: 2015 Irving Ave. San Diego, 92113

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Pre-need lot

Lot 135 Grave 12 Row ____ Section 3 Division/Block 12

Invoice No. ____

Acct. No. ____

W.O. E-12751

BALANCE DUE 421.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7273

AC-212 (Rev. 8-94)

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	25	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 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3466

48057

Date: 12-2 19 96

From: Ollie Edwards Address: 2015 Irving Ave. San Diego 92113

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Pre-need lot

Lot 135 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12751

BALANCE DUE 396.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
7324

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgin

CREDIT	67007		
20% Sales Care	77184	25.	00
80% Sales of Lots	100 77164		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78380		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3468

4 236

Date: 1-29 19 97

From: Ollie Edwards Address: 2015 Irving Ave. San Diego 92113

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 135 Grave 12 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12751

BALANCE DUE 346.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7354

AC-212 (Rev. 5-84)

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

ISSUED BY Catina Jurgens

CREDIT 20% Sales Care	57007 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 75390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 149

Date: 12-31, 19 96

From: Ollie Edwards Address: 2015 Irving Ave. San Diego 92113

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Pre-need lot

Lot 135 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12751

BALANCE DUE 371.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7339

AC-212 (Rev. 6-94)

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	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	50101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48625

Date: 5-28 19 97

From: Ollie Edwards Address: 2015 Irving Ave San Diego 92113

Twenty Five Dollars ($ 25.00)

In part Payment of Pre-Need Lot

Lot 135 Grave 12 Row ____ Section 3 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-12751

BALANCE DUE 221.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7416

AC-212 (Rev. 5-96)

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

ISSUED BY S. Shillin

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 8022		
Sales Tax	80101 78360		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

48808

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-25, 1997

From: Ollie Ruth Edwards Address: 2015 Irving Avenue San Diego 92113

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Pre-need lot

Lot 135 Grave 12 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12751

BALANCE DUE 171.00

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

7452

AC-212 (Rev. 5-94)

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

ISSUED BY C. Jungem-Aradenne

CREDIT 20% Sales Cars	67007 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 77189		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

48907

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-27 19 77

From: Ollie Ruth Edwards Address: 2015 Irving Ave. San Diego 92113

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Pre-need lot

Lot 135 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12751

BALANCE DUE 146.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7464

AC-212 (Rev. 6-86)

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

ISSUED BY C. Durgon-Ivarsone

CREDIT 20% Sales Care	57007 77184	25	00
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	83033 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

527-3469

47447

Date: 5-31, 19 96

From: OLLIE EDWARDS Address: 2015 IRVING AVE. SAN DIEGO, CA 92113

Twenty Five and no/100 Dollars ($ 25.00)

In Part Payment of PRE-NEED LOT

Lot 135 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12751

BALANCE DUE 521.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #7234

AC-212 (Rev. 5-86)

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

ISSUED BY Catina Turgeon

CREDIT	97007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	CD
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 78380		
TOTAL PAID		$ 25	CD

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47349

Date: 5-2 , 1996

From: Ollie Edwards Address: 2015 Irving Ave SD 92113

Twenty five Dollars ($ 25.00)

In part Payment of Pre-Need Lot

Lot: 135 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12751

BALANCE DUE 546.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7215

AC-212 (Rev. 5-94)

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

ISSUED BY D. Shutton

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 78300		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT 43724

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3460

Date: 6-25, 1997

From: Ollie Ruth Edwards Address: 2015 Irving Ave. San Diego 92113

Twenty five and no/100 Dollars ($ 25.00)

in part Payment of pre-need lot

Lot 135 Grave 12 Row ____ Section 3 Division ____ Block 12

Invoice No. ____

Acct. No. ____

W.O. E-12751

BALANCE DUE 196.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7437

AC-212 (Rev. 5-96)

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

ISSUED BY Calina Avallone

CREDIT	87007		
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	83033 9022		
Sales Tax	90101 76390		
TOTAL PAID	$	25	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-15-96

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

in a Liner (Vault/Liner) Funeral, date, time Tues 2-20 1:00

Church, Chapel, Graveside Church/Graveside ~~Chapel~~ Mortuary.

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

War time veteran _____.

Lot 131 Grave 2 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	159 245	795.00
Additional spaces and care fund		
Opening/Closing & Setup	paid in full 3-25-96 DB	375.00
Burial Container	DB 220.00	~~190.00~~
Handling Fees		145.00
Flower vases – Marker setting fee		
Recording and filing fee	DB	~~45.00~~
Sales taxes	DB 15.90	~~13.30~~
Total Due	DB 1,595.40	~~1,563.30~~
Paid receipt number 47108		391.00
Balance due		~~1,172.30~~ 1,204.40

Duane Booker - Brother 30 day note

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 _____ hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature
X 148 E 30th Address
X National City City
X 477-8917 Telephone
Zip Code

Work Order # E 12752

Invoice # 266141

Acct. # 088155

PY-593 (Rev. 8-92)

2-26

E-12752

266141	02/26/96	088155	JOHN W. HAYNES		03/25/96	CK 451	1,204.40	1,204.40	0.00
			100 072	77181	000072		375.00		PAID IN FULL
			100 072	77182	000072		220.00		
			100 072	77183	000072		45.00		
			100 072	77184	000072		245.00		
			100 072	77185	000072		145.00		
			60101	78390			15.40		
			67007	77184			159.00		

E-12752

MT. HOPE CEMETERY W.O. # E-12752

NOTE

1,204.40 San Diego, California 2/20 1996

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 Four ~~DOLLARS~~ with interest from March 20, 1996. 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 John W. Haynes SIGNATURE John W. Haynes

ADDRESS 148 E 30th National City Ca. 92950

CALIFORNIA DRIVER LICENSE NUMBER A1123836 SSN # 395-68-6955

PY-1012 (11-89)

MT. HOPE CEMETERY 1st

W.O. # E-12752

NOTE

1,172.30 San Diego, California 2-16 1996

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 3-20-96 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 DEWAYNE BOOKER SIGNATURE DeWayne Booker

ADDRESS 148 E 30 St National City, Ca 91950

CALIFORNIA DRIVER LICENSE NUMBER A1302809 SSN # 390-62-3988

PY-1012 (11-89)

E - 12752

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
Lillian	Marie	Booker	03/27/1962	02/14/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lillie M. Booker, Mother 4020 Utah St. Apt. 20 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 92102	F-1329	▶ Debbie Wallace	02/16/1996

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	02/20/1996	9602928 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2/96	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 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

47108

Date: 2-16, 1996

From: _____ Address: _____

Three Hundred & Ninety-One Dollars ($ 391.00)

In Part Payment of Interment of

Lillian Marie Booker

Lot 131 Grave 2 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12752

BALANCE DUE $1,172.30

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 Jeanne A. Weimer

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/16/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Benjamen Valdez - PA 1193287

in a Vault/Liner Liner Funeral, date, time Fri. 2/23 10AM

Church, Chapel, Graveside Del. Only ; No. Mty. Cem. Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 108 Grave 7 Row _____ Section 1 Division/Block 12

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

K. 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 12753

Invoice # 266304

Acct. # 000952

PY-593 (Rev. 8-92)

3-1

E-12753

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 02-13-96

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Benjamin	Unknown	Valdez	03/06/1952	02/10/1996	M

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	Katherine Howard-Public Administrator

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	6. (cont.)
North County Cremation Service 635 N Twin Oaks Valley RD #18 San Marcos, CA 92069	FD 1463	5201-A [illegible]ffin RD San Diego, CA 92123

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		Edward M Davidson	02/20/1996

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Joweva M. Davidson 02/20/1996	9602933

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 ENTAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LO[illegible] 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 2/23/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU[illegible] [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	16C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Trust

Date 2-16-96

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

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 162 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund D-8109 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
FEB 16 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 768.30

Paid receipt number 47104 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

Harold Buchardt
Signature

819 Grandview Street
Address

San Diego Ca 92114
City Zip Code

619 277-6972
Telephone

Work Order # E 12754

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

47104

MOUNT HOPE CEMETERY

527-3400

Date: 2-16, 1996

From: Harold Buchardt Address: 1819 Crandall Dr. SD 92111

Seven Hundred-Sixty-Eight Dollars ($ 768.30)

In Full Payment of Pre-Need Trust

Lot 162 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12754

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 77161	~~375 00~~
Burial Containers	100 77162	~~190 00~~
Handling Fee	100 77165	~~145 00~~
Recording & Misc. Fees	100 77163	~~45~~
Pre-Need Trust	63033 9022	768 30
Sales Tax	60101 78390	
TOTAL PAID	$	768 30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-20-96

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed. 2/21-11:00

Church, Chapel, Graveside Graveside Guadalupe Rosse Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 126 Grave 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup 270	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 47112	400.00
Balance due	1,267.50
	1,500.00
	1,667.50

PAID
MAR 18 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 day note

paid in full 3-18-96

2/22 Visa 0203-10

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.

Due 1,667.50

OVER

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

_____
Signature of recorded holder of deed

Maria Estrada
Signature

2774½ Broadway
Address

San Diego 92102
City Zip Code

595-14-88
Telephone

Invoice # 266139

Acct. # 088156

Work Order # E 12755

PY-593 (Rev. 8-92)

2-26

767.50
-500.00
267.50

3-4
BAL

267.50 3-18-96

0

E-12755

APPLICATION 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
BENITA	-	CASTILLO-CAMACHO	07/27/1922	02/16/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARIA ESTRADA-DAUGHTER 2774 ½ BROADWAY AVE. SAN DIEGO,C A. 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
GUADALUPANA MORTUARY 2601 IMPERIALAAVE. SAN DIEGO, CA. 92102	1425

ACKNOWLEDGMENT OF APPLICANT	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	▶ [signature]	02/20/1996

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO 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 / 05/20/1996	9602945 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/21/96	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-12755

266139 02/26/96 088156	MARIA ESTRADA		03/04/96 CA	E-12755	500.00	767.50	267.50
E-12755	100	072	77181	000072	175.90		PARTIAL PAYMENT
	100	072	77182	000072	162.87		
	100	072	77183	000072	29.32		
	100	072	77185	000072	120.52		
	60101		78390		11.39		
266139 02/26/96 088156	MARIA ESTRADA		03/18/96 CA		267.50	767.50	0.00
E-12755	100	072	77181	000072	94.10		PAID IN FULL
	100	072	77182	000072	87.13		
	100	072	77183	000072	15.68		
	100	072	77185	000072	64.48		
	60101		78390		6.11		

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47112

Date: 2/21, 1996

From: Guadalupana Mort. Address: 2601 Imperial SD 92102

Four Hundred Dollars ($ 400.00)

In part Payment of Interment of
Benita Castillo

Lot 126 Grave 9 Row Section 2 Division ~~Block~~ II

Invoice No.

Acct. No.

W.O. E-12755

BALANCE DUE $1,262.50

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 5318

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	400	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	90101 76390		
TOTAL PAID	$	400	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47200

Date 3/18, 1996

From: [illegible]ria Estrada Address: 2774 1/2 Broadway

Forty Six & 75/100 Dollars ($ 46.75)

In full Payment of Trion Flower Vase / Benita Castillo

Lot 126 Grave 9 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E - 12755

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 S. Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	25	00
Handling Fee	100 77185	20	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	1	75
TOTAL PAID	$	46	75

MT. HOPE CEMETERY

W.O. # E-12755

NOTE

$ 1,267.50 San Diego, California Feb 20 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 One Thousand Two Hundred Sixty Seven 50/100 DOLLARS with interest from March 21, 1996 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.

X PRINT NAME MARIA ESTRADA X SIGNATURE Maria Estrada

X ADDRESS 2774½ BROADWAY

X CALIFORNIA DRIVER LICENSE NUMBER N7532269 X SSN # 567-47 4118

PY-1012 (11-89)

Pre-need
Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/20/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Columbus M. Morris

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

Church, Chapel, Graveside _____ ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 72 Grave 2 Row _____ Section 2 Division/Block 1

Grave space & Care Fund Pre-need E-4276 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 47106	768.30
Balance due	0

PAID
FEB 20 1996
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.

X _____
Signature

Address _____

City _____ Zip Code

Telephone _____

_____
Signature of recorded holder of deed

Work Order # E 12756

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

47106

Date: 2/20, 1996

From: C. Mc Morris Address: 334 S. 45th St. SD 92113

Seven Hundred, Sixty-Eight & Thirty Cents Dollars ($ 768.30)

In Full Payment of Pre-Need Trust

Lot 72 Grave 2 Row Section 2 Division 1 Block

Invoice No.

Acct. No.

W.O. E-12756

BALANCE DUE 0

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

376

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	~~975~~	~~00~~
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

File

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-21-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roseal J. La Fleur

in a T. S. Vault Vault/Liner Funeral, date, time Fri. 3/23 - 3:00

Church, Chapel, Graveside Graveside : Palm Springs Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 4036 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need - D-3062 0

Additional spaces and care fund _____

Opening/Closing & Setup E-9878 0

Burial Container 0

Handling Fees 0

Flower vases – Marker setting fee _____

Recording and filing fee 0

Sales taxes 0

Total Due 0

Mark Dumont 321-0994

Paid receipt number _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 12757

Acct. # _____

PY-593 (Rev. 8-92)

432901

E-12757

APPLICATION 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
ROSEAL	JONES	La FLEUR	05/15/1918	02/20/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PALM SPRINGS	RIVERSIDE	LOUISE DOBBS-BARRINGER - NIECE 69 MAGDALENA DR. RANCHO MIRAGE, CA 92270

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PALM SPRINGS MORTUARY, CATHEDRAL CITY 69 855 E. RAMON RD. CATHEDRAL CITY, CA 92234	FD 1513	▶ Betty Stephens	02/21/1996

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	02/23/1996	▶ HERBERT A. GIESE JR., 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 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA	11B. DATE BURIED 2/23/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J Wirt	
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.

TOP

-D. I. P.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-23-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lawrence B. Frisch Mon. 2/26

in a liner (Vault/Liner) Funeral, date, time ~~Sat~~ 2-27 10:00

Church, Chapel, Graveside Chapel/Graveside ; Merkley Mitchell Scott Mortuary.

All Funeral cars must 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 DC

War time veteran _____

Lot 23 Grave 1 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre-Need D-3863	-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-47218	768.30
Balance due	-0-

PAID
MAR 25 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Atty to come in and sign use Creditor Claim form do not bill 3-5-96

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

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

Signature of recorded holder of deed

Joseph Edwards
Signature
Address
City Zip Code
Telephone

Work Order # E 12758

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12756

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LAWRENCE	B.	FRISCH	03/20/1906	02/22/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOSEPH O'CONNER, EXECUTOR 1581 ROSECRANS STREET SAN DIEGO, CA 92106

7A. TYPED NAME AND ADDRESS OF 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	T. C. Mitchell	02/23/1996

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	02/23/1996 T.C. MITCHELL	9603242

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/26/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J. Waits
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

47218

Date: 3-25 19 96

From: Joseph E. O'Connor Address: 1581 Roseerans P.O. Box 6252 SD 92106

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

In full Payment of Interment of Lawrence B. Trust

Lot 23 Grave 1 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E- 12758

BALANCE DUE 0

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

95

AC-212 (Rev. 5-94)

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

ISSUED BY D. Hackett

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161	375	00
Burial Containers	100 77162	190	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77163	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	13	30
TOTAL PAID	$	768	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-23-96

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

In a Liner (Vault/Liner) Funeral, date, time Tues 2-27 11:00

Church, Chapel, Graveside Chapel / Gr. Side Ca Burial Jeanette Mortuary.

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

War time veteran _____.

Lot 116 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	
Recording and filing fee	45.00
Sales taxes paid in full	13.30
Total Due	1,563.30
Paid receipt number AUX-PAYMENT CK# 2027	1,563.30
Balance due	0

PAID
APR 25 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30-Day note

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

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

_____
Signature of recorded holder of deed

Wendell Pettus
Signature
4386 Keeler Ave
Address
San Diego CA 92113
City Zip Code
619-263 3406
Telephone

Invoice # 268560

Acct. # 088796

Work Order # E 12759

PY-593 (Rev. 8-92)

E-12759

268560 04/23/96 088796 WENDELL PETTUS

E-12757

100	072	04/25/96 CK 2527					
100	072	77181	000072	1,563.30			
100	072	77182	000072	375.00			
100	072	77183	000072	190.00			
100	072	77184	000072	45.00			
100	072	77185	000072	795.00			
60101		78390		145.00			
				13.30			
					1,563.30		0.00
						PAID IN FULL	

MT. HOPE CEMETERY W.O. # E-12759

NOTE

$ 1,172.30 San Diego, California 2/23 19

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand, One Hund. Seventy-two 30 DOLLARS with interest from March 27, 1996 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 WENDELL PETTUS SIGNATURE X Wendell Pettus

ADDRESS X 4384 Keeler Ave

CALIFORNIA DRIVER LICENSE NUMBER X P0817228 SSN # X 443-38-5289

PY-1012 (11-86)

E-12759

APPLICATION 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	JANE	AUSTIN	07/04/1926	02/20/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	WENDELL PETTUS-FRIEND 4386 KEELER 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880-EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	02/23/1996

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	02/23/1996	9603216 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. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2/27/96	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.

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

E-12759

STATEMENT

TELEPHONE:
527-3400

SECOND BILLING

DATE	YOUR ORDER NO.
March 12, 1996	

TO:
Ca Burial
5880 El Cajon Blvd.
San Diego, CA 92115

DESCRIPTION OF CHARGE	AMOUNT
Sarah Austin Services	
Lot 116 Gr 11 Sec 3 Div 12	$ 795.00
Opening/Closing	375.00
Burial Container	190.00
Handling Fees	145.00
Recording Fee	45.00
Tax on liner	13.30
Total Due	$1,563.30

Pre-Need
Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/23/96

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

in a T. S. Vault Funeral, date, time _____
Vault/Liner

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 83 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 paid in full	250.00
Handling Fees 11/17/97	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 47117	417.00
Balance due	1,250.50
	1250.50

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

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

_____
Signature of recorded holder of deed

X Judy Chandler
Signature
X 24025 Hunt Ridge Dr
Address
X Murrieta CA 92562
City Zip Code
X 909-698-3339
Telephone

Invoice # _____

Work Order # E 12760

Acct. # _____

PY-593 (Rev. 8-92)

deed # 12188

NAME Charles, Judy B. E-12760 ACCT. NO.

ADDRESS 24025 Huntridge Dr. Murrieta, Ca RATING 92562 LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
2/23/96	Pre-Need Lot & Trust Opened:				
	Lot 83; Grave 9; Section 3; Division 12	795.00			
	Trust Includes: Opening/Closing; T.S. Vault;				
	Handling Fee; Recording Fee; Tax on vault.	872.50			
					1,667.50
2/23/96	Receipt #47117			417.00	1,250.50
4-10 96	" # 47293 cpn #1			54.00	1196.50
5-9 96	" 47385 " #2			54.00	1142.50
6-10 96	" " #3			54.00	1088.50
7-3 96	" 47562 " #4			54.00	1034.50
8-16 96	" 47721 #5			55.00	979.50
9-5 96	" 47775 #6			54.00	925.50
10-8 96	" 47881 #7 balance to trust			54.00	871.50
11-8 96	" 48006 #8			54.00	817.50
12-4 96	" 48071 #9			54.00	763.50
1-8 97	" 48193 #10			54.00	709.50
2-6 97	" 48269 #11			54.00	655.50
3-3 97	" 48332 #12			54.00	601.50

pre-need lot & trust (83-9-3-12) E-12760

4-7	97	48438	CPN	13		54.00	547.50
5-14	97	48575	CPN	14		54.00	[illegible]
6-5	97	48658	CPN	15		54.00	439.50
7-8	97	R-48758	"	16		54.00	385.50
8-4	97	R-48834	"	17		54.00	331.50
9-4	97	R-48930	"	18		54.00	277.50
10/7	97	R-49053	"	19		54.00	223.50
11-17		R 49176		20 to 24		224.50	-0-

1.00 to misc.

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

24025 Huntridge Dr.
Murrieta, CA 92562
Lot #3; Gr. 9; Sec. 3; Div. 12

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. $ ~~8.50~~ 8.50

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

$

Amount Received $ ~~8.50~~ $234.50

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.

Joey B. Chester
24025 Huntridge Dr.
Murrieta, CA 92562
Lot #3; Gr. 9; Sec. 3; Div. 12

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. $ ~~8.50~~ 54.00

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

$

Amount Received $ ~~8.50~~ 50

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.

24025 Southridge Dr.
Murrieta, CA 92562
Lot 83;Ct.-9; Sec.3; Div.12

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. ▶ $ 54.00

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

$ _____

Amount Received $ 54.00

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.

24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83; Gr. 9; Sec. 3; Div. 12

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. $ 54.00

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

$ _____

Amount Received $ 54.00

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.

Judy B. Charles
24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83; Gr. 9; Sec. 3; Div. 12

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 $ 54.00

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

$ _____

Amount Received $ 54.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83;Gr. 9; Sec.3; Div.12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 54.00

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

$ _____

Amount Received $ 54.00

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. E-18764

Judy B. Chatline
24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83; Gr. 9; Sec. 3; Div. 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 54.00

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

$ _____

Amount Received $ 54.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 12760

24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83; Gr. 9; Sec. 3; Div. 12

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. ▶ $ 54.00

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

$ _____

Amount Received $ 54.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK .

ACCOUNT No. E-12760

Judy B. Charles
24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83; Gr. 9; Sec. 3; Div. 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 54.00

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

$ _____

Amount Received $ 54.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E--12760

Judy B. Charles
24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83; Gr. 9; Sec. 3; Div. 12

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above ▶ $ 54.00

Amount due if paid more than _____ days after due date above. ▶ $ 55.00

$ _____

Amount Received $ _____

NAME Judy CHARLES

ADDRESS 24025 Huntridge DR

CITY MURRIETA STATE CA ZIP 9256

☐ check (✓) if this is new address 9256

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12760 ▪

Judy B. Charles
24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83;Gr. 9; Sec.3; Div.12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 54.00

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

$ _____

Amount Received $ 54.00

NAME Judy Charles

ADDRESS 24025 Huntridge Dr

CITY Murrieta STATE CA ZIP 92562

☐ check (✓) if this is new address

Send or bring one coupon with each payment. COUPON 4

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. E-12760

Judy B. Charles

24025 Huntridge Dr.

Murrieta, CA 92562

Lot 83;Gr. 9; Sec.3; Div.12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 54.00

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

$ _____

Amount Received $ 54.00

NAME _____

ADDRESS [redacted]

CITY _____ ZIP _____

☐ [redacted] new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12760

Judy B. Charles
24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83; Gr. 9; Sec. 3; Div. 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 54.00

Amount due if paid more than _____ days after due date above. $ 54.00

$ _____

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-12760

Judy B. Charles
24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83; Gr. 9; Sec. 3; Div. 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 54.00

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

$ _____

Amount Received $54.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12760

Judy B. Charles
24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83;Cr. 9; Sec.3; Div.12

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. ▶ $ 54.00

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

$ _____

Amount Received $ 54.00

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]

[illegible] S. [illegible]

24025 Huntridge Dr.

Hurrieta, CA 92562

Lot 83;Gr. 9; Sec.3; Div.12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 54.00

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

$ _____

Amount Received $ 54.00

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-12760

Judy E. Chaffee
24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83; Gr. 9; Sec. 3; Div. 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 54.00

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

$ _____

Amount Received $ 54.00

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. [illegible]

[illegible]

24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83;Gr. 9; Sec.3; Div.12

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. ▶ $ 54.00

Amount due if paid more than _____ days after due 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.

24025 Hunteridge Dr.
Murrieta, CA 92562
Lot 83; Ct. D; Sec.3; Div.12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above: ▶ $ 54.00

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

$ _____

Amount Received $ 54.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. S-12760

Judy B. Charles
24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83; Gr. 9; Sec. 3; Div. 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 54.00

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

$ _____

Amount Received $ 54.00

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]

Judy B. Charles
24023 Rustridge Dr.
Murrieta, CA 92562
Lot 83; Gr. 9; Sec. 3; Div. 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 54.00

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

$ _____

Amount Received $ 54.00

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-12760

Judy B. Charles
24025 Huntridge Dr.
Murrieta, CA 92562
Lot 83; Gr. 9; Sec. 3; Div. 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 54.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. W-12760

Judy B. Charles
24025 Eastridge Dr.
Murrieta, CA 92562
Lot 83; Gr. 9; Sec. 3; Div. 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 54.00

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

$ _____

Amount Received $ 54.00

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

48433

Date: 4-7 19 97

From: Judy B. Charles Address: 24025 Huntridge Dr. Murrieta 92562

Fifty four and no/100 Dollars ($ 54.00)

In part Payment of pre-need lot and trust

Lot 83 Grave 9 Row ____ Section 3 Division 12 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12760

BALANCE DUE 547.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 9484

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgon

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	54	00
Sales Tax	80101 78280		
TOTAL PAID	$	54	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47117

Date: 2/23, 1996

From: Judy B. Charles Address: 24025 Huntridge Dr. Murrieta, CA 92562

Four Hundred & Seventeen Dollars ($ 417.00)

In Part Payment of Pre-Need Lot & Trust for Alberta Jones

Lot 83 Grave 9 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12760

BALANCE DUE 1,250.50

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

AC-212 (Rev. 5-96)

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	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	80101 78390		
TOTAL PAID	$	417	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47293

Date: 4/10 19 96

From: Judy Charles Address: 24025 Huntridge Dr. Murrieta, CA 92562

Fifty four and no/100 Dollars ($ 54 00)

In part Payment of Pre-need lot and trust

Lot 83 Grave 9 Row ____ Section 3 ~~Division~~ ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-12760

BALANCE DUE 1196.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ #9014

AC-212 (Rev. 5-94)

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

ISSUED BY Carla M. Surgeon

CREDIT	67007		
20% Sales Care	77184	54	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	$	54	00

OFFICIAL RECEIPT

49053

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10/7, 1997

From: Judy Charles Address: 24025 Huntridge Drive Murrietta

Fifty four and no/100 Dollars ($ 54.00) 92562

In part Payment of pre need lot and trust

Lot 83 Grave 9 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12760

BALANCE DUE 223.50

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

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

ISSUED BY Cauna M Turgeon Auditor

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022	54	00
Sales Tax	60101 76390		
TOTAL PAID	$	54	00

AC-212 (Rev. 6-94)

OFFICIAL RECEIPT

48831

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-4, 1997

From: Judy B. Charles Address: 24025 Huntridge Drive Murrieta 92562

Fifty four and no/100 Dollars ($ 54.00)

In part Payment of pre-need lot and trust

Lot 83 Grave 9 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12760

BALANCE DUE 331.50

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

9607

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

ISSUED BY C. Turgeon-Vallone

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 8022	54	00
Sales Tax	60101 76300		
TOTAL PAID	$	54	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

48930

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-4 19 97

From: Judy Charles Address: 24025 Huntridge Dr. Murrieta 92562

Fifty four and no/100 Dollars ($ 54.00)

In part Payment of Pre-need lot + trust

Lot 83 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12760

BALANCE DUE 277.50

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

CREDIT 25% Sales Care	67007 77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77185		
Pre-Need Trust	63038 9822	54	00
Sales Tax	60101 76360		
TOTAL PAID	$	54	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 9644

ISSUED BY C. Zuazua-Avalos

AC-212 (Rev. 5-96)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49332

Date: 3-3 19 97

From: Judy B. Charles Address: 24025 Huntridge DR. MURRIETA 92562

Fifty four and no/100 Dollars ($ 54.00)

In part Payment of prepaid lot and trust

Lot 83 Grave 9 Row _____ Section 3 Division 12 Block

Invpice No. _____

Acct. No. _____

W.O. E-12760

BALANCE DUE 601.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 9445

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgens

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	85033 9022	54.	00
Sales Tax	80101 76380		
TOTAL PAID	$	54	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3466

4 269

Date: 2-6 19 97

From: Judy B. Charles Address: 24025 Huntridge Dr. Murrieta, CA 92562

Fifty four and no/100 Dollars ($ 54 00)

In PAH Payment of Pre-need lot and trust

Lot 83 Grave 9 Row Section 3 Division Block

Invoice No.

Acct. No.

W.O. E-12760

BALANCE DUE 655.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 9418

AC-212 (Rev. 5-94)

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

ISSUED BY Nina Ingram

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	54	00
Sales Tax	60101 78360		
TOTAL PAID		$ 54	00

OFFICIAL RECEIPT

43193

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-8 19 97

From: Judy Charles Address: 24025 Huntridge Pl. Murrieta 92562

Fifty four and no/100 Dollars ($ 54.00)

In Part Payment of Pre-Need Lot and trust

Lot 83 Grave 9 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-127100

BALANCE DUE 709.50

Pre-Need Lot ☒ At Need ☐ On Acct. ☐
Pre-need Trust ☒ Cash ☐ Check ☒
9305

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Mugron

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	54	00
Sales Tax	80101 76390		
TOTAL PAID	$	54	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4C006

Date: 11-8, 1996

From: Judy B. Charles Address: 24025 Huntridge DR. Murrietta 92562

Fifty four and no/100 Dollars ($ 54.00)

In part Payment of pre-need lot and trust

Lot 83 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12760

BALANCE DUE 817.50

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

9266

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	54	00
Sales Tax	80101 78390		
TOTAL PAID	$	54	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

47881

Date: 10-8 19 96

From: Judy B. Charles Address: 24025 Huntridge Dr. Murrieta 92562

Fifty Four and no/100 Dollars ($ 54.00)

In Part Payment of Pre-need lot and trust

Lot 83 Grave 9 Row _____ Section 3 Division 12

Invoice No. _____

Acct. No. _____

W.O. E-12760

BALANCE DUE 871.50

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

9243

AC-212 (Rev. 8-86)

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

ISSUED BY Catina Jurgen

CREDIT	67007	53	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	1	00
Sales Tax	60101 78360		
TOTAL PAID	$	54	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47496

Date: 6-10, 1996

From: Judy Charles Address: 24025 Huntridge Dr. Murrieta, 92562

Fifty Four Dollars ($ 54.00)

In part Payment of Pre-need Lot & Trust
Alberta Jones

Lot 83 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12760

BALANCE DUE 1088.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
9087

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

ISSUED BY S. Shackelton

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164	54	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	$	54	00

AC-212 (Rev. 6-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3460

47562

Date: 7-3, 1996

From: Judy B. Charles Address: 24045 Huntridge Dr. Murrieta, Ca. 92562

Fifty four and no/100 Dollars ($ 54.00)

In part Payment of Pre-need lot and trust

Lot 83 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12760

BALANCE DUE 1034.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ #9108

AC-212 (Rev. 5-96)

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

ISSUED BY Catina Jurgeon

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184	54	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 76300		
TOTAL PAID	$	54	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47385

Date: 5-9, 19 96

From: Judy B. Charles Address: 24025 Huntridge Drive Murrieta, Ca. 92562

Fifty Four and no/100 Dollars ($ 54.00)

In part Payment of pre-need lot and trust

Lot 83 Grave 9 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12760

BALANCE DUE 1142.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ #9065

AC-212 (Rev. 5-96)

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

ISSUED BY Catina Swagerty

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	54	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	$	54	00

OFFICIAL RECEIPT

47721

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-16 19 96

From: Judy Charles Address: 24025 Huntridge Dr. Murrieta 92562

Dollars ($ 55.00)

In full Payment of Pre Need Lot - Trust

Lot 83 Grave 9 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13760

BALANCE DUE 979.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 9192

AC-212 (Rev. 5-94)

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	55	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	69033 9022		
Sales Tax	50101 76500		
TOTAL PAID	$	55	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48071

Date 12-4 19 94

From: Judy Charles Address: 24025 Huntridge Dr. Murrieta 92562

Dollars ($ 54.00)

In part Payment of fifty four and no/100 pre-need lot and trust

Lot 83 Grave 9 Row Section 3 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-127160

BALANCE DUE 763.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 9340

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgens

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	54	00
Sales Tax	60101 76360		
TOTAL PAID	$	54	00

OFFICIAL RECEIPT

48758

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 6-8 19 97

From: Judy Charles Address: 24025 Huntridge Dr Murrieta Ca 92562

Fully Paid Dollars ($ 54.00)

In Part Payment of Pre-Need Lt + Trust

Judy Charles

Lot 83 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E- 12760

BALANCE DUE 385.50

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

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77195		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9002	54	00
Sales Tax	80101 78390		
TOTAL PAID	$	54	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 962

ISSUED BY L. Hutchison

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

48653

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-5 19 97

From: Judy B. Charles Address: 24025 Huntridge Drive Murrietta 92562

Fifty four and no/100 Dollars ($ 54.00)

In part Payment of pre-need lot & trust

Lot 83 Grave 9 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12760

BALANCE DUE 439.50

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [ ] Cash [ ] Check [X] 9542

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgen

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	54	00
Sales Tax	60101 76360		
TOTAL PAID	$	54	00

OFFICIAL RECEIPT

46575

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-14, 1977

From: Edwin Charles Address: 24025 Huntridge Dr. Murrieta Ca. 92562

Fifty-four Dollars ($ 54.00)

In Part Payment of Pre-Need Lot & Trust

Lot 83 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12760

BALANCE DUE 493.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☐

9521

AC-212 (Rev. 6-64)

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

ISSUED BY L. Lequeux

CREDIT 20% Sales Care	87007 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	54	00
Sales Tax	80101 78390		
TOTAL PAID		$ 54	00

OFFICIAL RECEIPT

49176

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 11-17 19 97

From: Judy Charles Address: 24075 Huntridge Drive Murrieta 92562

Two Hundred Twenty Four & 50/100 Dollars ($ 224.50)

In full Payment of Pre-Need Sft & Trust

Lot 83 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12760

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 9694

AC-212 (Rev. 5-94)

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

ISSUED BY D. Hamilton

CREDIT	87007		
20% Sales Care	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	1	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9032	223	50
Sales Tax	80101 78390		
TOTAL PAID	$	224	50

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

54091

(JUDY P CHARLES)

Date: 8/31/01, 20

From: Sun Health Group Address: 101 Sun Avenue

One Hundred + Seventy-One Dollars 88/100 Dollars ($ 171.88)

In Payment of Pre-NEED LOT + TRUST (MARKER SETTING FEE & TRANSFER CASE)

Alberta Jones

Lot 83 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12760

BALANCE DUE

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

AC-212 (Rev. 5-94)

9968

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

PAID

AUG 31 2001

MT. HOPE CEMETAR
CITY OF SAN DIEGO

ISSUED BY Lillie Prince

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	25	00
Handling Fee	100 77185	20	00
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	1	88
TOTAL PAID	$	171	88

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-26-96

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

in a T. S. Vault (Vault/Liner) Funeral, date, time Thur 2-29 10:00

Church, Chapel, Graveside Church/Graveside Humphreys Mortuary.

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

War time veteran _____

Lot 1998 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 47121	467.00
Balance due	1400.50

3-14-96 paid 1400.00

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.

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

_____
Signature of recorded holder of deed

X Jose A. Puentes
Signature

X _____
Address

X 374 Parkway #6 91910
City Zip Code

X Chula Vista
Telephone

425-6678

Invoice # 266804

Acct. # 088290

Work Order # E 12761

PY-593 (Rev. 8-92)

3-6

3-25-96 sent replacement check.
#561 for 487.00 (includes 20.00 check charge)

E 12701

= - 12701

266804	03/06/96	088290	JOSE PUENTES			03/14/96 CK 559		1,400.00	1,400.50
			100	072	77181	000072		374.87	
			100	072	77182	000072		249.91	
			100	072	77183	000072		44.98	
			100	072	77184	000072		328.88	
			100	072	77185	000072		184.93	
			60101		78390			17.49	
			67007		77184			198.94	

0.50
PARTIAL PAYMENT

MT. HOPE CEMETERY

W.O. # E-12761

NOTE

$ 1,400.50 San Diego, California Feb 26 19[redacted]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand four hundred + 50/100 DOLLARS with interest from March 30, 1996 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 Jose A. Puentes SIGNATURE X Jose A. Puentes

ADDRESS X 374 Parkway Apt. C Chula Vista CA 91910

CALIFORNIA DRIVER LICENSE NUMBER X ✓ SSN # X 572-12-5002-A

PY-1012 (11-88)

E-12761

APPLICATION 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
AMALIA	B.	PUENTES	01/08/1900	02/23/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Jose A. Puentes - Husband 374 Park Way, #C Chula Vista CA 91910-

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ Judith Kline	02/27/1996

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	02/28/1996	9603438 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 2/29/96	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

47121

Date: 2-26, 1996

From: Jose A. Puentes Address: 374 Parkway #C Chula Vista 91910

Four Hundred Sixty Seven Dollars ($ 467.00)

In part Payment of Interment of Amelia Puentes

Lot 1998 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12761

BALANCE DUE 1400.50

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

552

AC-212 (Rev. 5-94)

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

6

ISSUED BY S. Shebilton

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	467	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	$	467	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47221

Date: 3-25, 1996

From: Jose A. Puentes Address: 374 Parkway #C Chula Vista 91910

Four Hundred Eighty Seven Dollars ($ 487.00)

In part Payment of Interest of Amalia B. Puentes

Lot 1998 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12761

BALANCE DUE 1400.50

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

561

AC-212 (Rev. 5-94)

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

ISSUED BY Sue Shishkin

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	467	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
77100 Handling Fee	100 77185	20	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	487	00

OFFICIAL RECEIPT

49105

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10-27 ,19 97

From: Humphrey Mortuary Address: 855 Broadway Chula Vista 91911

One Hundred Twenty Five Dollars ($ 125.00)

In full Payment of Installation Fee for marker -
Amalia Fuentes

Lot 1998 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12761

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 26770

AC-212 (Rev. 6-94)

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

ISSUED BY S. Mahillon

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 78380		
TOTAL PAID	$	125	00

Pre-need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/26/96

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

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 83 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 47122	224.00
Balance due	671.00

pre need lot paid in full 3-3-98

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

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

_____
Signature of recorded holder of deed

Vernon Ward
Signature

5140 Solola Ave
Address

San Diego Ca 92114
City Zip Code

262-2817
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12762

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

43441

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-7 19 97

From: Vernon Ward Address: 5140 Soleta ave. S.D. 92114

Fifty six and no/100 Dollars ($ 56.00)

In part Payment of pre-need lot

Lot 83 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 251.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2124

AC-212 (Rev. 5-94)

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

ISSUED BY Anna Jurgens

CREDIT	87007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	56	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	$	56	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12762

Vernon Ward
5140 Soloia Avenue
San Diego, CA 92114
Lot 83;Grave 10;Section 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. ▶ $ _____

$ 28.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12762

Vernon Ward
5140 Solola Ave.
San Diego, CA 92114
Lot 83; Grave 10; Section 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. ▶ $ _____

$ 28.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

ded # 12220

E-12762

NAME Ward, Vernon ACCT. NO.

ADDRESS 5140 Solola Ave. San Diego, CA 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
2/[redacted]/96		Opened Pre-Need Lot	895.00			
		Lot 83; Grave 10; Section 2; Division 12.				
2/26/96		Receipt #47122			224.00	671.00
4/10	96	R-47319 coupon #1 80=716			28.00	643.00
5-10	96	R-47392 " #2 20=179			28.00	615.00
6-10	96	R-47482 " #3			28.00	587.00
7-5	96	R-47571 #4			28.00	559.00
8-10	96	R-47683 #5			28.00	531.00
9-5	96	R-47773 #6			28.00	503.00
10-8	96	R-47892 #7			28.00	475.00
11-5	96	R-47980 #8			28.00	447.00
12-10	96	R-48083 #9			28.00	419.00
1-7	97	R-48181 #10			28.00	391.00
2-[redacted]	97	R-48285 #11			28.00	363.00
3-5	97	R-48344 #12 & 13			56.00	307.00
4-7	97	R-48441 #14 & 15			56.00	251.00
9-4	97	R-48932 16, 17, & 18			84.00	167.00
10-3	97	R-49035 19			28.00	139.00

83-10-2-12 (prepaid lot)

E-12702 balance ($139.00)

11/10 97	cpn 20	R-49161	28.00	111.00
12/2 97	21	R-49223	28.00	83.00
1-5-98	22	R-49352	28.00	55.00
2-4-98	23	R-49601	28.00	27.00
3-3-98		R-49708	27.00	27.00

Paid in Full 3/3/98

RECEIVED
MAR 3 1998
MT. HOPE CEMETERY

Pre-Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/26/96

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

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 83 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 47122	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

Vernon Ward
Signature

5140 Solola Ave
Address

San Diego Ca 92114
City Zip Code

262-2817
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12762

PY-593 (Rev. 8-92)

E- 12762

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 26th day of February, 19 96, between Vernon Ward, 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 83, Grave 10, Row ____, Section 2, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $ 895.00, payable as follows: $ 224.00 cash herewith, the receipt of which is hereby acknowledged; $ 28.00 on the 10th day of April, 19 96; and the balance in installments of $ 28.00 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, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

cancellation, the Seller shall be released from all obligations both at law and in equity to convey such interment space and property to Purchaser, or to repay to said purchaser any of the money heretofore paid hereunder. The acceptance of overdue payments, or the waiving of any term or condition of the Agreement by the Seller, shall not constitute a waiver of any subsequent payment or subsequent breach of any other term, condition or provision hereof.

Upon cancellation of this Agreement, the Seller shall give to Purchaser a "Certificate of Credit" for the amount of money already paid by Purchaser. This "Certificate of Credit" represents the net equity in the cancelled memorial property and services purchased and may be used towards the cash purchase of an exclusive right of interment at the current or prevailing rate, provided such purchase is made within two years of the date of the certificate.

No right shall pass to Purchaser and no interment shall be made in the property herein described, nor any memorial placed thereon, until the purchase price shall be fully paid.

Seller will positively not resell or attempt to resell for the Purchaser any or all of said right of interment herein described. No assignment, either voluntary or involuntary, may be made of this Agreement or the right of interment purchased hereunder without the consent of the Seller, in writing, which consent will not be unreasonably withheld.

The Seller expressly reserves the right at any time that if it finds itself unable to fulfill this Agreement owing to invasion, insurrection, riot, war, order of any military or civilian authority, order of court, or by any other unforeseen contingency, or because of mistake, misrepresentation or fraud in the procuring of same, to return to the Purchaser all monies that may have been paid hereunder, and this Agreement shall thereupon become null and void.

Purchaser hereby consents and agrees that Seller may conduct any activity within Mt. Hope Cemetery boundaries which is incidental or convenient to either or both the care or memorializing of the deceased.

Any oral or written statement made in connection with the Agreement by Seller or by his agent shall not be binding upon Seller unless reduced to writing, signed by an officer of Seller and attached to this Agreement.

It is mutually agreed that the provisions of this Agreement shall apply to and bind the heirs, executors, administrators and assigns of the Purchaser.

It is further agreed that when this Agreement is signed by more than one Purchaser, each of such Purchasers becomes jointly and severally bound and liable hereunder.

E- 12762

WITNESS our hands this day and year above written.

Deed to be issued to:

Pre-Need Lot
Cost $895.00
25% down payment
$224.00
23 Payments @ $28.00
Last Payment @ 27.00

X _____
Name

X _____
Address

_____

PURCHASER

X VERNON WARD
Print Name

X _____
Signature

X 5140 Solola Ave
Street Address (Mail)

X SAN DIEGO CA 92114
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Jeanne A. Weisner

SLW:st(62-1)
1-23-90

OFFICIAL RECEIPT

43223

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12/2 19 97

From: Vernon Ward Address: 5140 Solola Ave. San Diego 92114

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

In part Payment of Prepaid lot

Lot 83 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 83.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2401

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 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

49352

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-5 , 1998

From: Vernon Ward Address: 5140 Soula Ave. SD 92114

twenty eight and no/100 Dollars ($ 28.00)

In part Payment of pre need lot

Lot 83 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 55.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [ ] Cash [ ] Check [X] 2436

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 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 6022		
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

40341

Date: 3-5 19 97

From: Vernon Ward Address: 5140 Solola Ave San Diego 92114

Fifty Six and no/100 Dollars ($ 56.00)

In part Payment of pre-need lot

Lot 83 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12702

BALANCE DUE 307.00

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [ ] Cash [ ] Check [X]

2087

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	56	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 6022		
Sales Tax	60101 76390		
TOTAL PAID	$	56	00

OFFICIAL RECEIPT

49161

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11/10 19 97

From: Vernon Ward Address: 5140 Solola Avenue San Diego 92114

Twenty eight and 110/100 Dollars ($ 28.00)

In part Payment of pre need lot

Lot 83 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 111.00

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

AC-212 (Rev. 5-94) 2368

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

ISSUED BY Catina Wallace

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 6022		
Sales Tax	60101 76390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

4 285

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

MOUNT HOPE CEMETERY
527-3490

Date: 2-10 19 97

From: Vernon Ward Address: 5140 Sulola Ave. San Diego 92114

In part Payment of pre-need lot twenty eight and no/100 Dollars ($ 28.00)

Lot 83 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 363.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2066

AC-212 (Rev. 6-94)

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

ISSUED BY Catina Duggan

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	28	00
Opening/ Closing	100 77191		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
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

47092

Date: 10-8 19 96

From: Vernon Ward Address: 5140 Dolola ave. San Diego 92114

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot: 83 Grave 10 Row Section 2 Division Sleek 12

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 475.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1929

AC-212 (Rev. 5-84)

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

ISSUED BY Catina Jurgen

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100 77164	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

47571

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527.3400

Date: 7-5, 1996

From: Verna Ward Address: 5140 Lobelia Ave SD 92114

Twenty Eight Dollars ($ 28.00)

In: part Payment of Pre-Need Lot

Lot: 83 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 559.00

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 D. Shields

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	69033 6022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47402

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

MOUNT HOPE CEMETERY
527-3400

Date: 12-6 19 96

From: Vernon Ward Address: 5140 Solola Ave. San Diego, Ca. 92114

Twenty Eight and no/100 Dollars ($ 28.00)

In Part Payment of Pre-need lot

Lot 83 Grave 11 Row Section 2 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. L-12703

BALANCE DUE 587.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1810

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Wiglow

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 78360		
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: 5-10, 19 96

From: Vernon Ward Address: 5140 Solola Ave. San Diego, Ca.

Twenty Eight and no/100 Dollars ($ 28.00)

In: part Payment of pre-need lot

Lot 83 Grave 10 Row Section 2 Division 12

Invoice No.

Acct. No.

W.O. E-12702

BALANCE DUE 615.00

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 Catina Jurgens

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 76360		
TOTAL PAID	$	28	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12762

Vernon Ward
5140 Soledo Ave.
San Diego, CA 92114
Lot 63; Grave 10; Section 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. ▶ $ 38.60

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 24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Vernon Ward
5140 Soiola Avenue
San Diego, CA 92114
Lot 83;Grave 10;Section 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]~~ 27.00

Amount due if paid more than _____ days after due date above. $ _____

$ 27.00

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]

Vernon Ward
5140 Soiola Ave.
San Diego, CA 92114
Lot 83; Grave 10; Section 2;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 $ _____

NAME Vernon Ward

ADDRESS 5140 Soiola Ave

CITY San Diego STATE CA 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. B-12762

Vernon Ward
5140 Solela Avenue
San Diego, CA 92114
Lot 83;Grave 10;Section 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 $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12762

Vernon Ward
5140 Soloia Ave.
San Diego, CA 92114
Lot 63; Grave 10; Section 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 $ _____

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. 6-11761

Vernon Ward
5140 Soledad Avenue
San Diego, CA 92114
Lot 63;Grave 16;Section 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

Send or bring one coupon with each remittance. **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12762

Vernon Ward
5140 Solola Avenue
San Diego, CA 92114
Lot 83;Grave 10;Section 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. ▶ $ 28.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12762

Vernon Ward
5140 Solola Ave.
San Diego, CA 92114
Lot 83; Greve 10; Section 2;Div.12

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
			10								

Amount due when paid on, or before due date above. $ 28.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

$ _____

Amount Received

NAME VERNON WARD

ADDRESS 5140 Solola Ave

CITY SD STATE CA 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. E-12762

Vernon Ward
5140 Solola Avenue
San Diego, CA 92114
Lot 83;Crave 10;Section 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. ▶ $ 28.00

$ _____

Amount Received $ _____

NAME Vernon Ward

ADDRESS 5140 Solola

CITY S.D STATE CA ZIP 9211[illegible]

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12762

Vernon Ward
5140 Solola Ave.
San Diego, CA 92114
Lot 83; Grave 10; Section 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** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12762

Vernon Ward
5140 Solola Ave.
San Diego, CA 92114
Lot 83; Grave 10; Section 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. $ 28.00

$ _____

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-12762

Vernon Ward
5140 Solola Avenue
San Diego, CA 92114
Lot 83;Grave 10;Section 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, ▶ $ 28.00

$ _____

Amount Received $ 28.00

NAME Vernon Ward

ADDRESS 5140 Solola Ave

CITY San Diego STATE 92114 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-12762

Vernon Ward
5140 Solola Ave.
San Diego, CA 92114
Lot 83; Grave 10; Section 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 Vernon Ward

ADDRESS 5140 Sola

CITY S.D. Ca STATE ZIP 92114

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12762

Vernon Ward
5140 Solola Avenue
San Diego, CA 92114
Lot 83;Grave 10;Section 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. $ 28.00

$

Amount Received $

NAME VERNON WARD

ADDRESS 5140 SOLOLA

CITY S.D. CA 92114 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-12762

Vernon Ward
5140 Solola Ave.
San Diego, CA 92114
Lot 83; Grave 10; Section 2;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, ▶ $ _____

$ 28.00

Amount Received $ _____

NAME Vernon Ward

ADDRESS 5140 Sola

CITY S.D. CA 9211[illegible] 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-12762

Vernon Ward
5140 Soloa Ave.
San Diego, CA 92114
Lot 83; Grave 10; Section 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 $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12762

Vernon Ward
5140 Soledad Avenue
San Diego, CA 92114
Lot 8;Crane 10;Section 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

[redacted] with each remittance **COUPON** **12**

DO NOT [redacted] ENTIRE BOOK

ACCOUNT No. E-12762

Vernon Ward
5140 Solola Avenue
San Diego, CA 92114
Lot 83;Grave 10;Section 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 $ _____

NAME Vernon Ward

ADDRESS 5140 Solola CA 92114

CITY San Diego STATE ZIP

☐ check (✓) if this is new address

...d or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12762

Vernon Ward
5140 Solola Ave.
San Diego, CA 92114
Lot 83; Grave 10; Section 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 VERNON WARD

ADDRESS 5140 Solola

CITY S.D. STATE CA ZIP 92114

☐ check (✓) if this is new address

Upon each remittance **COUPON** **22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-12762

Vernon Ward
5140 Soledad Avenue
San Diego, CA 92114
Lot 83;Grave 10;Section 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 $ _____

NAME Verzon Ward

ADDRESS 5140 Soledad Ave

CITY SD STATE Ca 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. B-12762

Vernon Ward -

5140 Solola Ave.

San Diego, CA 92114

Lot 83; Grave 10; Section 2; Div. 12

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
			10								

Amount due when paid on, or before, due date above. ▶ $ 24.00

Amount due if paid more than ____ days after due date above. ▶ $ 28.00

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47603

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 8-6 19 96

From: Vernon Ward Address: 5140 Solola ave. San Diego Ca. 92114

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot.

Lot 83 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 531.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 1861

AC-212 (Rev. 6-94)

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	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 78300		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47319

Date: 4/16 19 96

From: Vernon Ward Address: 5140 Solola Ave. San Diego, Ca. 92114

Twenty Eight and 110/100 Dollars ($ 28.00)

In part Payment of Pre-need lot

Lot: 83 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 643.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1775

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M. Burton

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

47122

Date: 2/26, 1996

From: Vernon Ward Address: 5140 S. Pola Ave. SD 92114

Two-Hundred & Twenty-Four Dollars ($ 224.00)

In Part Payment of Pre-Need Lot

Lot 83 Grave 10 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 671.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1729

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	224	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 76390		
TOTAL PAID	$	224	00

OFFICIAL RECEIPT

47980

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11-5 19 76

From: Vernon Ward Address: 5140 Solita Ave. San Diego 92114

Twenty Eight and no/100 Dollars ($ 28.00)

In part Payment of pre-need lot

Lot 83 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 447.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1967

AC-212 (Rev. 6-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Intima Durgin

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 78380		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3480

4S0S3

Date: 12-15 19 96

From: Vernon Ward Address: 5140 Solola Ave. San Diego 92114

Twenty Eight and no/100 Dollars ($ 28.00)

In: part Payment of pre-need lot

Lot 83 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 449.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2005

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jungem

CREDIT 20% Sales Care	57007 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	59033 9022		
Sales Tax	50101 75360		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

48131

MOUNT HOPE CEMETERY
527-3400

Date: 1-7 19 77

From: Vernon Ward Address: 5104 Solola Ave. San Diego, Ca. 92114

Twenty Eight and no/100 Dollars ($ 28.00)

In part Payment of Pre-need lot

Lot 83 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 391.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2034

AC-212 (Rev. 5-96)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgens

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 76390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

48932

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3460

Date: 9-4 19 97

From: Vernon Ward Address: 5140 Solola Ave. San Diego 92114

Eighty four and no/100 Dollars ($ 84.00)

In part Payment of pre-need lot

Lot 83 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 167.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2288

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY C. Jurgon-Avalos

CREDIT			
20% Sales Care	67007 77184	12	00
80% Sales of Lots	100 77184	72	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	$	84	00

OFFICIAL RECEIPT

40035

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10-3 .19 97

From: Vernon Ward Address: 5140 Solola Ave. San Diego 92114

Twenty eight and no/100 Dollars ($ 28.00)

In part Payment of pre need lot

Lot 83 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 139.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 8-94) 2323

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgen Avalos

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	83035 8022		
Sales Tax	60101 78390		
TOTAL PAID	$	28	00

OFFICIAL RECEIPT

49708

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/31, 19 58

From: Vernon Ward Address: 5140 Solola Ave San Diego Ca 92114

Twenty Seven 00/100 Dollars ($ 27.00)

In Part Payment of Pre Need Lot

Lot 83 Grave 10 Row Section 2 Division Block 19

Invoice No.

Acct. No.

W.O. F-12767

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 Hugh Baker

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	65033 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

49601

Date: 2-4, 1998

From: Vernon Ward Address: 5140 Soledad Ave San Diego 92114

Twenty Eight Dollars ($ 28.00)

In part Payment of Pre-Need Lot

Lot 83 Grave 10 Row — Section 3 Division 13 ~~Block~~

Invoice No.

Acct. No.

W.O. E-12762

BALANCE DUE 27.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2464

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Mullin

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

28 1 W
13
8 1/2 1 H

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/26/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cheyna Irene Johnson

in a _____ (Vault/Liner) Funeral, date, time Wed. 3/28 1:00

Church, Chapel, Graveside Graveside Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ mark 150.00

will be applied and billed to undersigned. Daniel John

War time veteran _____.

Lot 2778 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	180.00
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 47123	100.00
Balance due	170.00

paid in full 4-1-96

30 day note

I hereby certify I am the FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Daniel John
Signature

6705 MESA WAY
Address

SAN DIEGO CA 92114
City Zip Code

(619) 262-2553
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

V

Work Order # E 12763

Invoice # 266803

Acct. # 088291

PY-503 (Rev. 8-92)

3-6

E 12763

266803	03/06/96	088291	DONELL JOHNSON			04/01/96	CK	959			
	E- 12763		100	072	77181	000072			170.00	170.00	0.00
			100	072	77183	000072			125.00		
									45.00		PAID IN FULL

MT. HOPE CEMETERY

W.O. # E-12763

NOTE

$ 170.00 San Diego, California 2/26 19 96

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 Hund. & Seventy - DOLLARS with interest from March 26, 1996 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 DONELL D JOHNSON SIGNATURE Donell Johnson

ADDRESS 6705 MEZIN WAY SAN DIEGO CA 92114

CALIFORNIA DRIVER LICENSE NUMBER C1331891 SSN # 553-08-8043

PY-1012 (11-89)

E-12763

APPLICATION 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
Chyna	Irene	Johnson	02/24/1996	02/24/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Donell O. Johnson, Father 6705 Mezin Way San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	02/26/1996

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	02/27/1996	9603386 ▶ [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 St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BU ▶	
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 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

47123

Date: 2/26, 1996

From: Donell D. Johnson Address: 6705 Mezin Wy. SD 92114

One Hundred Dollars ($ 100.00)

In Part Payment of Interment Of Chyna L. Johnson

Lot 2788 Grave ____ Row ____ Section 1 Division 9 Block

Invoice No. ____

Acct. No. ____

W.O. E-12763

BALANCE DUE 170.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 591

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Weisner

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77154	80	00
Opening/ Closing	100 77151		
Burial Containers	100 77152		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022		
Sales Tax	60101 78590		
TOTAL PAID	$	100	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/26/96

96d4

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Omar Abdul-Aziz

in a Funeral, date, time Fri. 3/1 2:00

Church, Chapel, Graveside Chapel / GS. : 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. L.H. (Mother)

War time veteran _____

Lot 92 Grave 8 Row _____ Section 3 Division/Block 12

Grave space & Care Fund (159 2-4-5)	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 R-47133	391.00
Balance due	1172.30

PAID
MAR 29 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 Day Note

paid 3-29-96 Balance 0

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Dany Abdul-Aziz
Signature

7015 Wathe
Address

San Diego 92139
City Zip Code

267 4320
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12764

Invoice # 266926

Acct. # 088299

PY-593 (Rev. 8-92)

5-8

E 12764

E.

266826	03/08/96	088299	PANSY ABDUL AZIZI			03/29/96	CA	E-12764	1,172.30	1,172.30	0.00
			100	072	77181	000072			375.00		PAID IN FULL
	E-12764		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 W.O. # E-12764

NOTE

$ 1,172.30 San Diego, California 2/26/ 19[redacted]

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 One Hundred Seventy-Two & 30/100 DOLLARS with interest from March 26, 1996 to April 1, 1996 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.

X PRINT NAME Pamy Abdul-Aziz X SIGNATURE Pamy Abdul-Aziz

X ADDRESS 7015 Wathe, San Diego CA 92139

X CALIFORNIA DRIVER LICENSE NUMBER CA 48120626 X SSN # 546-37-9404

FY-1012 (11-89)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-12764

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
Omar	-	Abdul' Azizi	04/09/1966	02/25/1996	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	Pansy Abdul'Azizi - Wife 7015 Wattle Dr. San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	02/28/1996

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	02/28/1996	9603443 ▶ [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 St. San Diego, CA 92102	11B. DATE BURIED 3/1/96	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

47133

Date: 3-4 , 1996

From: Rosedale Address:

Three Hundred Ninety One Dollars ($391.00)

In part Payment of Interment of Omar Abdul Azizi

Lot 92 Grave 8 Row Section 3 Division Block 17

Invoice No.

Acct. No.

W.O. E-12764

BALANCE DUE 1172.30

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7919

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Stockton

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	80101 78390		
TOTAL PAID	$	391	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/26/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christopher Columbus McMorris

in a Liner (Vault/Liner) Funeral, date, time Thurs 2/29 1:00

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 $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 72 Grave 2 Row _____ Section 2 Division/Block 1

Grave space & Care Fund	Pre-Need E-4276	0
Additional spaces and care fund		
Opening/Closing & Setup	Pre-Need E-12756	0
Burial Container	"	0
Handling Fees	"	0
Flower vases – Marker setting fee		
Recording and filing fee	"	0
Sales taxes	"	0
Total Due		0
Paid receipt number		
Balance due		0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12765

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS E-12765

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
Christopher	Columbus	McMorris	06/03/1915	02/25/1996	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	Oleen McMorris, Wife 334 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
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		Debbie Williams	02/26/1996

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/27/1996	9603399 M 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 LO[redacted] AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2/29/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J Carl 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 PERSO[redacted] 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

4[illegible]044

Date: 11-21, 1996

From: Shirley Price Address: 3807 Peach Blossom National City 91950

One Hundred Eighty One 2 93/100 Dollars ($ 181.93)

In full Payment of VA marker and trion flower vase
Joe Price

Lot 91 Grave 1 Row ____ Section 3 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-12765

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 S. Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	25	00
Handling Fee	100 77185	20	00
Recording & Misc. Fees	100 77183	135	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	1	93
TOTAL PAID	$	181	93

AC-212 (Rev. 5-94)

TOP

D. I. P.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-27-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hazel B. Stephens

in a liner (Vault/Liner) Funeral, date, time Mon 3-4 1:30

Church, Chapel, Graveside Church / Graveside ; Goodbody (Mortuary) Bill

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 3999 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need D-4315	-0-
Additional spaces and care fund	
Opening/Closing & Setup Pre-Need D-4315	-0-
Burial Container Pre-Need D-4315	-0-
Handling Fees Pre-Need D-4315	-0-
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes Pre-Need D-4315	-0-
Total Due	45.00
Paid receipt number R-47139	45.00
Balance due	-0-

mortuary to bring check

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12766

PY-593 (Rev. 8-92)

E-12766

APPLICATION 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	B.	STEPHENS	11/09/1909	02/27/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	SANDRA M. PERCY: DAUGHTER 14 WILLOW CREEK CIRCLE APT. K DURHAM, NC 27705

7A. TYPED NAME AND ADDRESS OF 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 Meza	02/29/1996

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	03/01/1996	▶ Victoria Meza 9603593

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/4/96	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

47139

Date: 3-5, 1996

From: Goodbody Mort. Address: 5027 El Cajon Blvd.

Forty Five Dollars ($ 45.00)

In Full Payment of Interment of Hazel B. Stephens

Lot 3999 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. F - 12766

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		
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

Pre Need Lot

Date 2/29/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beatrice Bagdjian

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 134 Grave 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 R-47149	199.00
Balance due	596.00

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 Beatrice Bagdjian (Signature)
X 904 STATE ST., APT. 1402 (Address)
X SAN DIEGO, CALIF. 92101 (City, Zip Code)
X 619-236-1253 (Telephone)

Work Order # E 12767

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

47374

Date: 5-8, 1996

From: Beatrice Bagdjian Address: 904 State St. Apt 1402 SD 92101

twenty five Dollars ($ 25.00)

In part Payment of Pre-Need Lot

Lot 134 Grave 2 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12767

BALANCE DUE 546.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1013

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shechelton

CREDIT	67007		
20% Sales Care	77184		
50% 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	$	25	00

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK E-12767

ACCOUNT No. Pre-Need Lot

Beatrice Bagdjian
904 State Street, Apt #1402
San Diego, CA 92101
(Lot 134 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
			10								

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 25.00

NAME Beatrice Bagdjian

ADDRESS 904 State Street Apt 1402

CITY San Diego, STATE Calif. ZIP 92101 6044

☐ check (✓) if this is new address

22 2
13 H
13 W

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-28-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nathan Michael Pearlman

in a _____ (Vault/Liner) Funeral, date, time Fri 3-1 1:00

Church, Chapel, Graveside Graveside ; Beardsley-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. X _____

War time veteran _____.

Lot 3228 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-47124	270.00
Balance due	-0-

I hereby certify I am the X FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature] (Signature)
X 4673 Point Loma Ave. (Address)
X San Diego, CA 92107 (City, Zip Code)
X (619) 222-7269 (Telephone)

Work Order # E 12768

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12768

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NATHAN	MICHAEL	PEARLMAN	02/27/1996	02/27/1996	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	DANIEL C. PEARLMAN, FATHER 4673 POINT LOMA AVENUE SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BEARDSLEY-MITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107	FD-816		02/29/1996

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	02/29/1996 D. BODDY	9603551 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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, 4470 HILLTOP DRIVE, SAN DIEGO, CA 92102	11B. DATE BURIED 3/1/96	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

CITY OF SAN DIEGO, CALIFORNIA

47124

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 2-28 , 1996

From: Gertrude Pearlman Address: 700 Calle De La Sierra El Cajon 92019

Two Hundred Seventy Dollars ($ 270.00)

In full Payment of Interment of

Nathan Michael Pearlman

Lot 3228 Grave Row Section Division 9 Block

Invoice No.

Acct. No.

W.O. E-12768

BALANCE DUE -0-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

8

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 ☒

332

ISSUED BY L. Shelton

C-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-28-96

PA# 1193562

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Deleon Torres

in a liner (Vault/Liner) Funeral, date, time Mon 3-4 10:00

Church, Chapel, Graveside Del. Only : El Cajon Mortuary. mine

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 115 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	386.00
Balance due	0

paid in full 4/2/96

Kath. 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

Invoice # 266928

Acct. # 000952

Work Order # E 12769

PY-593 (Rev. 8-92)

3-8

E-12769

266825 03/08/96 000952	COUNTY OF SAN DIEGO			04/02/96 CK	04-046660	386.00	386.00	0.00
E-12769	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-12769.

APPLICATION 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	DELEON	TORRES	10/05/1938	02/19/1996	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	PUBLIC ADMINISTRATOR 5201-A RUFFIN RD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
EL CAJON MORTUARY 684 S. MOLLISON AVE-EL CAJON, CA 92020	FD-1022	Phyllis Dell	02/29/1996

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	02/29/1996 PHYLLIS DELL	9603543

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/4/96	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 2-28-96

PA# 1193821

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William F. Martin

In a Liner (Vault/Liner) Funeral, date, time Mon 3-4 10:00

Church, Chapel, Graveside del. Only ; Clairemont Mortuary.

All Funeral cars must arrive before 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 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	386.00
Balance due	0

paid up full 4/2/96

K. 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

Invoice # 266830

Acct. # 000952

Work Order # E 12770

PY-593 (Rev. 8-92)

3-8

E-12110

266930	03/08/96	000952	COUNTY OF SAN DIEGO			04/02/96	CK	04-046660	386.00	386.00	0.00
E-12770 Mahr			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- 12770

APPLICATION 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	FRANK	MARTIN	04/13/1940	02/23/1996	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 AVE., SAN DIEGO, CA 92117	F-1126	▶ Victoria Meza	02/29/1996

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	02/29/1996	▶ Victoria Meza 9603537

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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: 3/4/96	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

mock set-up for 12:00

Date 2-29-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Banks

In a _____ Vault/Liner Funeral, date, time Wed 3-6 12:00

Church, Chapel, Graveside Church 11:00 : Rosedale Mortuary Deebie

All Funeral cars must arrive before 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 Veterans area	
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 R-47155	50.00
Balance due	0

Mortuary clerk to bring

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12771

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3460

47155

Date: 3-6, 1996

From: Rezdale Address:

Fifty Dollars ($ 50.00)

In full Payment of work set-up for William Bunty

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-12771

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7944

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	50	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	50	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-29-96

PA #1185381

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Richard W. Gobb

in a liner (Vault/Liner) Funeral, date, time Fri 3/1, 2:00

Church, Chapel, Graveside Del Mar Guadalupana Rossi Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 15 Grave 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 — paid in full 4/2/96	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	386.00
Balance due	0

Rebecca Bars

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12772

Invoice # 266327

Acct. # 000952

PY-593 (Rev. 8-92)

3-8

E12772

266827	03/08/96	000952	COUNTY OF SAN DIEGO			04/02/96	CK	04-046660	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		

CERTIFICATION OF ABANDONMENT/DIRECTION TO INTER

Richard William Gott E-12772

REFERENCE: CASE OF See Attached, DECEASED

DATE-OF-DEATH: " " 8/27/95

↓ *Hospital OR Mortuary use only* ↓

Signature of the undersigned certifies, pursuant to Health and Safety Code Section 7104.1, thirty (30) days have lapsed from the time the Medical Examiner notified, or attempted to notify, the person(s) responsible for interment or inurnment of the remains of _____ now in the jurisdiction
(DECEDENT'S NAME)
of the Medical Examiner. I further certify that the responsible party has failed, refused or neglected to inter the remains.

Date _____ Signature _____

Title _____
Telephone No. _____

↑ *Hospital OR Mortuary use only* ↑

↓ *Medical Examiner use only* ↓

The undersigned directs the Indigent Disposition Officer to inter the remains in the manner provided by law for the indigent dead. In accordance with San Diego County policy, this shall be disposed by:

_____ Cremation as the next-of-kin failed to elect an alternate means of disposition.

✓ Ground Burial → Mount Hope Cemetery

In addition, the undersigned assigns the right/responsibility to recover any expenses of the interment from the responsible party to the Indigent Disposition Officer.

FUNERAL DIRECTOR ASSIGNED: GUARDIAN

Date 2-29-96 Signature _____

Title Supervising Investigator

↑ *Medical Examiner use only* ↑

↓ *Public Administrator use only* ↓

NO. 185381

PUBLIC ADMINISTRATOR - ASSIGNOR DATE: 2/29/96

COUNTY "INDIGENT PROGRAM" AUTHORIZED:

Rebecca Barr

AUTHORIZED DEPUTY SIGNATURE

Rebecca BARR

E- 12772

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
RICHARD	WILLIAM	GOFF	05/17/1916	08/27/1995	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	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, C A. 92102	FD-1425		02/29/1996

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	03/01/1996	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [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, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 3/1/96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-29

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe - PA# 1194038 due 3-5

In a Liner (Vault/Liner) Funeral, date, time ~~Mon.~~ 3/4 2:00

Church, Chapel, Graveside Del. Only : Guadalupana Rossi Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 136 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 paid up full 4/2/96	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	386.00
Balance due	0

Susan Jammes

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 266861

Acct. # 000952

Work Order # E 12773

PY-593 (Rev. 8-92)

E-12773

266861	03/08/96	000952	COUNTY OF SAN DIEGO			04/02/96 CK	04-046660	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-12773

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS USED 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	09/12/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	SUSAN JAMME-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		03/01/1996

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	03/05/1996	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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,C A. 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, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 3/5/96	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 2-29-96

PA# 1194046

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Manuel Muniz-Aguileia

in a liner (Vault/Liner) Funeral, date, time Mon. 3/4-2:00

Church, Chapel, Graveside Del. Only : Guadalupana Rossi Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 139 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	

Canceled Decided on Creamation

Susan Gamme

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12774

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-1-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward Echeverria

In a liner (Vault/Liner) Funeral, date, time Tues 3-5 11:00

Church, Chapel, Graveside Church/Graveside/Featherhill Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X J.C.E.

War time veteran _____.

Lot 260 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 159 136	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-47128	500.00
Balance due	1063.30

PAID
MAR 11 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30-Day note paid in full 3-11

Aux Inv. 1063.30

I hereby certify I am the Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Juanita C. Echeverria
Applicant

X 2049 Whitechapel
Address

X S.D. Ca. 92123
City Zip Code

X _____
Telephone

Work Order # E 12775

Invoice # 266857

Acct. # 088308

PY-593 (Rev. 8-92)

E-12775

266857	03/08/96	088308	ANTONIO ECHEVERRIA			03/11/96 CA		1,063.30	1,063.30	0.00
E-12775			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		136.00		

MT. HOPE CEMETERY

W.O. # E-12775

NOTE

1063.30 San Diego, California March 1 1996

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand sixty three & 30/100 DOLLARS with interest from April 6, 1996 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 cohtained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME Antonio Echeverria SIGNATURE Antonio Echeverria

ADDRESS 2049 Chinaberry St. S.D. Ca. 92123

CALIFORNIA DRIVER LICENSE NUMBER Y0611167 SSN # 526-12-7024

PY-1012 (11-88)

E- 12775

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 51

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EDWARD	-	ECHEVERRIA	05/14/1944	02/29/1996	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	Jovita Echeverria,mother 2049 Nhinghat St. 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	FD1083	▶ B. Echeverria	03/04/1996

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	03/05/1996 Edward Feezell	9603702 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92102	11B. DATE BURIED 3/5/96	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 CRE ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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-12775

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 088308

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 3-11-96 H.D.

PAID BY (CIRCLE ONE): CA CK NF

PAYMENT REFERENCE NUMBER

AMOUNT PAID $1063.30

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Savita Echeverria

PAYOR NAME Same
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS Same

REMARKS Jlan - MS #72

CASHIER

INV. NO. 266857

-1961 (2-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47128

Date: 3-1, 1996

From: Jovita Echeverria Address: 2049 Winchat St San Diego 92123

Five Hundred Dollars ($ 500.00)

In part Payment of Interment of Edward Echeverria

Lot 260 Grave 3 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12775

BALANCE DUE 1063.30

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 8-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shields

CREDIT	87007		
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	85033 0022		
Sales Tax	80101 76360		
TOTAL PAID	$	500	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-1-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Freda Thomas

in a T.S. Vault (Vault/Liner) Funeral, date, time Tues. 3/5 2:00

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 [signature]

War time veteran _____.

Lot 1275 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-Need B-7586 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.50

Flower vases – Marker setting fee 23.70

Recording and filing fee 45.00

Sales taxes 17.50

Total Due 896.20

Paid receipt number Mastercard 896.20

Balance due 0

PA

MAR 1 1996

MT. HOPE C
CITY of SAN D

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 Ronald Al Thomas
Signature

X 27231 OLD Hwy 80 P.O Box 3111 3
Address

X Guatay CA 91931
City Zip Code

X 473-8484
Telephone

Work Order # E 12776

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12776

APPLICATION 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
Freda	Merle	Thomas	07/04/1924	03/01/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Judy Fisher-Daughter 5174 Galt 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 filing permit	8B. DATE SIGNED
Greenwood Mortuary : I-805 & Imperial Ave. San Diego, CA 92102	F-843	▶ Sunnika Pryor	03/04/1996

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	S. Pryor 03/05/1996	9603716 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3761 MarkettSt., San Diego, CA 92102	11B. DATE BURIED 3/5/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J Watt	
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

30" L 29" L 11" H 14" W

Date 3/1/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sommerd. Sanders

In a _____ (Vault/Liner) Funeral, date, time Wed. 3/6 1:00

Church, Chapel, Graveside Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 3257 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-47156	270.00
Balance due	-0-

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12777

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12777

APPLICATION 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
Sommer	Iman	Sanders	02/27/1996	02/27/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Monique Sanders, Mother 225 Palomar St. Apt. 50 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
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	Debbie Williams	03/04/1996

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	03/05/1996	9603713 D 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 92102	11B. DATE BURIED 3/6/96	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 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

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47156

Date: 3-7, 1996

From: Rosedale Address:

Two Hundred Seventy Dollars ($ 270.00)

In full Payment of Interment of Sommer Sanders

Lot 3257 Grave Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E-12777

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7953

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Shelton

CREDIT	67007	20	00
20% Sales Care	77164		
80% Sales of Lots	100 77164	80	00
Opening/ Closing	100 77161	125	00
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76300		
TOTAL PAID	$	270	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Trust

Date 3-4-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eunice Desjardins

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 113 Grave 6 Row _____ Section 1 Division/Block 11

Grave space & Care Fund Pre-Need D-4065	-0-
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees PAID IN FULL 3-3-1997	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-47134	192.00
Balance due	576.30
	576.30

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 Eunice Desjardins
Signature
X 2181 Avenida Del Mex. Sp 20
Address
X San Diego, Ca. 92154
City Zip Code
X (619) 428689
Telephone

Work Order # E 12778

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

40330

Date: 3-3, 19 97

From: Eunice Desiardin Address: 2181 Ave Del MEXICO N20 S.D. 92154

Forty eight and 30/100 Dollars ($ 48.30)

In full Payment of Pre-need trust

Lot 113 Grave 6 Row Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. E-12778

BALANCE DUE 8

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑
7582

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Juarez

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		
Pre-Need Trust	63033 9022	48	30
Sales Tax	80101 76390		
TOTAL PAID	$	48	30

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47239

Date: 4/1, 1996

From: Eunice Desjardin Address: 2181 Arenita

Forty eight Dollars ($ 48.00)

In _____ Payment of Pre Need Trust

Lot 113 Grave 6 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E 12778

BALANCE DUE 528.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

7349

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kay Bird

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	48	00
Sales Tax	60101 78390		
TOTAL PAID	$	48	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

47134

Date: 3-4, 1996

From: Eunice Desjardin Address: 2181 Ave Del Mexico N 20 San Diego 92154

One Hundred Ninety Two Dollars ($ 192.00)

In part Payment of Pre Need Trust

Lot 113 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12778

BALANCE DUE 576.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 7332

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

4

ISSUED BY S Shackleton

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	192	00
Sales Tax	60101 78390		
TOTAL PAID	$	192	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47376

Date: 5-8, 1996

From: Eunice Desparden Address: 2181 Ave Del Mexico Sp 20 SD 92154

Forty Eight Dollars ($ 48.00)

In part Payment of Pre Need Trust

Lot 113 Grave 6 Row Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. E-12778

BALANCE DUE 480.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 757

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Hutchison

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	48	00
Sales Tax	60101 78390		
TOTAL PAID	$	48	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47568

Date: 7-5 19 96

From: Eunice Desjardin Address: 2181 Ave Del Mexico N 20 SD 92154

Forty Eight Dollars ($ 48.00)

In full Payment of Pre-Need Trust

Lot 113 Grave 6 Row Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. E- 12778

BALANCE DUE 384.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 7405

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Shelton

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	48	00
Sales Tax	60101 78390		
TOTAL PAID	$	48	00

OFFICIAL RECEIPT

47462

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 6-4, 19 96

From: Eunice Desjardin Address: 7181 Alv. Del Mexico N 20 San Diego, CA. 92154

Forty eight and no/100 Dollars ($ 48.00)

In part Payment of Pre-Need Trust

Lot 113 Grave 6 Row Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. L-12778

BALANCE DUE 439.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ #7393

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Ingram

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	48	00
Sales Tax	60101 78390		
TOTAL PAID	$	48	00

OFFICIAL RECEIPT

47656

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE-CEMETERY
527-3400

Date: 8-2 1996

From: Eunice Desjardin Address: 2181 Ave Del Mexico N 20 SD 92154

Forty Eight Dollars ($ 48.00)

In part Payment of Pre-Need Trust

Lot 113 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12778

BALANCE DUE 336.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 7427

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shechelton

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	48	00
Sales Tax	60101 78390		
TOTAL PAID	$	48	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

47870

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10-3, 19 96

From: Eunice Desjardin Address: 2181 Ave Del Mexico N 20 San Diego 92154

Forty eight and no/100 Dollars ($ 48.00)

In Part Payment of pre-need trust

Lot 113 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12778

BALANCE DUE 240.30

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

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		
Pre-Need Trust	63033 9022	48	00
Sales Tax	60101 78390		
TOTAL PAID	$	48	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 7469

ISSUED BY Carina Jurgens

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

47965

CITY OF SAN DIEGO, CALIFORNIA

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 11-1, 19 96

From: Eunice Desjardin Address: 2181 Avenida Del Mex. San Diego 92154

Forty eight and no/100 Dollars ($ 48.00)

In part Payment of pre-need trust

Lot 113 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12778

BALANCE DUE 192.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

7493

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Dungan

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	48	00
Sales Tax	60101 78390		
TOTAL PAID	$	48	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

45070

Date: 12-4 , 19 96

From: Eunice Desjardin Address: 2181 Ave Del Mexico N. 20 San Diego 92154

Forty eight and no/100 Dollars ($ 48.00)

In part Payment of pre-need Trust

Lot 113 Grave 6 Row Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. E-12778

BALANCE DUE 144.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	48	00
Sales Tax	90101 78390		
TOTAL PAID	$	48	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

7519

ISSUED BY Catina Jurgen

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 161

Date: 1-6 19 97

From: Eunice Desjardin Address: 2181 Avenida Del Mar Sp 20 San Diego

forty eight Dollars ($ 48.00)

In part Payment of Pre-Need Trust

Lot 113 Grave 6 Row Section 1 Division 11 Block

Invoice No.

Acct. No.

W.O. E-12778

BALANCE DUE 96.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐
7539

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. 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	48	00
Sales Tax	60101 78390		
TOTAL PAID	$	48	00

OFFICIAL RECEIPT

4 253

CITY OF SAN DIEGO, CALIFORNIA

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 2-3, 1997

From: Eunice Desjardin Address: 2181 Avenida Del Mex. Sp. 20 S.D. 92154

Forty Eight and no/100 Dollars ($ 48.00)

In part Payment of Pre-need trust

Lot 113 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12778

BALANCE DUE 48.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

7559

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Calina Swagom

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	48	00
Sales Tax	60101 78390		
TOTAL PAID	$	48	00

AC-212 (Rev. 5-94)

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK E-12778

ACCOUNT No. Pre-Need Trust
Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113, Gr 6, Sec 1, Div 11)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
			10								

Amount due when paid on, or before, due date above. $ 24.00

Amount due if paid more than ____ days after due date above. $ ~~24.00~~

$ 2400

Amount Received $ ____

NAME EUNICE-DESJARDIN
ADDRESS 2181-AVENIDA-DEL-MEX.-SP20
CITY SAN-DIEGO STATE Cal. ZIP 92154
☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK E-12778

ACCOUNT No. Pre-Need Trust
Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113 Gr 6 Sec 1 Div 11)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			10								

Amount due when paid on, or before due date above. $ 24.00

Amount due if paid more than ____ days after due date above. $ ____

$ 24.00

Amount Received $ ____

NAME Eunice Desjardin
ADDRESS 2181 Avenida Del Mex. Sp 20
CITY San Diego STATE Cal. ZIP 92154
☐ 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
Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113, Gr 6, Sec 1, Div 11)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
			10								

Amount due when paid on, or before, due date above ▶ $ 24.00

Amount due if paid more than _____ days after due date above. ▶ $ ~~24.00~~

$ _____

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
Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113 Gr 6 Sec 1 Div 11)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
			10								

Amount due when paid on, or before, due date above ▶ $ 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

Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113 Gr 6 Sec 1 Div 11)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
			10								

Amount due when paid on, or before, due date above. $ 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

Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113, Gr 6, Sec 1, Div 11)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
			10								

Amount due when paid on, or before, due date above. $ 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

Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113, Gr 6, Sec 1, Div 11)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
			10								

Amount due when paid on, or before, due date above ▶ $ 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

Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113 Gr 6 Sec 1 Div 11)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
			10								

Amount due when paid on, or before, due date above ▶ $ 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
Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113, Gr 6, Sec 1, Div 11)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
			10								

Amount due when paid on, or before, due date above. $ 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
Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113 Gr 6 Sec 1 Div 11)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
			10								

Amount due when paid on, or before, due date above. $ 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

Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113 Gr 6 Sec 1 Div 11)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			10								

Amount due when paid on, or before, due date above. ▶ $ 24.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 24.00

NAME EUNICE-DESJARDIN

ADDRESS 2181-AVENIDA-DEL-MEX. SP.20

CITY SAN-DIEGO STATE CALIF. 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. Pre-Need Trust

Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113, Gr 6, Sec 1, Div 11)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
			10								

Amount due when paid on, or before, due date above. ▶ $ 24.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 24.00

NAME ELLAICE-DESJARDIN

ADDRESS 2181-AVENIDA-DEL-MEX.Sp20

CITY SAN-DIEGO STATE CALIF 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. Pre-Need Trust

Eunice Benjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113 Gr 6 Sec 1 Div 11)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
			10								

Amount due when paid on, or before, due date above: $ 24.00

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME EUNICE-BENJARDIN

ADDRESS 2181-AVENIDA-DEL MEX. SP. 20

CITY SAN-DIEGO STATE CAL. 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. Pre-Need Trust

Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113, Gr 6, Sec 1, Div 11)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
			10								

Amount due when paid on, or before, due date above ▶ $ 4.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME EUNICE-DESJARDIN

ADDRESS 2181 AVENIDA-DEL-MEX. SP20

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. Pre-Need Trust
Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113, Gr 6, Sec 1, Div 11)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
			10								

Amount due when paid on, or before, due date above. $ 4.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 24.00

NAME Eunice Desjardin

ADDRESS 2181 Avenida Del Mex. Sp 20

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. Pre-Need Trust
Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113 Gr 6 Sec 1 Div 11)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
			10								

Amount due when paid on, or before, due date above $ 4.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 24.00

NAME Eunice Desjardin

ADDRESS 2181 Avenida Del Mex. Sp 20

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. Pre-Need Trust
Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113, Gr 6, Sec 1, Div 11)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
			10								

Amount due when paid on, or before, due date above. ▶ $ 24.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME EUNICE-DESJARDIN

ADDRESS 2181-AVE. DEL-MEX SP 20

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. Pre-Need Trust
Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113 Gr 6 Sec 1 Div 11)

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
			10								

Amount due when paid on, or before, due date above. ▶ $ 24.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME EUNICE-DESJARDIN

ADDRESS 2181-AVENIDA-DEL-MEX, SP 20

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. Pre-Need Trust

Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113, Gr 6, Sec 1, Div 11)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
			10								

Amount due when paid on, or before, due date above ▶ $ 24.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME EUNICE-DESJARDIN

ADDRESS 2181-AVENIDA-DEL-MEX SP. 20

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.

Pre-Need Trust
Eunice Desjardin
2181 Avenida Del Mex. Sp 20
San Diego, CA 92154
(Lot 113 Gr 6 Sec 1 Div 11)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
			10								

Amount due when paid on, or before, due date above ▶ $ 24.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME EUNICE-DESJARDIN

ADDRESS 2181-AVENIDA-DEL-MEX. SP. 20

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.

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. $ [illegible]

Amount due if paid more than ____ days after due date above. $ 24.30

$ _____

Amount Received $ _____

NAME EUNICE-DESJARDIN

ADDRESS 2181-AVE. DEL-MEX. SP 20

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.

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 EUNICE-DESJARDIN

ADDRESS 2181-AVE-DEL-MEX. SP 20

CITY SAN-DIEGO STATE CA. ZIP 92154

☐ check (✓) if this is new address

NAME DESJARDIN, EUNICE ACCT. NO. E-12778

ADDRESS 2181 Avenida Del Mex. Sp 20 San Diego, 92154 RATING LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
0[redacted]4 96	Pre-Need Trust opened: 113-6-1-11				
	Trust includes: Opening/Closing, Liner, Handling Fee, Recording Fee, Tax on Liner.	768.30			768.30
03-04 96	Receipt #47134			192.00	576.30
				48.00	528.30
5-8 96	Coupon 3 & 4 R- 47376			48.00	480.30
6-4 96	" 5 & 6 R- 47402			48.00	432.30
7-5 96	" 7 & 8 R- 47568			48.00	384.30
8-2 96	" 9 & 10 R- 47656			48.00	336.30
9-3 96	" 11 & 12 R- 47758			48.00	288.30
10-5 96	" 13 & 14 R- 47870			48.00	240.30
11-1 96	" 15 & 16 R- 47965			48.00	192.30
12-4 96	" 17 & 18 R-48070			48.00	144.30
1-[redacted]97	" 19 & 20 R-48161			48.00	96.30
2-3 97	" 21 & 22 R-48253			48.00	48.30
3-3 97	" 23 & 24 R-48330			48.30	0
	Paid in full 3-3-97.				

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/4/96 95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances A Sloane

in a Ash Vault Vault/Liner Funeral, date, time Thur 3/7/96 March 2:00pm

Church, Chapel, Graveside Delivery only : GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

J Lot 1 Grave 11 Row _____ Section 9 Division/~~Block~~ 3

Grave space & Care Fund Pre-Need "1873"	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 4712	268.85
Balance due	0

PAID
MAR 1 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mike 264-3174

I hereby certify I am the Cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Frances C. Webber
Signature

X 7612 Marsh Ave
Address

X West Hills, Ca 91304
City Zip Code

X (818) 340-4880
Telephone

Work Order # E 12779

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E- 12779

APPLICATION 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
FRANCES	A.	SLOANE	07/22/1906	FOUND 03/02/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	FRANCES WILSON: COUSIN 7612 MARCH AVENUE WEST HILLS, CA 91304

7A. TYPED NAME AND ADDRESS OF 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]	03/06/1996

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	Victoria Meza 03/06/1996	960381I ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA92102	11B. DATE BURIED 3/11/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	12B. DATE CREMATED 3-6-96	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 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

47136

MOUNT HOPE CEMETERY

527-3400

Date: 3-4, 1996

From: Frances Wilson Address: 5714 Ibis St. SD 92103

Two Hundred Sixty Eight 85/100 Dollars ($ 268.85)

In _____ Payment of Interment of Frances Sloan

Lot 1 Grave 11 Row _____ Section 9 Division Block 3

Invoice No. _____

Acct. No. _____

W.O. E-12779

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

103

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Watts

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	85
TOTAL PAID	$	268	85

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/4/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maicie L. Edwards

in a Liner (Vault/Liner) Funeral, date, time March 8, Friday 11:00AM

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. CHK

War time veteran _____.

Lot 255 Grave 8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund -159 -244.70	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container PAID IN FULL	190.00
Handling Fees 8-2-97 PER COLLEEN	145.00
Flower vases – Marker setting fee 533-4398	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1563.30
Paid receipt number R-47135	391.30
Balance due	1172.00

30 day MC

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 Carol R. Kelson
Signature

X 634 8th Street Apt 1
Address

X Imperial Beach CA. 91932
City Zip Code

X (619) 424-9280
Telephone

Invoice # 267022

Acct. # 088384

Work Order # E 12780

PY-593 (Rev. 8-92)

3-13

MT. HOPE CEMETERY

W.O. # F 12780

NOTE

$ 1,172.00 San Diego, California March 4 19 96

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand one hundred seventy two 00/100 DOLLARS with interest from ~~Date~~ April 10, 1996 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 CAROL L. KELSON SIGNATURE Carol L. Kelson

ADDRESS 634 8th Street Apt 1. IB. CA. 91932

CALIFORNIA DRIVER LICENSE NUMBER A6433234 SSN # 066-58-6231

PY-1012 (11-88)

E-12780

APPLICATION 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
Molcie	Louise	Edwards	12/08/1932	02/28/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Imperial Beach	San Diego	Carol L. Kelson, Daughter 634 8th St. Apt. 1 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
Anderson-Ragsdale Mortuary; 5050 Federal Blvd.; San Diego, CA 92102	F-1329	▶ Debbie Williams	03/04/1996

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	03/05/1996	9603713 ▶ 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 92102	11B. DATE BURIED 3/8/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J Wat	
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

47135

Date: 3/4 19 96

From: Carol Kelson Address: 1934 8th St #1 Imperial Beach 91932

Three hundred ninety one 00/100 Dollars ($ 391.30)

In Payment of Interment of Melvie

Lot 255 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 12780

BALANCE DUE 1,172.00

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 Karen Burke

CREDIT	67007		
20% Sales Care	77184	391	30
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Container	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	391	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-4-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Samuel L. Deaver

in a Liner (Vault, Liner) Funeral, date, time Thurs 3/7 11:00AM

Church, Chapel, Graveside Church + Grave : Ragsdale (MARK) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Rose Wilson

War time veteran _____.

Lot 254 Grave 10 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	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-47154	1563.30
Balance due	0

Ragsdale will Burns check at Service

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

Rose L. Wilson
Signature

5274 La Paz Dr
Address

San Diego
City

CA 92114
Zip Code

Telephone 619 264-7040

Work Order # E 12781

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E- 12781

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 42

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Samuel	Lee	Deaver	05/14/1953	03/02/1996	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	Ethel Ballinger - Mother 5254 San Jacinto Place 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	▶ Gwen Davis	03/06/1996

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	03/07/1996	9603874 G. Davis ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3-7-96	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

47154

Date: 3-6, 1996

From: Rogedale Address:

One Thousand Five Hundred Sixty Three & 30/100 Dollars ($ 1563.30)

In full Payment of Interment of Samuel Deaver

Lot 254 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12791

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7741

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shields

CREDIT 20% Sales Care	67007 77184	156	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 78390	13	30
TOTAL PAID	$	1563	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-4-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cornelius Morris

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon. 3/11 11:00AM

Church, Chapel, Graveside Del Only ; Rasgdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 139 Grave 4 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
~~Flower vases – Marker setting fee~~	
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	1767.50
Paid receipt number 47138	1767.50
Balance due	0

PAID
MAR 4 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Charlene Alexander
Signature

706 29th Ave. SO.
Address

Seattle, Wa 98144
City Zip Code

(206) 325-7028
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12782

PY-593 (Rev. 8-92)

E-12782

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CORNELIUS	-	MORRIS	04/09/1929	02/29/1996	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	CHARLENE ALEXANDER - SISTER 706 29TH AVENUE, SOUTH SEATTLE, WA 98144

7A. TYPED NAME AND ADDRESS OF 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	Debbie Williams	03/05/1996

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	03/08/1996 Williams	9603946

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/11/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU
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 4
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47138

Date: 3-4, 1996

From: Karlen Alexander Address: 706 29th Ave. S. Seattle, WA 98144

Seventeen Hundred Sixty-Seven 50/100 Dollars ($ 1767.50)

In _____ Payment of Interment of Carolina Trinca

Lot 139 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12782

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

MO# # 8027036986

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Wait

CREDIT 20% Sales Care	67007 77184	179	00
80% Sales of Lots	100 77184	716	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	$	1767	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinterment

Date 3-5-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernest David Copple

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 95 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees Disinterment	$ 1,000.00
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	$ 1,000.00
Paid receipt number	
Balance due	

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

_____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 12783

Acct. # _____

PY-593 (Rev. 8-92)

8-6-96 12783
sent follow-up letter
9-11-96
still working on it
12-10-98
FILED AWAY

3-17-98 12783
NO RESPONSE
follow-up with deadline date
see Dunbar letter
5-12-98
called - will call back by end of month with answer

E-12783

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

March 5, 1996

Lea McCully
801 5th Street
Coronado, CA 92118

Dear Ms. McCully:

This letter is to follow up the telephone conversation of Thursday, February 29, 1996. I am enclosing two forms that require signatures by immediate next of kin.

Please sign the Interment/Disinterment Work Order, Number E-12783 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 $1,000.00, (the charge for a disinterment), to us at the above listed address.

Also, enclosed is our form that authorizes disinterments. This form must be signed and notorized with a seal.

Be sure you have a mortuary obtain a Disinterment Permit for you. When we have 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 assistant to you in this matter, please do not hesitate to contact me.

Sincerely,

Sue Shackelton

Sue Shackelton
Clerical Assistant II

Enclosures



DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E-12783

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 6, 1996

Lea McCully
801 5th Street
Coronado, CA 92118

Re: Ernest David Copple

Dear Ms. McCully:

I am following up on my letter to you dated March 5, 1996 regarding the Disinterment of Ernest David Copple.

Please give me a call by September 6, 1996 to let me know if you still wish to pursue this matter or if you have changed your mind.

If you have any questions please do not hesitate to contact me.

Thank you.

Sincerely,

Sue Shackelton

Sue Shackelton
Clerical Assistant II

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

THE CITY OF SAN DIEGO

E-12783

March 17, 1998

Lea McCully
801 5th Street
Coronado, CA 92118

Re: Ernest David Copple

Dear Mrs. McCully:

I am following up on my letter to you dated August 6, 1996 regarding the Disinterment of Ernest David Copple.

Please let me know by May 1, 1998 if you wish to pursue this matter. If you have changed your mind we would like to void our paperwork.

Very truly yours,

Sue Shackelton

Sue Shackelton
Clerical Assistant II

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Luella E. Caldwell

In a Liner (Metal/Liner) Funeral, date, time March 7, Thurs 11:00

Church, Chapel, Graveside Delivery only ; Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 10 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	100.00
Burial Container	179.00
Handling Fees	100.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	550.00
Paid receipt number R-47324	550.00
Balance due	0

PAID
APR 19 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Katherine Howard 694-3504
Public Admin.
Send creditors claim 4-12-96

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12784

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12784

APPLICATION 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
LUELLA	E	CALDWELL	09/01/1931	02/29/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Katherine Howard, Public Adminis. 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
Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115	Fd1083	▶ Edward Feczell	03/03/1996

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	03/07/1996 Edward Feczell	9603871 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92102	11B. DATE BURIED 3/7/96	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

47324

Date: 4-19 , 19 96

From: [illegible] Address: 5201-A Duffin Rd SD 92123

Five Hundred Fifty Dollars ($ 550.00)

In full Payment of Interment of Luella Caldwell

Lot 10 Grave 8 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E- 12784

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 131758

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D. Hutton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	126	00
Opening/ Closing	100 77181	100	00
Burial Containers	100 77182	179	00
Handling Fee	100 77185	100	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	550	00

D.I.P.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/6/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cleavy Williams

in a Liner (Vault/Liner) Funeral, date, time Friday 1:00 March 8.

Church, Chapel, Graveside Church/Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. x Jame Finley/William

War time veteran _____.

Lot 121 Grave 4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	Pre Need E-2451	0
Additional spaces and care fund		
Opening/Closing & Setup	183.00	375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes	13.00	13.30
Total Due		768.30
Paid receipt number	R-47151	192.30
Balance due		576.00

JoAnn Williams

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 Jame Williams/Finley
Signature

x 1826 E 17th St Apt #96
Address

x National City Calif. 91950
City Zip Code

x 619 474-1189
Telephone

Invoice # 267024

Acct. # 088381

Work Order # E 12785

PY-593 (Rev. 8-92)

3-17

E-12785

267024 03/13/96 088381	JOANNE WILLIAMS			04/12/96 CA		100.00	576.00	476.00
E-12785	100	072	77181	000072		31.77		PARTIAL PAYMENT
	100	072	77182	000072		32.99		
	100	072	77183	000072		7.81		
	100	072	77185	000072		25.17		
	60101		78390			2.26		

MT. HOPE CEMETERY

W.O. # E 12785

NOTE

$ 576.00 San Diego, California March 6 19 96

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 00/100 DOLLARS with interest from April 8, 1996 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 Joanne Finley Williams SIGNATURE X Joanne Finley Williams

ADDRESS X 1826 E 17th St Apt #96 National City Calif. 91950

CALIFORNIA DRIVER LICENSE NUMBER X N8251696 SSN # _____

PY-1012 (11-89)

E-12785

APPLICATION 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
Cleavy	Edward	Williams	02/21/1932	03/01/1996	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	Michael Williams - Son 5120 Cervantes Avenue 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	▶ [signature]	03/06/1996

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	03/06/1996	9603829 ▶ [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 LOC[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 3/8/96	11C. SIGNATURE OF PERSON IN CHARGE OF BUR[illegible] ▶ [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[illegible] CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

47151

MOUNT HOPE CEMETERY

527-3400

Date: 3/6/96, 19 96

From: JoAnn Williams Address: 1826 East 17th St. #96 National City Ch 91950

One hundred ninety two 30/00 Dollars ($ 192.30)

In _____ Payment of Interment of Cleavy Williams

Lot 121 Grave 4 Row _____ Section 1 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE E-12785

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 Karen Bak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	192	30
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	30

AC-212 (Rev. 5-94)

CITY OF SAN DIEGO, CALIFORNIA

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

GENERAL INVOICE

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

E-12785

JOANNE WILLIAMS
1826 E. 17TH ST. APT 96
NATIONAL CITY CA 91950

ACCT NO
088381

TREASURERS USE ONLY

PAYMENT DATE 4/12/96 HD
BY: (CA) CK IF

PAYMENT REF NO _____ AMT PAID: 100.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/13/96	04/12/96	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-12785
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
CLEAVY WILLIAMS SERVICES	
LOT 121 GR 4 SEC 1 DIV 11	
OPENING/CLOSING	375.00
LINER	190.00
HANDLING FEES	145.00
RECORDING FEE	45.00
TAX ON LINER	13.30
LESS PAYMENT R-47151	192.30-
TOTAL DUE	576.00

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. QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

AC-22 (REV 7/92) RETURN WITH PAYMENT

INV NO. 267024

TOP

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-6-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stormie R. Lampkin

in a Double Depth Crypt Funeral, date, time Sat. 3-9 10:00
Vault/Liner

Church, Chapel, Graveside Church / Graveside : Rayside Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. † GFC

War time veteran _____.

Lot 82 Grave 3 Row _____ Section 14 Division/Block 7

Grave space & Care Fund Pre-Need E-6203 ~~0~~

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container _____

Handling Fees Saturday Overtime 600.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes _____

PAID
MAR 7 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Total Due 1020.00

Paid receipt number MC 1020.00

Balance due ~~0~~

I hereby certify I am the X Son in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 920 Angelo
Address

X National City 91950
City Zip Code

X 479-6916
Telephone

Invoice # _____

Work Order # E 12786

Acct. # _____

PY-593 (Rev. 8-92)

E-12786

APPLICATION 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	
Stormie	Ree	Lampkin	11/14/1930	03/05/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Greg Carson, Son-in-law 920 Angelo Dr. National City, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	03/07/1996

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	03/08/1996	9603945 ▶ [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 St. San Diego, CA 92102	11B. DATE BURIED 3/9/96	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

A.H.D

Date 3-6-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry Brown

in a ash Vault (Vault/Liner) Funeral, date, time ~~3-7 Thur~~ Tuesday, Mar 12th 11:00 AM

Church, Chapel, Graveside ~~Delivery Only~~; Ca Burial Garden Mortuary.

All Funeral cars must 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 Frances Dale

War time veteran _____.

Lot 16 Grave 11 Row _____ Section 3 Division/Block 17

Grave space & Care Fund ..... Pre-Need E-12279	~~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 R-47153	268.85
Balance due	~~0~~

*Frances Dale - daughter

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 Frances Dale
Signature
X 15614 Rosales St.
Address
X Sylmar 91342
City Zip Code
X (818) 362-1768
Telephone

Work Order # E 12787

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12787

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

92

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
Henry	Frank	BROWN	05/08/1903	02/29/1996	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Sylmar	Los Angeles	Francis Dale-Daughter 15614 Rosales Street Sylmar CA 91342

7A. TYPED NAME AND ADDRESS OF 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 5880 El Cajon Blvd. San Diego CA 92115	FD 1357	▶ Dan A Bu	03/08/1996

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	03/08/1996	▶ Robert C. [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
313 N Figueroa St RmL1 Los Angeles CA 90012	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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St San Diego CA 91342	11B. DATE BURIED 3/18/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium 571-J Crane St Lake Elsinore CA 92530	12B. DATE CREMATED 3-15-96	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

47152

Date: 3-6, 1996

From: Gregory Dale Address: 15614 Rosale St. Sylmar 91342

Two hundred sixty eight & 85/100 Dollars ($ 268 85)

In full Payment of Interment of Henry Brown

Lot 16 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12787

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

502

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	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

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-7-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Louis Walker

in a liner (Vault/Liner) Funeral, date, time Wed 3-13 1:30

Church, Chapel, Graveside Church / Graveside 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 [signature]

War time veteran ____ ____.

Lot 270 Grave 4 Row ____ Section 2 Division/Block 12

Grave space & Care Fund 159 245	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-47167	391.00
Balance due	1172.30

Paid in full 4-15-96

30-Day note

I hereby certify I am the + daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x [signature] Deborah W [signature]
Signature

x 255 Red Crest
Address

x San Diego Ca 92114
City Zip Code

x 698-7559
Telephone

Invoice # 267163

Acct. # 088426

Work Order # E 12788

PY-593 (Rev. 8-92)

3-18

E-12788

267163	03/18/96	088426	DA*BORAH THOMAS			04/15/96	CK 9730	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		

F-12788

MT. HOPE CEMETERY W.O. # E - 12788

NOTE

$ 1,172.30 San Diego, California March 7 19[redacted]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand One Hundred Seventy Two 30/100 DOLLARS with interest from April [redacted] 14, 1996 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 DA'Borah Thomas SIGNATURE DaBorah A. Thomas

ADDRESS 255 REDCREST

CALIFORNIA DRIVER LICENSE NUMBER H0129239 SSN # 570-84-2250

PY-1012 (11-89)

E-12788

APPLICATION 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	SEX
William	Louis	Walker, Jr.	06/02/1930	03/07/1996	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	Daborah L. Thomas, Fiance 255 Redcrest 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 92102	F-1329	Debbie Williams	03/11/1996

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	03/12/1996	9604117

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/13/96	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

47167

Date: 3-8, 1996

From: Deborah Thomas Address: 255 Redcrest Dr San Diego 92114

Three Hundred Ninety One Dollars ($ 391 00)

In part Payment of Interment of William Walker

Lot 270 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E - 12788

BALANCE DUE 1172.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

9720

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Shackelton

CREDIT 20% Sales Care	67007 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 76390		
TOTAL PAID	$	391	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47539

Date: 6-25, 19 96

From: William L. Walker Address: 255 Redcrest Dr. San Diego, Ca. 92114

one hundred twenty five and no/100 Dollars ($ 125.00)

In full Payment of Installation of government marker for William Dulis Walker, Jr.

Lot 270 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. L-12788

BALANCE DUE &

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ #9733

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Durgion

CREDIT 20% Sales Care	67007 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		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-7-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christine Shields

in a T. S. Vault (Vault/Liner) Funeral, date, time Mon 3-11 1:00

Church, Chapel, Graveside Church / Graveside 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 _____.

Lot 73 Grave 10 Row _____ Section 2 Division ~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	1767.50
Paid receipt number R-47164	1767.50
Balance due	-0-

PAID
MAR 7 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature
X 5133 Cobun St
Address
X San Diego Ca 92114
City Zip Code
X 264-0914
Telephone

Work Order # E 12789

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12789

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Christine	Louise	Shields	07/16/1918	03/04/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Walter W. Shields, Sr. - Husband 5133 Coban 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	▶ Debbie Williams	03/08/1996

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	03/08/1996	9603957 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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

- [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 92102	11B. DATE BURIED 3/11/96	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

47164

Date: 3-7, 19 96

From: Walter Wells Address: 5133 Univ. Ave. San Diego 92114

One Thousand Seven Hundred Sixty Seven & 50/100 Dollars ($ 1767.50)

In full Payment of Interment of Christine Wells

Lot 73 Grave 10 Row Section 2 Division Block 17

Invoice No.

Acct. No.

W.O. E-12784

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 S. Hutchison

CREDIT 20% Sales Care	87007 77184	179	00
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	350	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	$	1767	50

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47262

Date: 4/5, 19 94

From: Seaman-Poe Address: 3893 Imperial Ave San Diego CA 92113

Thirteen and no/cents Dollars ($ 13.00)

In Payment of Copper Flower vase for Walter & Christine Shields

Lot 73 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12789

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 Catina M Smith

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	15	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	15	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Re-Need Lot

Date 3-7-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter Shields 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 73 Grave 11 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 R-47165	895.00
Balance due	-0-

PAID
MAR 7 1996
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

X 5133 Cobra St
Address

X San Diego, Ca 92114
City Zip Code

X 264-0914
Telephone

Work Order # E 12790

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

47165

Date: 3-7, 19 96

From: Walter Hulse Address: 5133 Colusa St San Diego 92114

Eight Hundred Ninety Five Dollars ($ 895.00)

In Full Payment of Pre-Need 1st Walter Hulse Jr.

Lot 73 Grave 11 Row Section 2 Division Block 13

Invoice No.

Acct. No.

W.O. E-12790

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	179	00
80% Sales of Lots	100 77184	716	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	$	895	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/7/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Comeaux, Ellis

in a liner (Vault/Liner) Funeral, date, time Mon, Mar 11, 11:00

Church, Chapel, Graveside Church/Graveside: Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X BC

War time veteran _____.

Lot 260 Grave 12 Row _____ Section 9 Division/Block 12

Grave space & Care Fund (159 215)	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-47166	391.00
Balance due	1172.30

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.

X Brigitt Comeaux
Signature

X 3329 Z St.
Address

X San Diego 92113
City Zip Code

X (619-264-9166
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12791

Invoice # 267160

Acct. # 088427

PY-593 (Rev. 8-92)

12-18

MT. HOPE CEMETERY

W.O. # E - 12791

NOTE

$ 1172.30 San Diego, California March 8 19 96

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand One Hundred Seventy Two & 30/100 DOLLARS with interest from April 12, 1996 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 BRIGETT COMEAUX SIGNATURE X Brigett Comeaux

ADDRESS X 3727 "Z" STREET

CALIFORNIA DRIVER LICENSE NUMBER X 7876009 SSN # X 239-25-7235

PY-1012 (11-89)

E-12791

APPLICATION 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
Ellis	-	Comeaux, Jr.	06/03/1927	03/03/1996	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	Brigett Comeaux, Wife 3727 "Z" 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 92102	F-1329	▶ Debbie Wellman	03/08/1996

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	03/11/1996	9604019 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
BURIAL	Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	3/11/96	▶ Wait
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION**
CREMATION	N/A		▶
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE	N/A		▶
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	**14B. DATE SHIPPED**	**14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER**
TRANSIT	N/A		▶
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	**15B. DATE OF DISPOSITION**	**15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION**
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	N/A		▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

47166

MOUNT HOPE CEMETERY

527-3400

Date: 3-8, 1996

From: Bridgett Comeaux Address: 3727 Z Street San Diego 92113

Three Hundred Ninety One Dollars ($ 391.00)

In part Payment of Interment of Ellis Comeaux

Lot 260 Grave 12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E - 12791

BALANCE DUE 1172.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Stachelli

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

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-8-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy S. Young ~~Ø~~ Eaton

in a ash Vault (Vault/Liner) Funeral, date, time Sat 4-13 11:30

Church, Chapel, Graveside Graveside : Lima Family Erickson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned X L.L.

War time veteran _____.

Lot 117 Grave _____ Row _____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund Pre-need B-6353	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee Sat. overtime	210.00
Recording and filing fee	45.00
Sales taxes	3.85
Total Due	478.85
Paid receipt number R-47306	478.85
Balance due	Ø

PAID
APR 12 1996
MT. HOPE CEMETERY
CITY of SAN [illegible] CALIF

Lois LeClair - Daughter
520-474-0532
will come in 4-11 to sign and pay

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Lois A. LeClair
Signature

X 601 N. Doubletree Dr
Address

X Payson, AZ. 85541
City Zip Code

X 520-474-0532
Telephone

Work Order # E 12792

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12792

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

85

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DOROTHY	Y	EATON	01/16/1911	03/02/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTA CLARA	SANTA CLARA	ROBERT S YOUNG - SON 1614 GLENFIELD DR SAN JOSE CA 95125

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LIMA FAMILY ERICKSON 710 WILLOW ST SAN JOSE CA 95125	F 128	▶ Lamis Price	03/05/1996

ACKNOWLEDGMENT OF AFFIDAVIT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	03/05/1996	▶ 17331

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
645 SO BASCOM AV SAN JOSE CA	3851 ROSECRANS ST SAN DIEGO CA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY SAN DIEGO CA	11B. DATE BURIED 4/3/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED 3-7-96	12C. SIGNATURE OF PERSON IN CHARGE OF CREM ▶ Ken Parker	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

47306

Date: 4/12, 1996

From: Lois A. Leclair Address: 601 N. Double Tree Dr. Payson, AZ 85541

Four hundred seventy eight and 85/100 Dollars ($ 478.85)

In full Payment of Internment of Dorothy Eaton

Lot 117 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E-12792

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M Turgot

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	255	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	3	85
TOTAL PAID	$	478	85

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47310

Date: 4/15, 19 96

From: Lois A. Leclair Address: 601 N. Doubletree Dr. Tucson, AZ 85541

Twenty Four and no/100 Dollars ($ 24.00)

In full Payment of galvanized flower vase for Dorothy Eaton

Lot 117 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E-12792

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #0959

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M Turner

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	10	00
Handling Fee	100 77185	13	00
Recording & Misc. Fees	100 77183		2.2
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		78
TOTAL PAID	$	24	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-11-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ozelle Moore

in a T. S. Vault (Vault/Liner) Funeral, date, time Fri 3-15 1:00

Church, Chapel, Graveside Church | Graveside Rigsdale Mortuary.

All Funeral cars must 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 Christina Moore

War time veteran YES.

✓ Lot 4384 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	Pre-need D-7197	~~0~~
Additional spaces and care fund		
Opening/Closing & Setup	Pre-need D-7197	~~0~~
Burial Container	" D-7197	~~0~~
Handling Fees	" D-7197 C, M	~~0~~
Flower vases – Marker setting fee	Overtime	150.00
Recording and filing fee		45.00
Sales taxes		195.00
Total Due		~~45.00~~
Paid receipt number	R-47188	45.00
	wife R-47199 Balance due	150.00
		~~0~~

PAID MAR 13 1996 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

I hereby certify I am the X Christina Moore of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Christina Moore
Signature

X 3629 GILMORE
Address

X SAN DIEGO -CA-92113
City Zip Code

X 619-262-7931
Telephone

Work Order # E 12793

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-1279

09-02-21

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
Oselle	-	Moore	09/08/1921	03/08/1996	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	Christoria P. Moore, Wife 3629 Gillmore 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 92102	F-1329	▶ Debbie Wheless	03/11/1996

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/14/1996 ▶ A Williams	9604263

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/15/96	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

47188

Date: 3-13, 19 96

From: Christina Moore Address: 3629 Gilmore St SD 92113

Forty five Dollars ($ 45.00)

In full Payment of Interment of Ozella Moore

Lot 4384 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E - 12793 D

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3048

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. 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	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78380	
TOTAL PAID	$	45 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47199

Date: 3-18 , 19 96

From: Barbara Moore Address: 3629 Gilmore San Diego 92113

One Hundred Fifty Dollars ($ 150.00)

In full Payment of Interment of Ozella Moore

Late Charge

Lot 4384 Grave Row Section 010636 Division Block 10

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) 1230

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	150	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47600

Date: 7-10, 19 96

From: Christoria Moore Address: 3629 Fillmore St. San Diego, Ca. 92113

Twenty three and 78/100 Dollars ($ 23.78)

In full TRION ~~galvanized~~ flower vase for Payment of

Ozelle Moore - TRION FLOWER VASE

Lot 4384 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12473 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 Catina Turgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	13 ~~00~~	20.00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	10 ~~00~~	25.00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	~~78~~	1.75
TOTAL PAID	$	~~23~~ ~~78~~	Cash
		46.75	

OFFICIAL RECEIPT

47599

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-10 19 96

From: Christeria Moore Address: 2029 Gillmore St. San Diego, Ca 92113

One hundred twenty five and no/100 Dollars ($ 125.00)

In full Payment of government marker installation for Ozelle Moore

Lot 4384 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12793 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 Catina Durgon

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	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	125	00

Above 12 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-11-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kevin Riley

In a Double Crypt (Vault/Lider) Funeral, date, time Wed March 13, 9:00 AM

Church, Chapel, Graveside Chapel/Graveside ; Parkcrest Mortuary, Kevin Smith 260-1280

All Funeral cars must 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 _____.

Lot 136 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	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-47181	2041.60
Balance due	0

PAID
MAR 12 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X 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]
Signature

X 2447 G Street
Address

X San Diego 92102
City Zip Code

X 696-9739
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12794

PY-593 (Rev. 8-92)

E- 12794

APPLICATION 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	Patrick	RILEY	04/19/1966	03/10/1996	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	Vikki Riley-Wife 2447 'G' Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Park Crest Funeral Home 2441 University Avenue San Diego CA 92104	FD-1507	▶	03/12/1996

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
$ 17.00	03/13/1996 ▶	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 SD 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 3/13/96	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

47181

Date: 3-12, 1996

From: Edward Riley Address: 20566 Cypress Knee Ct, Estero Fla 33928

Two Thousand Forty One & 60/100 Dollars ($ 2041.60)

In full Payment of Interment of Kevin Riley

Lot 136 Grave R Row Section 3 Division Block 13

Invoice No.

Acct. No.

W.O. E-12794

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	179	00
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	380	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	26	60
TOTAL PAID	$	2041	60

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/11/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mamie Bell Moore

in a T.S. Vault Funeral, date, time Mon, 3/18 1:00pm

Church, Chapel, Graveside Church & Grave-side; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. [signature]

War time veteran _____

Lot 105 Grave 3 Row _____ Section 1 Division ~~Block~~ 12

Grave space & Care Fund Pre-Need E-4390 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-47197 872.50

Balance due 0

PAID
MAR 15 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CAL

30 DAY NOTE

I hereby certify I am the DAUTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

(Murdock)

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

[signature]
Signature

3059 OCEANVIEW BLVD.
Address

SAN DIEGO, CA 92113
City Zip Code

233-3281
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12795

PY-593 (Rev. 8-92)

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-12795

02/10/1986

DEED

Nº 11244

OWNERSHIP AND INTERMENT PRIVILEGES

TO Mamie Nell Moore for the sum of $ 470.00 (DOLLARS)

LEGAL DESCRIPTION Lot 105, Grave 3, Section 1, Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-4390

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

Cemetery Manager

Property Director

MT. HOPE CEMETERY

W.O. # E-12795

NOTE

$ 772.50 San Diego, California 3-11 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 Eight Hundred Seventy-Two 50/100 DOLLARS with interest from April 18, 1996 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 Owen Dawn Moore Marker SIGNATURE [redacted]

ADDRESS 3059 Ocean View Blvd. San Diego, Calif.

CALIFORNIA DRIVER LICENSE NUMBER S0955522 SSN # 560-68-6777

PY-1012 (11-89)

E-12795

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mamie	Nell	Moore	10/04/1922	03/09/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Gwendolyn M. Murdock, Daughter 3059 Oceanview Blvd. 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 92102	F-1329	▶ Debbie Wilkes	03/13/1996

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	03/13/1996	9604190 ▶ [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 St. San Diego, CA 92102	11B. DATE BURIED 3/18/96	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

47197

Date: 3-15, 1996

From: Ernestine Thornton Address: 2005 Huntington Ave Alexandria VA

Eight Hundred Seventy Two 50/100 Dollars ($ 872.50)

In full Payment of Interment of Minnie Moore

Lot 105 Grave 3 Row Section 1 Division 13 Block

Invoice No.

Acct. No.

W.O. E- 12795

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 D. Hutchison

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161	375	00
Burial Container	100 77182	220	00
Handling Fee	100 77185	195	00
Recording & Misc. Fees	100 77163	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 3/11/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nora Zenthoefer

in a Liner (Vault/Liner) Funeral, date, time 3-14-96 Thurs 10:00 AM

Church, Chapel, Graveside Church Graveside : Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X Teresa J. Pion

War time veteran ____.

Lot 98 Grave ____ Row ____ Section IOOF Division/Block 36

Grave space & Care Fund ..... Pre Need A2796	Ø
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	1330
Total Due	768.30
Paid receipt number R-47186	768.30
Balance due	0

PAID
MAR 13 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Teresa Pion 420 5684

I hereby certify I am the X unrelated 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 Teresa J. Pion (Signature)
X 52 Millen Ct (Address)
X Chula Vista CA 91910 (City, Zip Code)
X 420-5684 (Telephone)

Work Order # E 12796

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

47186

Date: 3 - 13, 1996

From: Dolores Leon Address: 52 Millan Ct Chula Vista 91910

Seven Hundred Sixty Eight Dollars ($ 768.30)

In full Payment of Interment of Nora Zenthoefer

Lot 98 Grave Row Section IOOF Division Block 36

Invoice No.

Acct. No.

W.O. E - 13796

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2403

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY S. Shackelton

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

E 12796

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
NORA	CHARLOTTE	ZENTHOEFER	01/31/1900	03/11/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DELORES PION - FRIEND 52 MILLAN COURT CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	03/11/1996

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/11/1996	▶ [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
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	--

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3/14/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/11/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Scott Jones~~ Dolores Sandoval

in a Double Depth Vault/Liner Funeral, date, time Thurs, 3/14 11:00 AM

Church, Chapel, Graveside Church/Graveside: Merkley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned. X _____

War time veteran _____.

Lot 5198 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	1095.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	390.00
Flower vases – Marker setting fee	
Recording and filing fees	45.60
Sales taxes	26.60
Total Due	2241.60
Paid receipt number R-47203	2241.60
Balance due	0

PAID
MAR 19 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Sandoval Scott

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 Nick Sandoval
Signature
X 2809 HARTFORD CT
Address
X SAN DIEGO 92117
City Zip Code
X 2760619
Telephone

Work Order # E 12797

Invoice # _____

Acct. # _____

PY-593 (Rev. 9-92)

E-12797

APPLICATION 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
DOLORES	-	SANDOVAL	11/09/1918	03/10/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	NICK SANDOVAL, HUSBAND 2809 HARTFORD 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
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119		03/13/1996

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	03/13/1996 D. BOODY	9604196 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/14/96	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

47203

Date: 3-19 , 19 96

From: Berkley Mitchell Address: 3655 5th Ave SD 92103

Two Thousand Two Hundred Forty One & 60/100 Dollars ($ 2241.60)

In full Payment of Interment of Dolores Sandoval

Lot 5198 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12797

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4549

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Mitchell

CREDIT	67007	219	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	876	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	380	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	26	60
TOTAL PAID	$	2241	60

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need

Date 3/12/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Effie Jackson

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 2659 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund 995

Additional spaces and care fund ..... SEE

Opening/Closing & Setup E-15187

Burial Container .....

Handling Fees .....

Flower vases – Marker setting fee .....

Recording and filing fee .....

Sales taxes .....

Total Due 995.00

Paid receipt number R-47182 249.00

Balance due 746.00

Resale is pay for the lot

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12798

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12798

NAME JACKSON, EFFIE (Ragsdale) 5050 Federal Blvd. SanDiego 92102 ACCT. NO.

ADDRESS (Ragsdale to make payments - no coupons) RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
03	96	Pre-Need Lot opened.				
		Lot 2659 Div 10	995.00			995.00
03-12	96	Receipt # R-47182			249.00	746.00
5-14	96	" R-47404			200.00	546.00
6-6	96	" R-47476			100.00	446.00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47182

Date: 3/12, 19 96

From: Raydale Address: 5050 Federal Blvd, San Diego, Ca 92102

Two hundred forty nine Dollars ($ 249.00)

In Payment of Pre Need Lot for Effie Jackson

Lot 3659 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12798

BALANCE DUE 74600

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 Krystal Burk

CREDIT 20% Sales Care	67007 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	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	249 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47404

Date: 5-14, 19 96

From: Anderson-Ragsdale Mort. Address: 5050 Federal Blvd. San Diego, Ca. 92102

Two hundred and no/100 Dollars ($ 200.00)

In part Payment of pre-need lot for Effie Jackson

Lot 2059 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12798

BALANCE DUE 546.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
8350

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Carina Jurgen

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	63033 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

47476

Date: 6-6, 1996

From: Ragsdale Address: 5050 Federal Blvd

One Hundred Dollars ($ 100.00)

In part Payment of Pre-Need Lot

Lot 2659 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12798

BALANCE DUE 446.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

8366

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need

Date 3/12/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Earl B Gilliam

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 891 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 R-47183	249.00
Balance due R-47239	746.00
	746.00

PAID
APR 04 1996
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Earl Gilliam
9121 Paradise St
San Diego 92114

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12799

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

47183

Date: 3/12, 19 96

From: Ragsdale Address: 5050 Federal Blvd, San Diego, Ca 92102

Two hundred forty nine Dollars ($ 249.00)

In Payment of Pre Need Lot for Earl B Gilliam

Lot 891 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. F12799

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 Karyn Bak

CREDIT	67007	1995	96
20% Sales Care	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	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	249	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47259

Date: 4-4, 1996

From: Earl D. Gilliam Address: 940 Front St San Diego 92189

Seven Hundred Forty Six Dollars ($ 746 00)

In full Payment of Pre-Need Lot

Lot 891 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12799

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

5990

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Shechillin

CREDIT	67007		
20% Sales Care	77184		
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		
Sales Tax	80101 78390		
TOTAL PAID	$	746	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/12/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus Ramos PH 1194089 Dwn 3 14

in a Liner (Vault/Liner) Funeral, date, time ~~Wed March 13~~ ~~2:00~~ 1:00

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 14 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 paid in full	
Recording and filing fee 4/2/96	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	386.00

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

Invoice # 267164

Acct. # 000952

Work Order # E 12800

PY-593 (Rev. 8-92)

3-18

E 12900

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
Jesus	-	Ramos	11/15/1923	02/29/1996	M

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	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—Person acting permit ▶	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424		03/13/1996

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	03/13/1996	9604162
	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 3/14/96	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.

267164	03/18/96	000952	COUNTY OF SAN DIEGO			04/02/96 CK	04-046660	386.00	386.00 PAID IN FULL 0.00
			100 072	77181	000072			165.00	
			100 072	77182	000072			50.00	
			100 072	77183	000072			45.00	
			67007	77184				126.00	

E-12800 K000

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

File

Date 3-12-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thaddeus Logan

in a Top of Double Depth Crypt (Vault/Liner) Funeral, date, time Fri, 3/15/96 11:00 AM

Church, Chapel, Graveside Church + Grave - Calif. Burial (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 [signature]

War time veteran _____.

Lot 205 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre Need E-12461	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container Pre Need E-12461	0
Handling Fees " " " "	0
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes Pre Need E-12461	0
Total Due	420.00
Paid receipt number R-17196	420.00
Balance due	0

Karen Logan 264-3104

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.

X [signature] Signature

X 1014 56th St. Address

X San Diego CA 92114 City Zip Code

X 262-6160 Telephone

Signature of recorded holder of deed

Work Order # E 12801

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

47196

Date: 3/13, 19 96

From: Karen B Logan Address: 6642 Cielo Dr San Diego

Four Hundred Twenty 00/00 Dollars ($ 420.00)

In Payment of Interment of Thaddeus Logan

Lot 205 Grave 13 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E 18501

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 7082

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 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	420	00

E12801

APPLICATION 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
THADDEOUS	JEROME	LOGAN	07/31/1919	03/06/1996	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	KIRK LOGAN-SON 1014 56TH 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	Kirk Logan	03/13/1996

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	03/13/1996 J. BENYARD	9604205

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3/15/96	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 3/13/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl Myers

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 290 Grave 3 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund ..... Pre Need B-1803 ..... Ø

Additional spaces and care fund ..... _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases – Marker setting fee ..... _____

Recording and filing fee 4.00

Sales taxes 3.85

Total Due 168.85

Paid receipt number R-47187 168.85

Balance due Ø

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12802

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

47187

Date: 3/15 , 19 96

From: Jeannette Myers Address: 1166 Agua Tibia Ave Chula Vista CA 91911

Two Hundred Sixty Eight 85/100 Dollars ($ 268.85)

In Payment of The Next Service For Carl Myers

Lot 290 Grave 3 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E 12802

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 Karyn Dale

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	268 85
Sales Tax	60101 78390	
TOTAL PAID	$	268 85

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-14-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sharon Curatolo

in a liner (Vault/Liner) Funeral, date, time Tues 3-19 11:00

Church, Chapel, Graveside Delivery Only ; Ca Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 18 Grave 4 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	100.00
Handling Fees	54.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	700.00
Paid receipt number	
Balance due	

Kim White Public Admin.
694-2326
Guardian

I hereby certify I am the ~~[illegible]~~ creditor claim 4-2-96 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12803

PY-593 (Rev. 8-92)

E12803

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1-8-50

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
SHARON	KAY	CURATOLO	~~03/23/1996~~	03/13/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	KIMBERLY WHITE-P.A. DEPUTY 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 charge	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	Jeanette Bryant	03/15/1996

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	03/15/1996 J. BENYARD	9604292

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/19/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU 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.

OFFICIAL RECEIPT

49867

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-17 19 98

From: County of SD Address: 5201-A Ruffin Road SD 92123

one dollar + 80/100 Dollars ($ 1.80)

In part Payment of Interment of Sharon K. Ciriaolo

Creditor's Claim #9296

Lot 18 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No. E-12803

W.O.

BALANCE DUE 698.14

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT		
20% Sales Care	67007 77184	1 80
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 0022	
Sales Tax	60101 78390	
TOTAL PAID	$	1 80

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 175442

ISSUED BY Catina Aracena

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-14-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pearl McDaniel 12:00

in a liner (Vault/Liner) Funeral, date, time Tri 3-22 ~~11:00~~

Church, Chapel, Graveside Chapel / Graveside : Ca Burial Jeanette Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X am

War time veteran _____.

√ Lot 269 Grave 5 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	391.00
Balance due	1172.30

30- Day note

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Anita McDaniel
Signature
X 3777 Fairmount Ave
Address
X San Diego, CA 92105
City Zip Code
X 619-282-0492
Telephone

Invoice # 267899

Acct. # 088605

Work Order # E 12804

PY-593 (Rev

E12804

will come in Wed or thur to pay — will pay after service on Tri will ... -28 ... in ... 39...

NEVER CAME BACK

4-3

MT. HOPE CEMETERY

W.O. # E-12804

NOTE

$ 1172.30 San Diego, California March 14 19 9

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand One Hundred Seventy Two and 30/100 DOLLARS with interest from April 23, 1996 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Anita McDaniel SIGNATURE X Anita McDaniel

ADDRESS X 3777 Fairmount Ave, San Diego, CA 92105

CALIFORNIA DRIVER LICENSE NUMBER X C4944030 SSN # X 063-56-0339

PY-1012 (11-89)

E12804

APPLICATION 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
PEARL	-	MCDANIEL	07/18/1924	03/12/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	ANITA MCDANIEL-DAUGHTER 3777 FAIRMOUNT AVE. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking control ▶	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	Cleavette Bennett	03/15/1996

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	03/15/1996 J. BENYARD	9604307 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/22/96	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 3-14-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arthur Schumacher

in a liner Vault/Liner Funeral, date, time 3-19-96 1:00 pm

Church, Chapel, Graveside delivery only. : Merkley Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____.

Lot 26 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	245.00
Additional spaces and care fund	
Opening/Closing & Setup * Paid in full 12-27-96	375.00
Burial Container	190.00
Handling Fees	145.00
~~Flower vases – Marker setting fee~~ Interest for overdue	56.84
Recording and filing fee	45.00
Sales taxes	
	1,056.84
Total Due 1,056.84	1,000.00
Paid receipt number 48134	56.84
Balance due	0

R. Howard send creditor claim 4-2-96

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12805

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 134

Date: 12-27, 19 96

From: County of San Diego Address: 5201-A Ruffin Rd San Diego 92123

one thousand fifty six and 84/100 Dollars ($ 1056.84)

In full Payment of Interment of Arthur Schumacher

Lot 26 Grave 8 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12805

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

149539

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgen

CREDIT 20% Sales Care	67007 77184		
50% Sales of Lots	100 77184	245	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	101	84
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1056	84

E 12805

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARTHUR	-	SCHUMACHER	11/08/1914	03/07/1996	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 ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-HITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶	03/18/1996

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	03/18/1996 D. BODDY	9604381 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/19/96	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 3/18/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry Reese

in a Liner (Vault/Liner) Funeral, date, time March, Thur 21, 11:00am

Church, Chapel, Graveside Chapel/Graveside; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X

War time veteran _____.

Lot 255 Grave 11 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	220.00 ~~190.00~~
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	15.40 ~~13.30~~
Total Due	1595.40 ~~1563.30~~
Paid receipt number Visa + Cash	1563.30 32.10
Balance due	~~0.00~~

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.

Signature

9211 Cuesta Place

Address

San Diego, CA. 92120

City Zip Code

619-286-1455

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Work Order # E 12806

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12806

APPLICATION 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
Larry	-	Reese	05/14/1977	03/14/1996	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	Anthony Reese, Father 7211 Conestoga Place 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 92102	F-1329	▶ Arthur Williams	03/19/1996

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	03/20/1996	9604548 ▶ A 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 92102	11B. DATE BURIED 3/21/96	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

47213

Date: 3/21, 19 96

From: Mr. Reece Address: 7211 Conestoga Place

Thirty two 10/00 Dollars ($ 32.10)

In Payment of Interment of Larry Reece

Lot 255 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 12866

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 Karen Burke 32 10

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	32 10
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	32 10

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-18-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LT SCOTT

in a Liner (Vault/Liner) Funeral, date, time 3/22/96 1:30pm

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. O.H. C.L.B.

War time veteran _____.

Lot 222 Grave 4 Row _____ Section 2 Division ~~Block~~ 12

Grave space & Care Fund	479 80%	895.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	paid in full	190.00
Handling Fees	4/12/96	145.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		13.30
Total Due		1663.30
Paid receipt number	R-47202	416.00
Balance due		1247.30

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Opal F. Payne / Cecil L Bell
Signature

X 4424 44th St
Address

X San Diego CA 92115
City Zip Code

X 584-0380
Telephone

Work Order # E 12807

Invoice # 267610

Acct. # 088602

PY-593 (Rev. 8-92)

4-2

MT. HOPE CEMETERY

W.O. # E 12807

NOTE

1247730 San Diego, California March 18 19 96

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 30/00 DOLLARS with interest from March, April 18, 1996 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 OPAL F. PAYNE SIGNATURE Opal F. Payne

ADDRESS 4424 44th St San Diego CA 92114 APT 220

CALIFORNIA DRIVER LICENSE NUMBER A0433621 SSN # 572626217

PY-1012 (11-89)

E 12807

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 088602

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 4/12/96 H.D.

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER #4537

AMOUNT PAID $1247.30

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Opal Fay Payne

PAYOR NAME Same
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 4962 Bunnell St.
S.D., Ca. 92113

REMARKS Catina M. Jurgeon MS #72

CASHIER

INV. NO. 267610

TR-1881 (2-82)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47202

Date: 3/18 19 96

From: Opal Payne Address: 4962 Bennett St

Interment of L T Scott

Dollars ($ 416.00)

In Payment of Four hundred sixteen

Lot 292 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 12807

BALANCE DUE 1247.20

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
4591

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	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

E 12807

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 77

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LT	-	SCOTT	06/14/1918	03/16/1996	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	FAY PAYNE-DAUGHTER 4424 44TH ST. SA 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	▶ Janette Benyard	03/21/1996

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	03/21/1996 J. BENYARD	9604613 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/22/96	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 CREM ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

257610	04/02/96	088602	OPAL PAYNE			04/12/96 CK	4537	1,247.30	1,247.30	0.00
E-12807			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		479.00		
			100	072	77185	000072		145.00		
			60101		78390			13.30		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/18/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose A. Galaviz Jr.

in a _____ Funeral, date, time 3/19/96 3:00 PM

Church, Chapel, ~~Vault/Liner~~ Graveside) Graveside : Guadalupana Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X Jose A Galaviz

War time veteran _____.

Lot 2926 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	
casket sizes	
Total Due	270.00
Paid receipt number R-47206	270.00
Balance due	0

I hereby certify I am the X father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Jose A Galaviz
Signature
X 401 63rd St spc #232
Address
X
City
X SAN DIEGO CAL 92114
Zip Code
Telephone 619 262 32 88

Work Order # E 12808

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12808

APPLICATION 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
JOSE	ASUNCION	GALAVIZ Jr.	03/15/1996	03/15/1996	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	FRANCISCA A.GALAVIZ-MOTHER 403 63rd.ST.SPACE 232 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
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102	FD-1425		03/19/1996

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	ROCIO MARTINEZ 03/19/1996	9604436

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 LOCAT... (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 3/19/96	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47206

Date: 3/19, 19 96

From: Guadalupana Memorial Address: 2001 Imperial Ave. S.D., CA 92102

Two Hundred Seventy and no/cents Dollars ($ 270.00)

In full Payment of interment of Jose A. Galaviz JR.

Lot 2926 Grave Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E-12808

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #5392

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Laura M. Burgos

CREDIT 20% Sales Cars	67007 77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	270	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-19-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jean F. Kendall

in a liner (Vault/Liner) Funeral, date, time Fri 3-22 10:00

Church, Chapel, Graveside Chapel/Graveside Hoodbody 582-1700 Mortuary Allen

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned X J.R.

War time veteran _____.

Lot 1246 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-Need C-3850 ~~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
MAR 19 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Joyce Riley - daughter

Paid receipt number R-47205 768.30

Balance due ~~0~~

I hereby certify I am the X daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Mrs Joyce K. Riley
Signature

X 10057 Canyontop Ct.
Address

X Spring Valley, CA 91977
City Zip Code

X 462-8027
Telephone

Work Order # E 12809

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

47205

Date: 3/19 19 96

From: Joyce Riley Address: 10057 Canyon Top Spring Valley, CA 91978

Seven hundred Sixty eight and 30/100 Dollars ($ 768.30)

In Payment of interment of Jean F. Kendall

Lot 1240 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-12809

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ # 1483

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Catina M. Durgon

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

E12809

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 94

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JEAN	E.	KENDALL	01/03/1902	03/18/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	JOYCE RILEY: DAUGHTER 10057 CANYONTOP DRIVE SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY: 5027 EL CAJON BLVD., SAN DIEGO, CA 92115	F-790	▶ Victoria Meza	03/21/1996

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	Victoria Meza 03/21/1996 ▶	9604620

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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: 3752 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/22/96	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 3/19/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michelle Guadalupe

in a Liner (Vault/Liner) Funeral, date, time March 21, 11:00

Church, Chapel, Graveside Church/Graveside Guadalupana Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X Michelle Guadalupe Castellanos

War time veteran _____

Lot 672 Grave _____ Row _____ Section 2 Division/~~Block~~ 9

Grave space & Care Fund	195.00
Additional spaces and care fund	195.00
Opening/Closing & Setup	
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	
Balance due	

14x12x18

I hereby certify I am the X 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 Michelle Guadalupe Castellanos
Signature

X 535 28 St #21
Address

X San Diego California 92102
City Zip Code

X 619-684-1428.
Telephone

Work Order # E 12810

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/19/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gerald Edmonds Jr.

in a Vault (Vault/Liner) Funeral, date, time Friday Mar 22, 11:00

Church, Chapel, Graveside Church/Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned X SWJ

War time veteran _____.

Lot 213 Grave 4 Row _____ Section 2 Division/~~Block~~ D

Grave space & Care Fund 453 80%	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-47208	442.00
Balance due	1325.50

I hereby certify I am the X Step 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 Steve W James
Signature

X 15357 Matanza Dr. #137
Address

X San Diego, Calif. 92127
City Zip Code

X 674-9783
Telephone

Invoice # 26761

Acct. # 088601

Work Order # E 12811

PY-593 (Rev. 8-92)

4-2

MT. HOPE CEMETERY

W.O. # E 12811

NOTE

$ 1325.50 San Diego, California March 19 19 96

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 three hundred twenty five 50/100 DOLLARS with interest from April 19, 1996 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 Steve James SIGNATURE X Steve W James

ADDRESS X 15357 Matarin Dr. #137

CALIFORNIA DRIVER LICENSE NUMBER X N0517628 SSN # 554-02-5418

PY-1012 (11-88)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47208

Date: 3/19, 1996

From: Steve James Address: 15357 Maturin Dr San Diego CA 92127

Interment of Gerald Edmonds Jr Dollars ($ 442.00)

In _____ Payment of Four hundred forty two 00/00

Lot 213 Grave 4 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 12811

BALANCE DUE 1325.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	442	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	$	442	00

AC-212 (Rev. 5-94)

E12811

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 20

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Gerald	Lamont	Edmonds, Jr	09/04/1975	03/17/1996	M

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	Sharon T. Edmonds-James, Mother 15357 Maturin Dr. #137 San Diego, CA 92127

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Wilcher	03/20/1996

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	03/20/1996	9604560 ▶ D Wilcher

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 Diggo, 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 3/22/96	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 12811

267611	04/02/96	088601	STEVE JAMES			05/03/96 CK	047883313	1,325.00	1,325.50	0.50
	E-12811		100	072	77181	000072		374.86		PARTIAL PAYMENT
			100	072	77182	000072		249.91		
			100	072	77183	000072		44.98		
			100	072	77184	000072		452.83		
			100	072	77185	000072		184.93		
			60101		78390			17.49		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust

Date 3-20-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma E. Morris

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 3469 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need C-8654	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-47209	768.30
Balance due	0

PAID
MAR 20 1996
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 Thelma Morris
Signature

X 934 Law St
Address

X San Diego 92109
City Zip Code

X 483-8597
Telephone

Work Order # E 12812

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

47209

Date: 3-20, 19 96

From: Thelma Morris Address: 934 Law St. SD 92107

Seven Hundred Sixty Eight & 30/100 Dollars ($ 768.30)

In full Payment of Pre-Need Trust

Lot 3469 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12913

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 3050

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Hutton

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	60101 78390		
TOTAL PAID	$	768	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-20-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lillian B. Mutterworth

in a ash Vault (Vault/Liner) Funeral, date, time 3/29/96 11:00 am

Church, Chapel, (Graveside) graveside : Lewis Colonial Lawn Mortuary

All Funeral cars must arrive before 3:30 p.m. on regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned.

War time veteran _____.

Lot 163 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre-Need D-8190 0

Additional spaces and care fund _____

Opening/Closing & Setup 38.00 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 3.85

Paid per Jed Woods 10/9/96

Total Due 268.85

Paid receipt number mastercard 67.00

Balance due 201.85

I hereby certify I am the CBO of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 2401 LEXA LANE
Address

X W. Palm Beach Fl. 33405
City Zip Code

X 407 964 8147
Telephone

Work Order # E 12813

Invoice # 268098

Acct. # 083691

PY-593 (Rev. 8-92)

A-10

MT. HOPE CEMETERY W.O. # E-12813

NOTE

$ 201.85 San Diego, California March 26 1996

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 one and 85/100 DOLLARS with interest from April 29, 1996 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 Ken Muhlerwirth Sr. CBO SIGNATURE [signature] CBO

ADDRESS ~~[illegible]~~ 2401 Lena Lane W. Palm Beach Fl. 33415

~~CALIFORNIA~~ Florida DRIVER LICENSE NUMBER M466-500-52-150-0 SSN # 266-06-5644

PY-1012 (11-89)

Levis Colonial
69519 E 1283

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 75 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
LILLIAN	B.	MUHLERWIRTH	04/22/1920	03/19/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KENNETH MUHLERWIRTH - NEPHEW 2401 LENA LANE WEST PALM BEACH, FLORIDA 33415

7A. TYPED NAME AND ADDRESS OF 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]	03/26/1996

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	03/26/1996	▶ [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 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3/29/96	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 3/27/96	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 3-20-96

You are hereby authorized and instructed to your rules and regulations, to inter the remains of Feliciano Lopez Noaney

in a T.S. Vault Vault/Liner Funeral, date, time Tri 3-22 1:00

Church, Chapel, Graveside Church / Graveside : Bark 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 G. J

War time veteran _____.

Lot 249 Grave 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	375.00
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-47210	500.00
Balance due	1267.50

PAID
APR 03 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Paid in full

30-day note

X Brother R-47248 PAID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Gregorio Ibañez
Signature

X 2723 Emerald dr
Address

X Oceanside Ca. 92056
City Zip Code

X (619) 724-1165
Telephone

Work Order # E 12814

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12814

NOTE

$ 1267.50 San Diego, California March 20 19 96

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 Two Hundred Sixty Seven & 50/100 DOLLARS with interest from April 22, 1996 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 Gregorio Ibañez SIGNATURE X Gregorio Ibañez

ADDRESS X 2723 Emerald dr Oceanside Ca- 92056

CALIFORNIA DRIVER LICENSE NUMBER X N9625077 SSN # X 551-97-3851

9625077

PY-1012 (11-89)

E 12814

APPLICATION 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
Feliciano	Lopez	Ibanez	10/20/1965	03/19/1996	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	Jorge Lopez Ibanez-Brother 2723 Emerald Drive Oceanside, CA 92056

7A. TYPED NAME AND ADDRESS OF 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 SD CA 92104	FD-1507		03/22/1996

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	KK Smith 03/22/1996	9604659

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market Street SD CA 92102	11B. DATE BURIED 3/22/96	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

47210

Date: 3-20 , 19 96

From: Gregorio Ibanez Address: 2723 Emerald Dr. Oceanside 92056

Five Hundred Dollars ($ 500.00)

In part Payment of Interment of Feliciano Ibanez Lopez

Lot 249 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12314

BALANCE DUE 1267.50

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 S. Hamilton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	500 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	$	500 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47248

Date: 4/3 , 19 96

From: Jorge Lopez Ibanez Address: 2723 Emerald Dr. Oceanside, CA 92056

~~Twelve Hundred~~ One thousand two hundred sixty seven and 50/100 Dollars ($ 1267.50)

In Payment of Interment of Feliciano Ibanez

Lot 249 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12814

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 Catina M Jurgen

CREDIT	67007		
20% Sales Care	77184	~~210~~	~~00~~ 395.00
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	46	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	17	50
TOTAL PAID	$	1267	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/20/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of × Cortland Harmon

in a Liner Funeral, date, time 3/25/96 12:00 pm

Church, Chapel, ~~Graveside~~ Vault/Liner Graveside Graveside : CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X

War time veteran

Lot 104 Grave 2 Row Section 1 Division/Block 12

PAID
MAR 28 1996
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	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1563.30
Paid receipt number R-47233	1563.30
Balance due	-0-

* see attached fax copy for signature

* mortuary will bring check for full amount at time of services

I hereby certify I am the × of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12815

Invoice #

Acct. #

PY-593 (Rev. 8-92)

E 12815

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/20/96

You are hereby authorized and instructed to do the prior rules and regulations, to wit: the interment of x Castland Freeman

Line Liner Funeral date 3/25/96 12:00pm

Church, Chapel (Scoresby) DA Burial Number

All Funeral data must arrive before 3:00 p.m. [illegible] 150.00

will be applied and billed to undersigned x [illegible]

Plot Size [illegible]

Lot 104 Block 9 Row Section 1 Division/Block 12

Grave space & Care Fund	795.00
Additional space and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Funeral Home - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1563.30

Paid [illegible]

Balance due

I hereby certify I am the x [illegible] of the above [illegible] and [illegible] [illegible]

[illegible]

x [illegible]

x [illegible]

x [illegible]

x [illegible]

Signature

Plot Order # E 12815

Order # [illegible]

Acct. # [illegible]

Monitoring [illegible] Brush Creek
for fuel amount [illegible]

[illegible]

E 12815

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 28

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CORTLAND	DUVAL	HARMON	09/04/1967	03/15/1996	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	MARSHA MAYS-MOTHER 353 W. SAN MARCOS BLVD. SAN DIEGO, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357

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.	8A. SIGNATURE OF APPLICANT—Person taking permit ▶ Ocrette Benyard	8B. DATE SIGNED 03/21/1996

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/21/1996 J. BENYARD	9604587 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/25/96	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

47233

Date: 3-28, 19 96

From: Ca Burial Address: 5880 Cajon Blvd. SD 92115

One thousand five hundred sixty three & 30/100 Dollars ($ 1563 30)

In full Payment of Interment of Cortland Harmon

Lot 104 Grave 2 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12715

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2432

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shields

CREDIT	67007		
20% Sales Care	77184	795	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		
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 3-20-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Miami Thomas

in a liner (Vault/Liner) Funeral, date, time Fri 3-22 9:00

Church, Chapel, Graveside Chapel/Graveside: Ca Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ Cash 150.00 will be applied and billed to undersigned. K.M.

War time veteran _____.

Lot 129 Grave 9 Row _____ Section 1 Division/~~Block~~ 17

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	663.30
Paid receipt number R-47211	400.00
R-47214 Balance due	263.30

PAID
MAR 22 1996
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

× Gail Moore
Signature
× 875 Keppert Ct
Address
× San Diego Ca 92114
City Zip Code
× 266-8149
Telephone

Work Order # E 12816

Invoice # _____

Acct. # _____

PY-593 (Rev. 5-92)

MT. HOPE CEMETERY

W.O. # E-12816

NOTE

$ 1263.30 San Diego, California March 20 19 96

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 Sixty Three & 30/100 DOLLARS with interest from ~~March~~ April 22, 1996 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 Gail Moore SIGNATURE X Gail Moore

ADDRESS X 875 Keppert Ct.

CALIFORNIA DRIVER LICENSE NUMBER X A0925192 SSN # X 527-92-0112

PY-1012 (11-89)

E12816

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 85

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MIAMI	-	THOMAS	11/28/1910	03/18/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	GAIL MOORE-DAUGHTER 875 LEPPERT 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Annette Benyard	03/20/1996

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	03/20/1996 J. BENYARD	9604542 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/22/96	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 CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

47211

Date: 3-20, 1996

From: Gail Moore Address: 875 Leppert Ct SD 92114

Four Hundred Dollars ($ 400.00)

In part Payment of Interment of Miami Thomas

Lot 129 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E - 12816

BALANCE DUE 1263 30

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shackelton

CREDIT	67007		
20% Sales Care	77184	400	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	$	400	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

47214

Date: 3-22 19 96

From: La Burial Address: 5880 El Cajon Blvd SD 92115

One Thousand Two Hundred Sixty Three & 30/100 Dollars ($ 1263.30)

In full Payment of Interment of Miami Thomas

Lot 129 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No. 816

W.O. E- 12[illegible]

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2134

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Shelton

CREDIT 20% Sales Care	67007 77184	179	00
80% Sales of Lots	100 77184	316	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	$	1263	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PRE-NEED LOT - TRUST

Date 3-22-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARKODiY BAGRAMOV

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 5280 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		—
Recording and filing fee		45.00
Sales taxes		13.30
Total Due		1863.30
Paid receipt number R-47215		1863.30
Balance due		0

PAID
MAR 22 1996
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 Vladimir Mitelyan
Signature
X 4140 IBis #1307
Address
X S. Diego CA 92105
City Zip Code
X 299-2781
Telephone

Work Order # E 12817

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

47215

Date: 3-22, 1996

From: Vladimir Merdyan Address: 4140 Abis St # 1307 SD 92103

One thousand Eight Hundred Sixty Three & 30/100 Dollars ($ 1863.30)

In full Payment of Pre need Lot & Trust for

ARKODIY BAGRAMOV

Lot 3280 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E - 12817

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 S. Shackelton

CREDIT 20% Sales Care	67007 77184	219	00
80% Sales of Lots	100 77184	876	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	$	1863	30

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49213

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11/26 , 19 97

From: Rozaliya Bagramova Address: 3911 Park Boulevard San Diego 92103

Forty Seven and 56/100 Dollars ($ 47.56)

In full Payment of two galvanized flower vases for

At Radey Bagramova

Lot 5280 Grave ____ Row ____ Section ____ Division 10 Block

Invoice No. ____

Acct. No. ____

W.O. E-12817

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 Catina Avalos

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	20	00
Handling Fee	100 77185	26	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	1	56
TOTAL PAID	$	47	56

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-22-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Shinobu Yoshimine ✝

in a Ash Vault (Vault/Liner) Funeral, date, time 3/30/96 1:00PM

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 38 Grave 2 Row _____ Section 11 Division/Block 7

Grave space & Care Fund ..... Pre-need A-4954 ~~0~~

Additional spaces and care fund ..... _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees ..... (20.00) 60.00

Flower vases – Marker setting fee Sat, Overtime (Trion) 25.00 210.00

Recording and filing fee 45.00

Sales taxes ..... (6.75) 3.85

525.60 ~~478.85~~

Total Due 525.60

Paid receipt number R-47936

Balance due ~~0~~

PAID
APR 01 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Has funeral permit
Carl
714-774-7758

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12818

PY-593 (Rev. 8-92)

ordered trion - E12818
flower vase 3/25/96

E1288

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

CROSS URN

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 96 40094

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Shinobu	-	Yoshimine	07/05/1899	03/13/1996	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Anaheim	Orange	Carl Yoshimine - Son 1917 W. Catalpa Ave. Anaheim, CA 92801

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Fukui Mortuary Inc. 707 E. Temple St., L.A., CA 90012	FD-808	▶	03/13/1996

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
$3.00	03/15/1996	▶ Robert Matt MC

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Orange Co. Health Dept. P.O. Box 6128 Santa Ana, CA 92706-0128	San Diego Co. Health Dept. 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 St., San Diego, CA	11B. DATE BURIED 3/30/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Evergreen Cemetery/Crematory 204 N. Evergreen Ave., Los Angeles, CA	12B. DATE CREMATED 3-4-96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

47236

Date: 4-1, 1996

From: Eunice Yoshimine Address: 1917 W. Catalpa Ave. Anaheim 92801

Five Hundred Twenty Five & 60/100 Dollars ($ 525.60)

In full Payment of Interment of Shinobu Yoshimine

Lot 38 Grave 2 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-12818

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

226

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY S. Shackelton

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	80	00
Recording & Misc. Fees	100 77183	280	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	5	50
TOTAL PAID	$	525	50

AC-212 (Rev. 5-94)

File

TOP

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-25-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gloria Myers

in a Double Dept (Vault/Liner) Funeral, date, time Wed. 3-27 11:00

Church, Chapel, Graveside Church/Graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 50.00

will be applied and billed to undersigned. X

War time veteran _____.

Lot 106 Grave 12 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	Pre-Need E-11034	0
Additional spaces and care fund		—
Opening/Closing & Setup		375.00
Burial Container	Pre-Need E-11034	0
Handling Fees	Pre-Need E-11034	0
Flower vases – Marker setting fee		—
Recording and filing fee		45.00
Sales taxes		0
Total Due		420.00
Paid receipt number	R-47219	420.00
Balance due		0

PAID
MAR 25 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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 Darline Myers
Signature

X 8361 Golden Ave
Address

X L. Grove 91945
City Zip Code

X 5892430
Telephone

Work Order # E 12819

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12819

APPLICATION 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
Gloria	Marie	McDuffie-Myers	02/25/1934	03/23/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Gregory McDuffie, Son 1666 Yorkshire Loop Tracy, CA 95376

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	Debbie Williams	03/25/1996

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7117A of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/27/1996	9604855

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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. HopeC Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3/27/96	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

47219

Date: 3-25 , 1996

From: Darlene Myers Address: 8361 Golden Vine Lemon Grove 91945

Four Hundred Twenty Dollars ($ 420.00)

In full Payment of Interment of Gloria Myers

Lot 166 Grave 12 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12819

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. Hubbell

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	00

TOP File

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-25-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Tsuyi

in a Double Depth Crypt (Vault/Liner) Funeral, date, time Wed 3-27 1:30

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. X Mary Hosek

War time veteran _____.

Lot 4889 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need E-11401	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container Pre-Need E-11401	0
Handling Fees Pre-Need E-11401	0
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	420.00
VISA	420.00
Balance due	0

PAID
MAR 25 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 Mariana Hosek
Signature
X 6378 Camino Del Cervato
Address
X S. D. 92111
City Zip Code
X 576-9976
Telephone

Work Order # E 12820

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12820

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 73

1A. NAME OF 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	HIDEKO	TSUJI	09/12/1922	03/22/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MAXINE HOSAKA: DAUGHTER 6378 CAMINITO DEL CERVATO 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
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ [signature]	03/26/1996

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	03/27/1996	Victoria Meza 9604846 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/27/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU ▶ [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 3/25/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Valerie Anderson.

In a liner (Vault/Liner) Funeral, date, time 3/27/96 11:00 am

Church, Chapel, Graveside Church & Graveside CA Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned X M. G.

War time veteran _____

Lot 129 Grave 11 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 paid 1172.30 on 4-17-96	13.30
Total Due	1,563.30
Paid receipt number R-47224	391.00
Balance due	1172.30

4/04

PAID

APR 17 1996

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the X STEP-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]
Signature
X 30439 CLOVERCREST CT
Address
X MURRIETA CA. 92563
City
X 909 698 5275
Telephone
Zip Code

Work Order # E 12821

Invoice # 208217

Acct. # 088705

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47224

Date: 3/25, 19 96

From: Nathaniel Gidron Address: 3439 Clivercrest Ct. Murrieta, CA 92563

Three hundred ninety one and 00/100 Dollars ($ 391.00)

In Payment of interment of Valerie Linderson

Lot 129 Grave 11 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12821

BALANCE DUE $1172.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #2290

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M Jurgen

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 12821

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 34

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VALERIE	-	ANDERSON	09/02/1961	03/21/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	JIMMIE GIDRON-MOTHER 30439 CLOVERCREST CT. MURRIETA, CA 92563

7A. TYPED NAME AND ADDRESS OF 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	▶ Jeanette Renyard	03/25/1996

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 7116 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/25/1996 J. BENYARD	9604756 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3851 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 3/27/96	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.

268217	04/12/96	088705	NATHANIEL	GIDRON			04/17/96	CK 2311	1,172.30	1,172.30	0.00
	E-1282		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			404.00		
			100	072	77185	000072			145.00		
			60101		78390				13.30		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-26 96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert H. Winberg

in a Oak 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 764 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund ... See Deed D-890	0
Additional spaces and care fund ...	
Opening/Closing & Setup ...	105.00
Burial Container ...	55.00
Handling Fees ...	60.00
Flowers, vases – Marker setting fee ...	
Recording and filing fee ...	45.00
Sales taxes ...	3.85
Total Due ...	268.85
Paid receipt number _____	
Balance due _____	

8-1-96 have not heard from her.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 12822

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 128.22

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

March 26, 1996

Elizabeth Winberg
1737 Eastwood Court
Fort Collins, CO 80525

Re: Interment of Robert H. Winberg

Dear Mrs. Winberg:

To follow up your letter, enclosed is the original of the Interment Order for the cremains of Robert H. Winberg.

I have red check marks where you need to complete the form. Please make your check out for $268.85 payable to Mt. Hope Cemetery and send that along with this original Interment Order to us as soon as possible.

I want to take this time to remind you that we will need a 48 hour notice of when the remains will arrive.

We also will require a California Burial Permit.

If you have any questions, please do not hesitate to call us.

Sincerely,

Sue Shackelton
Clerical Assistant II

Enclosure

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E 17822

Mount Hope Cemetery
3751 Market Street
San Diego, CA 92102

Dear Friends,

My husband, Robert H. Winberg (former City of San Diego employee), passed away on September 29, 1995.

I wish to return the cremains to the cemetery during the first week of April.

Can you tell me what will be necessary?

I have the deed to the lot:

Lot 764 Section 1 Division 8

Purchase order Number D-890.

I expect to be in San Diego from April 1 to April 7.

Thank you.

Sincerely

Elizabeth Winberg

Elizabeth Winberg
1737 Eastwood Court
Fort Collins CO 80525

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/26/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mal C. Smith

In a liner (Vault/Liner) Funeral, date, time 3/29/96 1:00pm

Church, Chapel, Graveside chapel graveside Glenn 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 J.W.C.

War time veteran _____.

✓ Lot 81 Grave 4 Row _____ Section 4 Division/Block 5

Grave space & Care Fund pre-need D-3438 Ø

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 13.30

PAID
MAR 28 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 768.30

Paid receipt number R-47228 768.30

Balance due Ø

I hereby certify I am the x Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x J. Walter Coffman
Signature
x 619-292-7473
Address
x 7431 Blix Street
City Zip Code
x San Diego, Ca
Telephone

Work Order # E 12823

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12823

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 98

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MAE	CLARE	SMITH	05/29/1897	03/19/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	J. WALTER COFFMAN - NEPHEW 7431 BLIX 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 charge	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶ [signature]	03/21/1996

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	03/21/1996	▶ [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 LOC[redacted] (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3/29/96	11C. SIGNATURE OF PERSON IN CHARGE OF BUR[redacted] ▶ [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 I[redacted] CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 12823

47228

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3/28, 1914

From: J Walter Coffman Address: 845 Sixth Ave. San Diego, CA 92101

Seven hundred sixty eight and 30/100 Dollars ($ 768.30)

In full Payment of Monument of Mae Smith

Lot 81 Grave 4 Row Section 4 Division Block 5

Invoice No.

Acct. No.

W.O. E-12823

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Catman H. Turgeon

CREDIT	6700T		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	275	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	140	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	13	30
TOTAL PAID	$	768	30

AC-212 (Rev. 5-94)

pre-need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date ~~3/27/96~~ 8-20-99

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jolene Smith #219334

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 75 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 895.00

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... forwarded to Collections 3/11/04 _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

(~~510~~) 829-2290
(925)

Total Due ..... ~~895.00~~

Paid receipt number R51459 ~~100.00~~ cleared ~~224.00~~ ~~671.00~~

Balance due balance 895.00

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 Jolene M. Smith
Signature
X 6700 Dougherty Rd #21
Address
X Dublin CA 94568
City Zip Code
X (925) 829-2290
Telephone

Work Order # E 12824

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

8-20-99
Jolene Smith returned the Interment/Purchase Order for preneed lot 75-7-2-12.

$895.00 total
- 100.00 down payment
$795.00 ← R51459 balance

23 payments at $33.00 = $759
1 payment at $36.00

E12824

THE CITY OF SAN DIEGO

August 20, 1999

Jolene M. Smith
6700 Dougherty Rd. #21
Dublin, CA 94568-3154

Re: Pre need lot (E-12824)

Dear Ms. Smith:

Enclosed, is your receipt for the down payment of the pre need purchase of the following grave site:

Lot 75, Grave 7, Section 2, Division 12

Also included is the pre need contract for the purchase of the grave site. Please complete all of the red "x's" on the pre need contract and return it back to me. Your first payment is due on October 10, 1999. Your monthly payments are 23 @ $33.00 and 1 @ $36.00. A coupon book has been provided for the monthly payments.

If you have any questions or if I can be of any further assistance, please do not hesitate to write or contact me at (619) 527-3400.

Sincerely,

Catina Avallone

Catina Avallone
Clerical Assistant II

DIVERSITY

E12824

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

April 23,1996

Jolene Smith
6700 Doughtery Rd. #21
Dublin, CA 94568

Re: Pre-need Lot

Dear Jolene Smith,

Per our telephone conversation, enclosed is the Purchase Order and the contract for the purchase of your Pre-need Lot.

Please sign both the Internment/Purchase Order and the last page of the contract by the red "x's". Return both the Internment/ Purchase Order and the Contract to me, along with your check for the down payment of $224.00. Please make your check to Mt. Hope Cemetery. Your monthly payments will be $28.00 per month for 23 months. The 24th payment will be for $27.00. When the above items are returned to me I will be sending you a coupon book for your payments and a copy of the contract. You may pay more than the $28.00 per month and/or you may pay off the balance at any time.

If you have any questions, please write or call me at (619)527-3400.

Sincerely,

Catina M. Turgeon

Catina Turgeon
Clerical Assistant II

Enclosures

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E12824

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 23 day of April, 1996, between Jolene Smith, 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 75, Grave 7, Row ____, Section 2, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $ 895.00, payable as follows: $224.00 cash herewith, the receipt of which is hereby acknowledged; $ 28 on the 10 day of June, 1996; and the balance in installments of $27.00 or more, payable at the office of Mt. Hope Cemetery, on the ____ day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

This Agreement and the Deed hereafter agreed to be given for the above-described exclusive right of interment are made subject to all rules, regulations, conditions and restrictions now existing or which hereafter may be adopted governing Mt. Hope Cemetery, which rules and regulations are on file in the Cemetery office, and subject to examination by Purchaser, and which are hereby incorporated and made a part of this Agreement as if set forth in full.

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

E 12824

WITNESS our hands this day and year above written.

Deed to be issued to:

X _____
Name

895.00
- 224.00 down payment
671.00 balance

X _____
Address

X _____

23 payments at $ 28.00
1 payment at $27.00

PURCHASER

X _____
Print Name

X _____
Signature

X _____
Street Address (Mail)

X _____
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Catina M. Durgeon

SLW:st(62-1)
1-23-90

already put on letterhead

E 12824

March 7, 2003

Ms. Jolene Smith
6700 Dougherty Rd #21
Dublin, CA 94568

Reference: Customer Contract

Dear Ms. Smith,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was July 20, 2001 leaving a balance of $528.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-12824, date issued August 20, 1999 cemetery location Division 12, Section 2, Lot 75, Grave 7.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400.

Sincerely,

Ray Snider
Cemetery Manager

RS:ph

cc: file

E-12824

THE CITY OF SAN DIEGO

August 19, 2003

Ms. Jolene Smith
P O Box 6514
Oakland, CA 94603

Reference: Customer Contract

Dear Ms. Smith,

Subject: Delinquent Pre-need Cemetery Account

The current status of your account is delinquent. Our records indicate your last payment was April 4, 2003 leaving a balance of $498.00. The agreement in our contract states all payments should be completed at the end of 24 months from the date of issue.

Your original receipt contains the following contract information: Contract number E-12824, date issued August 20, 1999 cemetery location Division 12, Section 2 Lot 75, Grave 7.

Please contact Mt. Hope Cemetery within 30 days from the date of this notice to fulfill your contract obligation at (619) 527-3400. This will be your last notification if payments are not kept up.

Sincerely,

Ray Snider
Cemetery Manager

RS:ph

cc: file

Mt. Hope Cemetery
Community Parks I • Park and Recreation • 3751 Market Street • San Diego, CA 92102-4527
Tel (619) 527-3400 • Fax (619) 527-3403

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

51568

Date: 9-27, 1999

From: Jolene Smith Address: 6700 Dougherty Rd #21 Dublin, CA 94568-3154

Thirty Three and 00/100 Dollars ($ 33.00)

In part Payment of preneed lot for Jolene Smith

Lot 75 Grave 7 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E 12824

BALANCE DUE 762.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
3959

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lynda

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	33	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	33	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

52886

MOUNT HOPE CEMETERY
(619) 527-3400

Date: 9-19 2000

From: Jolene Smith Address: 6700 Dougherty Rd. #21 Dublin 94568

One Hundred Dollars ($ 100.00)

In part Payment of Pre-Need Int.

Lot 75 Grave 7 Row Section 2 Division Block 13

Invoice No.

Acct. No.

W.O. E-12824

BALANCE DUE 662.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4163

AC-212 (Rev. 6-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

SEP 19 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY S Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

53939

Date: July 20th 20 01

From: Jolene M. Smith Address: 6700 Dougherty Rd, #21, Dublin, CA 94568

One-Hundred Thirty-Four and NO/100 Dollars ($ 134.00)

In - part Payment of Pre-Need Lot

Lot 75 Grave 7 Row — Section 2 ~~Division~~ Block 12

Invoice No. \ \

Acct. No.

W.O. E-12824

BALANCE DUE 528.00

Coupon #2, 4, 6, 8 (@ 33.0%)

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) # 4408

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

JUL 20 2001

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	134	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	$	134	00

E12824

56098

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
(619) 527-3400

Date: April 4 .20 03

From: Jolene Smith Address: PO Box 6514 Oakland Ca 94603

Thirty dollars & 00/100 Dollars ($ 30.00)

in part Payment of pre need lot

Lot 75 Grave 7 Row ____ Section 2 Division Block 12

Invoice No. E12824

Acct. No. ____

W.O. ____

BALANCE DUE 498.00

Pre-Need Lot X At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check X

4911

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 04 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY Ken Hebb

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	30	—
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	30	—

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

(619) 527-3400

56673

E 12824

Date: Sept 15, 2003

From: J. Smith Address: 3021 Inn Meadow Cir Elk Grove 95758

One Hundred Dollars ($ 100.00)

in part Payment of pre need

Lot 75 Grave 7 Row Section 2 Division Block 12

Invoice No. E 12824

Acct. No.

W.O.

BALANCE DUE 398.00

Pre-Need Lot / At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check / 5101

AC-212 (Rev. 10-02)

This information is available in alternative formats upon request.

NOT VALID FOR PURPOSES STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

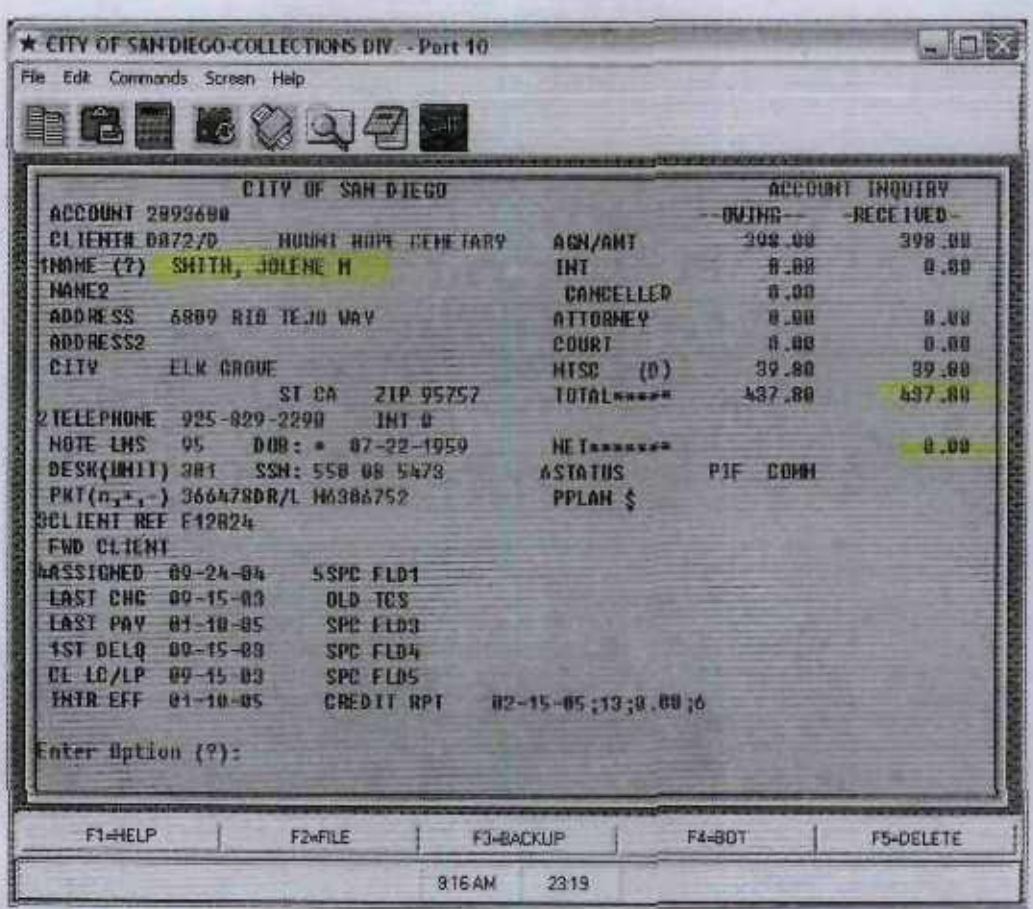
SEP 15 2003

MT. HOPE CEMETARY
CITY OF SAN DIEGO

ISSUED BY Pam Hitzel

CREDIT	67007		
20% Sales Care	77184		
80% Sales	100	100	00
of Lots	77184		
Opening/	100		
Closing	77181		
Burial	100		
Containers	77182		
	100		
Handling Fee	77185		
Recording &	100		
Misc. Fees	77183		
Pre-Need	63033		
Trust	77186		
Sales Tax	60101		
	78390		
TOTAL PAID	$	100	00

E 12824



E-12824 Paid in full on Jan. 10, 2005 per collections
Balance is Ø

E12824

SMITH, JOLENE PO Box 6514 Oakland, CA 94603

8-20	99	Preneed lot opened 75-7-2-12	895.00		
8-20	99	R51459 ✓ 20% = 179 / 80% = 716		100.00	795.00
9-27	99	R51568 ✓		33.00	762.00
9-19	00	R-52886 ✓		100.00	662.00
7-20	01	R-53939 ✓ Coupon # 2, 4, 6, 8 (33⅓%)		-134.00	528.00
3-7	03	Mailed delinquent notice			
4-4	03	R90098		30 —	498 00
8-20	03	Mailed final delinquent notice			
9-15	03	R-54673 no coupon		100 —	398 00
3-11	04	Forwarded to collections			
		1-10-05 pd Thru collections per Diana Muzquiz		398.00	✓

SMITH, JOLENE

(925) 829-2270

E-12824

Protect the skin you're in!

California Department of Health Services, Skin Cancer Prevention Program
www.ca5aday.com/programs/skin/skin.htm • (916) 322-2154

3/03

Po Box 6514
Oakland Ca 94603

3/28/03 Mailing in Payment



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/27/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Odell Smith

in a Liner Funeral, date, time 4/9/96 11:00am

Church, Chapel, Graveside (Vault/Liner) Church & graveside Ragsdale Debbie Mortuary

All Funeral cars must 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 75 Grave 8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund 495	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container PAID IN FULL	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 R-47968	400.00
Balance due	1263.30

*family will pay downpayment at time of services. Jolene Smith (510) 829-2290

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 Jolene Smith
Signature

X 4700 Dougherty Rd #21
Address

X Dublin CA 94568
City Zip Code

X (510) 829-2290
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12825

Invoice # 268409

Acct. # 088751

PY-593 (Rev. 8-92)

4-17

MT. HOPE CEMETERY

W.O. # F-12825

NOTE

$ 1263.30 San Diego, California 4-8 19[redacted]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, at 3751 Market Street, San Diego, CA 92101, the sum of One thousand two hundred sixty three and 30/100 DOLLARS with interest from May 9, 1996 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 Diane Smith SIGNATURE Diane Smith

ADDRESS 6700 Dougherty Rd #21

CALIFORNIA DRIVER LICENSE NUMBER N6386752 SSN # 550-08-5473

PY-1012 (11-89)

E 12925

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 100

1A. NAME OF 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	ODELL	SMITH	01/09/1936	03/30/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF.—ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
OAKLAND	ALAMEDA	JOLENE SMITH-DAUGHTER 6700 DOUGHTREY ROAD DUBLIN CA.94568

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
WHITTED-WILLIAMS FUNERAL HOME 5500 FOOTHILL BLVD.OAKLAND CA 94605	FD 837	▶	04/05/1996

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	04/05/1996	▶ 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
499 5th STREET OAKLAND CA	SHIP-OUT

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; 3551 Market St. San Diego, CA 92102	11B. DATE BURIED 4/9/96	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 ANDERSON-FAGSDALE MORTUARY 5050 FEDERAL BLVD.SAN DIEGO CA.92102	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

47268

Date: 4-8 , 19 96

From: Jolene Smith Address: 6700 Dougherty Rd #21 Dublin CA 94568

four Hundred Dollars ($ 400.00)

In part Payment of Interment of Charles Odell Smith

Lot 75 Grave 8 Row Section 2 Division Block 13

Invoice No.

Acct. No.

W.O. E-12125

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 L. Machella

CREDIT	67007		
20% Sales Care	77184	400	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	$	400	00

E12825

268409	04/17/96	088751	JOLENE SMITH		04/26/96	CK	2625	1,263.60	1,263.30
			100 072	77181 000072				375.00	
			100 072	77182 000072				190.00	
			100 072	77183 000072				45.00	
			100 072	77184 000072				495.00	
			100 072	77185 000072				145.00	
			60101	78390				13.30	
			63021	90222				0.30	

0.30-
OVERPAYMENT

268409	04/17/96	088751	JOLENE SMITH		05/02/96	JV	JV32094	1,263.30	1,263.30
			100 072	77181 000072				0.00	
			100 072	77182 000072				0.00	
			100 072	77183 000072				0.00	
			100 072	77184 000072				0.00	
			100 072	77185 000072				0.00	
			60101	78390				0.00	
			63021	90222				1,263.30	

1,263.60-
OVERPAYMENT

E-12825

268409	04/17/96	088751	JOLENE SMITH		05/02/96	JV	JV32094	1,263.60-	1,263.30
			100 072	77181 000072				0.00	
			100 072	77182 000072				0.00	
			100 072	77183 000072				0.00	
			100 072	77184 000072				0.00	
			100 072	77185 000072				0.00	
			60101	78390				0.00	
			63021	90222				1,263.60-	

0.00
PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/27/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arkodity Bagramov

in a liner Funeral, date, time 3/29/96 3:00pm

Church, Chapel, ~~Vault/Liner~~ 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. _____

War time veteran _____.

Lot 5280 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ... pre-need E-12817	1695.00
Additional spaces and care fund ...	
Opening/Closing & Setup ...	375.00
Burial Container ...	190.00
Handling Fees ...	145.00
Flower vases – Marker setting fee ...	45.00
Recording and filing fee ...	13.30
Sales taxes ...	1863.30
Total Due ...	1863.30
Paid receipt number R-47215	0
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 12826

Acct. # _____

PY-593 (Rev. 8-92)

E12826

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

69

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Arkadey	-	Bagramov	11/03/1926	03/26/1996	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	Vladimir Mirolvan-Friend 4041 Ibis St., #1307 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 listed in item 6	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶	03/28/1996

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/28/1996 James Hale	9604940 ▶

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	11B. DATE BURIED 3/31/96	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

pre-need lot and trust

INTERMENT ORDER

City of San Diego

#10-08 LAST NAME CHANGE TO HINES.

Date 3/27/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DAborah Thomas

In a ____ (Vault/Liner) Funeral, date, time ____

Church, Chapel, Graveside ____ ; ____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. ____

War time veteran ____

Lot 270 Grave 5 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup 7-2-99	375.00
Burial Container PAID IN	190.00
Handling Fees	145.00
Flower vases – Marker setting fee FULL	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1563.30
Paid receipt number 17227	391.00
Balance due	1172.30

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.

Deborah Thomas Walker
Signature

X 255 Redcrest Dr
Address

X San Diego, Ca. 92114
City Zip Code

X 619 698-7559
Telephone

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

Work Order # E 12827

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

CERTIFICATION OF VITAL RECORD

COUNTY OF SAN DIEGO

E 12827

GREGORY J. SMITH
ASSESSOR/RECORDER/COUNTY CLERK

4 2008 37001137

DUPLICATE
LICENSE AND CERTIFICATE OF MARRIAGE

STATE FILE NUMBER — MUST BE LEGIBLE—MAKE NO ERASURES, WHITEOUTS, OR OTHER ALTERATIONS — LOCAL REGISTRATION NUMBER

GROOM PERSONAL DATA

1A. NAME OF GROOM—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH—MONTH, DAY, YEAR
KENT	GREGORY	HINES	07/15/1956

3A. RESIDENCE—STREET AND NUMBER	3B. CITY	3C. ZIP CODE	3D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE	4. STATE OF BIRTH
5450 LEA ST	SAN DIEGO	92105	SAN DIEGO	NC

5. MAILING ADDRESS—IF DIFFERENT	6. NUMBER OF PREVIOUS MARRIAGES	7A. LAST MARRIAGE ENDED BY	7B. DATE—MONTH, DAY, YEAR
---	01	☐ DEATH ☒ DISSOLUTION ☐ ANNULMENT	03/12/2001

8A. USUAL OCCUPATION	8B. USUAL KIND OF BUSINESS OR INDUSTRY	9. EDUCATION—YEARS COMPLETED
DRUG COUNSELOR	DRUG REHABILITATION	13

10A. FULL NAME OF FATHER	10B. STATE OF BIRTH	11A. FULL MAIDEN NAME OF MOTHER	11B. STATE OF BIRTH
RAYMOND HINES	NC	ANNIE WILMA BLUE	NC

1480

BRIDE PERSONAL DATA

12A. NAME OF BRIDE—FIRST (GIVEN)	12B. MIDDLE	12C. CURRENT LAST (FAMILY)	12D. MAIDEN LAST (FAMILY) IF DIFFERENT THAN 12C	13. DATE OF BIRTH—MONTH, DAY, YEAR
DABORAH	LEONIA	THOMAS	---	12/04/1951

14A. RESIDENCE—STREET AND NUMBER	14B. CITY	14C. ZIP CODE	14D. COUNTY—OUTSIDE CALIFORNIA, ENTER STATE	15. STATE OF BIRTH
221 S 36TH ST	SAN DIEGO	92113	SAN DIEGO	CA

16. MAILING ADDRESS—IF DIFFERENT	17. NUMBER OF PREVIOUS MARRIAGES	18A. LAST MARRIAGE ENDED BY	18B. DATE—MONTH, DAY, YEAR
---	00	☐ DEATH ☐ DISSOLUTION ☐ ANNULMENT	--/--/----

19A. USUAL OCCUPATION	19B. USUAL KIND OF BUSINESS OR INDUSTRY	20. EDUCATION—YEARS COMPLETED
CORPORATE BANKER	BANKING	15

21A. FULL NAME OF FATHER	21B. STATE OF BIRTH	22A. FULL MAIDEN NAME OF MOTHER	22B. STATE OF BIRTH
JAMES ALLEN THOMAS	TX	ELOUISE CARTER	OK

AFFIDAVIT

WE, THE UNDERSIGNED, AN UNMARRIED MAN AND UNMARRIED WOMAN, STATE THAT THE FOREGOING INFORMATION IS CORRECT AND TRUE TO THE BEST OF OUR KNOWLEDGE AND BELIEF, THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR TO THE ISSUANCE OF A LICENSE IS KNOWN TO US, AND HEREBY APPLY FOR A LICENSE AND A CERTIFICATE OF MARRIAGE.

23. SIGNATURE OF GROOM	24. SIGNATURE OF BRIDE
▶ s/KENT GREGORY HINES	▶ s/DABORAH LEONIA THOMAS

LICENSE TO MARRY

AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF CALIFORNIA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF CALIFORNIA TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS. REQUIRED CONSENTS FOR THE ISSUANCE OF THIS LICENSE ARE ON FILE.

25A. ISSUE DATE MONTH, DAY, YEAR	25B. LICENSE EXPIRES AFTER MONTH, DAY, YEAR	25C. LICENSE NUMBER	25D. COUNTY OF ISSUE
11/03/2007	02/01/2008	4200737 022012	▶ SAN DIEGO

25E. NAME OF COUNTY CLERK	25F. SIGNATURE OF DEPUTY CLERK (IF APPLICABLE)
GREGORY J. SMITH	BY ▶ ADRIANA RODRIGUEZ DEPUTY

WITNESS(ES) (ONE REQUIRED)

26A. SIGNATURE OF WITNESS	26B. ADDRESS—STREET AND NUMBER	26C. CITY, STATE AND ZIP CODE
▶ Franklin L. Wells	2411 Colina Paseo	El Cajon, Ca. 92019
27A. SIGNATURE OF WITNESS	27B. ADDRESS—STREET AND NUMBER	27C. CITY, STATE AND ZIP CODE
▶		

CERTIFICATION OF PERSON SOLEMNIZING MARRIAGE

28. I HEREBY CERTIFY THAT THE ABOVE-NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF CALIFORNIA	29A. SIGNATURE OF PERSON SOLEMNIZING MARRIAGE	29B. RELIGIOUS DENOMINATION (IF CLERGY)
ON 12 MONTH 08 DAY 2007 YEAR	▶ Dr. Walter G. Wells	BAPTIST
AT SAN DIEGO CITY OR TOWN SAN DIEGO COUNTY CALIFORNIA	29C. NAME OF PERSON SOLEMNIZING MARRIAGE (TYPE OR PRINT) DR. WALTER G. WELLS	29D. OFFICIAL TITLE MINISTER
	29E. MAILING ADDRESS 511 S. 47th ST.	29F. CITY SAN DIEGO 29F. ZIP CODE CA. 92113

(LOCAL REGISTRAR OF MARRIAGES (COUNTY RECORDER))

30A. SIGNATURE OF LOCAL REGISTRAR	30B. SIGNATURE OF DEPUTY IF APPLICABLE	31. DATE ACCEPTED FOR REGISTRATION
▶ Gregory J. Smith, Recorder/County Clerk	BY ▶ DEPUTY	01/23/2008

STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR VS-11 (REV 11-91)

This is a true and exact reproduction of the document officially registered and placed on file in the office of the San Diego County Recorder/Clerk.

G. J. Smith

February 11, 2008

Gregory J. Smith
Assessor/Recorder/County Clerk

This copy is not valid unless prepared on an engraved border displaying date, seal and signature of the Recorder/County Clerk

002259045

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

E12827


SOCIAL SECURITY
570-84-2250
THIS NUMBER HAS BEEN ESTABLISHED FOR
DEBORAH LEONTA
HINES
SIGNATURE
USA 02/26/2008

pre-need lot & trust E-12827

584.30

6-3	97	Cpn #14	R-48651 trust ✓	49.00	535.30
8-27	97	CPN 15,16,17	R-48908 ✓	147.00	[redacted]30
10-13	97	" 18	R-49077 ✓	49 00	339 30
7/31	98	"	R-50243 ✓	50 00	289.30
8-27	98		R-50329 ✓	50 00	239.30
7-2	99	Cr Card	VISA	239 30	-0

NAME THOMAS, DABORAH ACCT. NO E-12827

ADDRESS 255 RedCrest Dr. San Diego, CA 92114 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
03-27	96	Pre-Need LOt and Trust opened:				
		Lot 270; Grave 5; Sec. 2; Div. 12	795.00			
		Trust includes: 1 Opening/Closing; 1 Liner				
		1 Handling Fee; 1 Recording Fee, 1 Tax on liner	768.30			1563.30
		159 20%				
03-27	96	Receipt #47227 ✓			391.00	1172.30
5-8	96	Coupon #1 R-47380 ✓			49.00	1123.30
6-4	96	" #2 R-47459 ✓			49.00	1074.30
7-16	96	" R-47617 ✓			49.00	1025.30
8-16	96	" 4 R-47722 ✓			49.00	976.30
9-3	96	" 5 R-47761 ✓			49.00	927.30
10-1	96	" 6 R-47865 ✓ 20%			49.00	878.30
11-2	96	" 7 R-47993 ✓			49.00	829.30
12-5	96	" 8 R-48078 ✓			49.00	780.30
2-14	97	" 10 R-48297 ✓ 12.00 to 20% Trust			49.00	731.30
3-10	97	" 11 R-48366 ✓ Rem to Trust			49.00	682.30
4-7	97	" 12 R-48440 ✓			49.00	633.30
5-12	97	" 13 R-48562 ✓			49.00	584.30

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47227

Date: 3/27, 19 86

From: DA'Bonah Thomas Address: 255 Redcrest Dr San Diego CA 92114

three hundred ninety one and one/100 Dollars ($ 391.00)

In part Payment of pre-need lot and pre-need trust

Lot 270 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12X-7

BALANCE DUE 1172.30

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

#1079

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carmen M. Turgeon

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

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47380

Date: 5-8, 1996

From: Da' Borah Thomas Address: 255 Redcrest Dr SD 92114

Forty Nine Dollars ($ 49.00)

In part Payment of Pre Need Lot a trust

Lot 270 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E - 12827

BALANCE DUE 1123.30

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 J Shackelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	49	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	$	49	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

17459

Date: 11-4, 19 96

From: DA'Burah Thomas Address: 255 Redcrest Dr. San Diego, CA. 92114

Fifty Nine and 00/100 Dollars ($ 49.00)

In Cash Payment of pre-need lot and trust

Lot 270 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. L-12897

BALANCE DUE 1,074.20

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	49	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		$ 49	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ #1260

ISSUED BY CATINA TURNER

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

47617

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-16 19 96

From: Da'Borah Thomas Walker Address: 255 Redcrest Dr. San Diego, CA 92114

Forty nine and no/100 Dollars ($ 49.00)

In part Payment of pre-need lot and trust

Lot 270 Grave 5 Row _____ Section 2 Division 12 Block

Invoice No. _____

Acct. No. _____

W.O. E-12827

BALANCE DUE 1,025.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1-00

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carina Vargas

CREDIT	67007		
20% Sales Cars	77184		
60% Sales of Lots	100 77184	49	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	$	49	00

OFFICIAL RECEIPT

47722

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-16, 1996

From: Deborah Thomas Address: 255 Belvista Dr. S.D. 92114

Forty Nine Dollars ($ 49.00)

In part Payment of Pre-Need Lot & Trust

Lot 270 Grave 5 Row _____ Section 2 Division 17 Block

Invoice No. _____

Acct. No. _____

W.O. E-12727

BALANCE DUE 476.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1325

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	49	00
Opening/ Closing	100 77191		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47 65

Date: 10-1, 19 96

From: Da'Borah Thomas Address: 255 Redcrest Dr. San Diego 92114

Forty Nine and no/100 Dollars ($ 49.00)

In part Payment of pre-need lot and trust

Lot 270 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. [redacted] L-1282

BALANCE DUE 878.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
4013

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catrina Duryea

CREDIT	67007	49	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		$ 49	00

OFFICIAL RECEIPT

47393

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11-6, 19 94

From: Dahliah Thomas Address: 255 Redcrest Dr San Diego 92114

Dollars ($ 49 00)

In Part Payment of Pre-need Lot and Trust

Lot 270 Grave 5 Row _____ Section 2 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12827

BALANCE DUE 829.36

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4041

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Cathia Jurgen

CREDIT	67007	49 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	60101 78390	
TOTAL PAID	$	49 00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

42078

Date: 12-5 19 96

From: Daborah Thomas Address: 255 Redcrest DR. San Diego 92114

Forty nine and no/100 Dollars ($ 49.00)

In part Payment of pre-need lot and trust

Lot 270 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. L-12827

BALANCE DUE 780.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ 4083

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Durgan

CREDIT	67007		
20% Sales Care	77184	49	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 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 297

Date: 2-14, 19 97

From: DeBorah Thomas Address: 255 Redcrest Dr LD 92114

Forty Nine Dollars ($ 49.00)

In part Payment of Pre-Need Lot + Trust

Lot 270 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12827

BALANCE DUE 731.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4160

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

009305

ISSUED BY J. Hutton

CREDIT	67007	12	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	37	00
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4S366

Date: 3-10, 19 97

From Deborah Thomas Address: 255 Redcrest Dr. San Diego 92114

forty nine and no/100 Dollars ($ 49 00)

In part Payment of Pre-need lot and trust

Lot 270 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12827

BALANCE DUE 1682.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
4187

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Duncan

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	49	00
Sales Tax	60101 76390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43410

Date: 4-7, 19 97

From: Daliah Thomas Address: 255 Redcrest DR. San Diego 92114

Forty Nine and no/100 Dollars ($ 49.00)

In part Payment of pre-need lot and trust

Lot 270 Grave 5 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12827

BALANCE DUE 633.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 4242

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catrina 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	49	00
Sales Tax	60101 76390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

43503

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-12, 19 97

From: Deborah Thomas Address: 255 Redcrest Dr. San Diego 92114

Forty Nine and no/100 Dollars ($ 49.00)

In part Payment of pre-need lot and trust

Lot 270 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12827

BALANCE DUE 584.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

4269

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Duncan

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	49	00
Sales Tax	60101 78390		
TOTAL PAID		$ 49	00

OFFICIAL RECEIPT

48651

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-3, 19 97

From: Da'Borah Thomas Address: 255 Redcrest Drive San Diego, CA 92114

Forty nine and no/100 Dollars ($ 49.00)

In part Payment of Pre-need lot and trust

Lot 270 Grave 5 Row ____ Section 2 Division 12 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12827

BALANCE DUE 535.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

4297

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	53033 9022	49	00
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

48908

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-27 19 97

From: Dr Borah Thomas Address: 255 Ridgecrest Drive San Diego 92114

One Hundred forty Seven and no/100 Dollars ($ 147 00)

In part Payment of Pre-need lot and trust

Lot 270 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12827

BALANCE DUE 388.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

4379

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY C. Olivera-Avallone

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	147	00
Sales Tax	80101 78390		
TOTAL PAID		$ 147	00

OFFICIAL RECEIPT

49077

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10-13, 1997

From: Deborah Thomas Address: 255 Redcrest Dr San Diego 92114

Holy Land Dollars ($ 99.00)

In part Payment of Pre-Need Lot - Trust

Lot 270 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12827

BALANCE DUE 339.30

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
4424

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Shutts

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	49	00
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

50243

CITY OF SAN DIEGO, CALIFORNIA

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 7/31 19 98

From: Deborah Thomas Address: 755 Red Crest Dr. San Diego Ca 92114

Fifty 00/00 Dollars ($ 50.00)

In Part Payment of Pre Need Lot Trust

Lot 270 Grave 5 Row Section 2 Division Block 13

Invoice No.

Acct. No.

W.O. E-12127

BALANCE DUE 259.30

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 Kay Bak

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	65033 9022	50	00
Sales Tax	60101 76390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

50329

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-27, 1998

From: Da'Borah Thomas Address: 255 Rebecca Dr. San Diego 92119

Fifty Dollars ($ 50.00)

In: part Payment of Pre-Need Lot - trust

Lot 270 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12827

BALANCE DUE 239.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

4673

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shichello

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	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 5-94)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK E-12827

ACCOUNT No. Pre-need Lot and Trust

DA' Borah Thomas

255 Redcrest Dr.

San Diego, CA 92114

(270-5-2-12)

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 ▶ $ 49.00

Amount due if paid more than ____ days after due date above: ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **2**

DO NOT MAIL ENTIRE BOOK E-12827

ACCOUNT No. Pre-need Trust and Lot

DA'Borah Thomas
255 Redcrest Dr.
San Diego, CA 92114
(270-5-2-12)

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. $ 49.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot and Trust

De'Borah Thomas E-12827

255 Redcrest Drive

San Diego, Ca. 92114

(270-5-2-12)

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. $ 49.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No Pre-need Lot and Trust

Da'Borah Thomas - WALKER E-12827

255 Redcrest Drive

San Diego, Ca. 92114

(270-5-2-12)

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. $ 49.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME DA'BORAH THOMAS - WALKER

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot and Trust

Da"Borah Thomas E-12827

255 Redcrest Drive

San Diego, Ca. 92114

(270-5-2-12)

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. $ 49.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-deed Lot and Trust

Da' Borah Thomas E-12827

255 Redcrest Drive

San Diego, Ca. 92114

(270-5-2-12)

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. $ 49.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (√) if this is new address

Send or bring one coupon with each remittance **COUPON** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot and Trust

Da'Borah Thomas E-12827

255 Redcrest Drive

San Diego, Ca. 92114

(270-5-2-12)

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. $ 49.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot and Trust

Da[illegible]borah Thomas R-12827

255 Redcrest Drive

San Diego, Ca. 92114

(270-S-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: $ 49.00

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon [redacted] mittance **COUPON** **12**

DO NOT MAIL ENTIRE B[redacted]K

ACCOUNT No. Pre-need Lot and Trust

Dr Norah Thomas E-12827

255 Redcrest Drive

San Diego, Ca. 92114

(270-5-2-12)

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. $ 49.00

Amount due if paid more than _____ days after due date above $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 13

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot and Trust

Do"Borah Thomas R-12827

255 Redcrest Drive

San Diego, Ca. 92114

(270-5-2-12)

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: $ 49.00

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-[illegible] and Trust

De'Borah Thomas R-12827

255 Redcrest Drive

San Diego, Ca. 92114

(270-5-2-12)

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. $ 49.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot and Trust

Dr. Borah Thomas B-12827

255 Redcrest Drive

San Diego, Ca. 92114

(270-5-1-12)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before due date above. $ 45.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot and Trust

Dr Norah Thomas E-12827

255 Redcrest Drive

San Diego, Ca. 92114

(270-5-2-12)

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. $ 49.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot and Trust

Deborah Thomas E-12827

255 Redcrest Drive

San Diego, Ca. 92114

(270-5-2-12)

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: $ 43.00

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

pre-need lot trust

Date 3/28/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Millie Carter

in a _____ Funeral, date, time _____
Vault/Liner

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 71 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	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.50
Total Due	11667.50
Paid receipt number R-47234	417.00
Balance due	1250.50

PAID IN FULL 3-5-96

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Millie Carter
Signature

1525 N 30th St
Address

San Diego CA 92102
City Zip Code

619-234-2923
Telephone

Work Order # E 12828

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

NAME CARTER, MILLIE ACCT. NO. E-12828

ADDRESS 1525 N. 30 STREET SAN DIEGO, CA 92102 RATING LIMIT

		ITEMS	DEBIT	✓	CREDIT	BALANCE
03-28	96	Pre-need Lot and Trust opened:				
		Lot 71: Grave 10: Sec. 3: Div. 12	795 .00			
		Trust includes: 1 Opening/Closing; 1 T.S. Vault				
		1 Handling Fee; 1 Recording Fee; 1 Tax on vault.	872.50			1667.50
03-28	96	Receipt #47234			417.00	1250 .50
5-8	96	Comp on #1 R- 47383			52.10	1198 40
6-7	96	" 2 R- 47491			52.10	1146 30
7-9	96	" 3 R- 47598			52.10	1094 20
8-9	96	" 4 R- 47698			52.10	1042 10
9-9	96	Rec 47792 Comp 5			52.10	990 00
10-9	96	" 6 R- 47896 8096			52.10	937 90
11-6	96	" 7 R-48009			52.10	885.80
12-4	96	" 8 R-48072			52.10	833.70
1-6	97	" 9 R-48170			52.10	781.60
2-6	97	" 10 R-48268 bal to trust			52.10	729.50
3-4	97	" 11 R-48336			52.10	677.40
4-4	97	" 12 R-48434			52.10	625.30

ER FORM NO. 25-204 CARTER, MILLIE PRE-NEED LOT AND TRUST PRINTED IN USA

NAME

ACCT. NO. F-12828

ADDRESS

RATING

LIMIT

DATE	ITEMS	DEBIT	✓	CREDIT	BALANCE
	Pre-Need 1st & Trust - Balance to Trust				625.30
5-3 97	Receipt # 48519 CPN # 13			52.10	573.30
6-3 97	" 48648 CPN # 14			52.10	521.20
7-7 97	" 48750 CPN 15			52.10	469.00
8-6 97	" 48850 CPN 16			52.10	416.90
9-8 97	" 48950 CPN 17			52.10	364.90
10-3 97	" 49036 CPN 18			52.10	312.80
11/6 97	" 49152 CPN 19			52.10	260.70
12/5 97	" 49243 CPN 20			52.10	208.60
1-7 98	" 49369 CPN 21			52.10	156.50
2-9 98	" 49629 CPN 22			52.10	104.40
3-5 98	" 49717 23 & 24			104.30	(.10)
					-0-

AIGNER FORM NO. 25-204

PRINTED IN USA

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47234

Date: 3/28, 19 96

From: Willie Carter Address: 1525 N. 30 St. San Diego, CA 92102

four hundred seventeen and no/100 Dollars ($ 417.00)

In Part Payment of pre-need, 1st and trust

Lot 71 Grave 10 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12828

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.

Catina M Ingram
ISSUED BY

CREDIT	67007		
20% Sales Care	77184	417	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	$	417	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
- 527-3400

47382

Date: 5-8, 1996

From: Millie Carter Address: 1525 N. 30th Street SD 92102

Fifty Two + 10/100 Dollars ($ 52.10)

In Payment of Pre-Need Trust

Lot 71 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12128

BALANCE DUE 1198.40

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2664

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY L. Hamilton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	52	10
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	10

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47431

Date: 6/7, 19 96

From: Millie Carter Address: 1505 N. 30th St San Diego Ca 92102

Fifty two 10/00 Dollars ($ 52.10)

In part Payment of Pre Need Lot Trust

Lot 71 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 1146.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 2084

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Tonya Burk

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	52	10
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	$	52	10

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

47598

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7/9, 19 96

From: Millie Carter Address: 1573 North 30th St SD CA 92102

Fifty Two 10/00 Dollars ($ 52.10)

In Part Payment of Pre Need Total Trust

Lot 71 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. Bal: 1094.90

BALANCE DUE E-12898

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 9698

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karyn Baker

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	52	10
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	10

OFFICIAL RECEIPT

47608

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-9, 1996

From: Millie Carter Address: 1525 N. 30th St. San Diego 92102

Fifty Two 2 10/100 Dollars ($ 52.10)

In part Payment of Pre-Need Trust + Lot

Lot 71 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 1042.10

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2723

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S Shrichellas

CREDIT	67007		
20% Sales Care	77184	52	10
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	$	52	10

OFFICIAL RECEIPT

47732

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9/9, 19 96

From: Willie Carter Address: 1535 N. 30 St San Diego 92102

Fifty-two 10/00 Dollars ($ 52.10)

In: Payment of Pre Need Lot/ Trust

Lot 71 Grave 10 Row Section 3 Division/Block 12

Invoice No.

Acct. No.

W.O. E-13838

BALANCE DUE 940.00

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 Penny Dick

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	52	10
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	$	52	10

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47 96

Date: 10-9, 1996

From: Millie Carter Address: 1525 N. 30th St. S.D. 92102

Fifty Two & 10/100 Dollars ($ 52.10)

In part Payment of Pre-Need Lot - Trust

Lot 71 Grave 10 Row Section 3 Division 13 Block

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 937.90

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
2770

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Hamilton

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	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	52	10

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48009

Date: 11-12, 19 96

From: Millie Carter Address: 1525 N. 30 St. San Diego 92102

Fifty two and 10/100 Dollars ($ 52.10)

In part Payment of pre-need lot and trust

Lot 71 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 885.90

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2809

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Duggan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	52	10
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	10

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43072

Date: 12-4 19 96

From: Millie Carter Address: 1525 N. 30th St. San Diego 92102

Fifty two and 10/100 Dollars ($ 52.10)

In part Payment of pre-need lot and trust

Lot 71 Grave 10 Row _____ Section 3 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12828

BALANCE DUE 833.80

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2829

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Catina Jurgeon

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	52	10
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		$ 52	10

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40170

Date: 1-6 , 19 97

From: MILLIE CARTER Address: 1525 N. 30 TH ST. SAN DIEGO 92102

FIFTY TWO AND 10/100 Dollars ($ 52.10)

In PART Payment of PRE-NEED LOT AND TRUST

Lot 71 Grave 10 Row _____ Section 3 Division 12 Block

Invoice No. _____

Acct. No. _____

W.O. E-12828

BALANCE DUE 781.70

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2850

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	52	10
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	10

OFFICIAL RECEIPT

4 268

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-6 , 19 97

From: Millie Carter Address: 1525 N. 30 St. San Diego 92102

Fifty two and 10/100 Dollars ($ 52.10)

In part Payment of Pre-need lot and trust

Lot 71 Grave 10 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 729.60

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
2796

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jungeon

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	52	10
Sales Tax	60101 76390		
TOTAL PAID	$	52	10

OFFICIAL RECEIPT

40333

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-4 , 19 97

From: Millie Carter Address: 1525 N. 30th St. San Diego 92102

Fifty two and 10/100 Dollars ($ 52.10)

In part Payment of pre-need lot and trust

Lot 71 Grave 10 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 677.50

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 2864

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgens

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	83033 9022	52	10
Sales Tax	60101 78390		
TOTAL PAID	$	52	10

OFFICIAL RECEIPT

42431

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-4, 1997

From: Millie Carter Address: 1525 N. 30th Street San Diego 92102

Fully Two & 10/100 Dollars ($ 52.10)

In part Payment of Pre-Need Lot - Trust

Lot 71 Grave 10 Row Section 3 Division Block 13

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 625.40

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
2884

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. 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		
Pre-Need Trust	63033 9022	52	10
Sales Tax	60101 78390		
TOTAL PAID	$	52	10

48513

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-2 19 97

From: Millie Carter Address: 1525 N. 30th St. San Diego 92102

Fifty two and 10/100 Dollars ($ 52.10)

In part Payment of Pre-Need lot and trust

Lot 71 Grave 10 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 573.30

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 2900

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Morgan

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	52	10
Sales Tax	60101 78390		
TOTAL PAID	$	52	10

OFFICIAL RECEIPT

48643

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-3, 19 97

From: Millie Carter Address: 1525 N. 30th St San Diego 92102

Fifty two and 10/100 Dollars ($ 52.10)

In part Payment of pre-need lot and trust

Lot 71 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12828

BALANCE DUE 521.20

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

2924

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Dugron

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	10
Sales Tax	60101 76390		
TOTAL PAID	$	52	10

OFFICIAL RECEIPT

43750

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-7, 19 97

From: Millie Carter Address: 1525 N. 20th street San Diego 92102

Fifty two and 10/100 Dollars ($ 52.10)

In part Payment of Pre-need lot and trust

Lot 71 Grave 10 Row ____ Section 3 Division 12 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12828

BALANCE DUE 469.10

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

2937

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Cathy Available

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	52	10
Sales Tax	60101 78390		
TOTAL PAID	$	52	10

OFFICIAL RECEIPT

48850

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-6, 19 97

From: Millie Carter Address: 1525 N 30th. Street San Diego 92102

Fifty five and no/100 Dollars ($ 52 10)

In part Payment of Pre-need lot and trust

Lot 71 Grave 10 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 417 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

2963

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY C Duggan-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	83033 9022	52	10
Sales Tax	60101 78390		
TOTAL PAID	$	52	10

48950

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9-8, 1997

From: Millie Carter Address: 1525 N. 30th Street SD 92102

Fifty two and 10/100 Dollars ($ 52.10)

In part Payment of preneed lot and trust

Lot 71 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 364.90

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

2977

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Gurgen Avacome

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	10
Sales Tax	60101 78390		
TOTAL PAID	$	52	10

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49036

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10-3 , 19 97

From: Millie Carter Address: 1525 N. 30th Street San Diego 92102

Fifty two and 10/100 Dollars ($ 52.10)

In part Payment of pre need lot and trust

Lot 71 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 312.80

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐
2999

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Surgion-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	52	10
Sales Tax	60101 78390		
TOTAL PAID	$	52	10

OFFICIAL RECEIPT

49152

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11/6 19 97

From: Millie Carter Address: 1525 N. 30th Street anDiego 92102

Fifty Two and 10/100 Dollars ($ 52 10)

In part Payment of Pre Need Lot and trust

Lot 71 Grave 10 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 260.70

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

307

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Vaccaro

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	63053 9022	52	10
Sales Tax	6010i 78390		
TOTAL PAID	$	52	10

OFFICIAL RECEIPT

49243

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12/5, 1997

From: Millie Carter Address: 1525 N. 30th Street SD 92102

fifty two and 10/100 Dollars ($ 52.10)

In part Payment of Preneed lot and trust

Lot 71 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 208.60

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

3041

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avallone

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	52	10
Sales Tax	60101 78390		
TOTAL PAID	$	52	10

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49369

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-7, 19 98

From: Millie Carter Address: 1525 N. 30th Street San Diego 92102

1 pay. two and 10/100 Dollars ($ 52.10)

In Part Payment of pre need lot and trust

Lot 71 Grave 10 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 156.50

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	52	10
Sales Tax	60101 78390		
TOTAL PAID	$	52	10

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 3057

ISSUED BY Catina Avallone

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49629

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-9 19 98

From: Millie Carter Address: 1525 N. 30th Street SD 92102

fifty two and 10/100 Dollars ($ 52.10)

In part Payment of pre need lot and trust

Lot 71 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12828

BALANCE DUE 103.90

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3076

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Catina Avallone

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	52	10
Sales Tax	60101 78390		
TOTAL PAID	$	52	10

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49717

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-5 , 1998

From: Millie Carter Address: 1525 N. 30th St San Diego 92102

One Hundred Four & 30/100 Dollars ($ 104.30)

In full Payment of Pre Need 77 - Trust

Lot 71 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12828

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 S. Hewitt

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	30
Sales Tax	60101 78390		
TOTAL PAID	$	104	30

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

COUPON **1**

E-12828

ACCOUNT No. Pre-Need Trust and Lot

Millie Carter

1525 N. 30 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. $ 52.10

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-12828 and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102
(71-10-3-12)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before due date above. $ 52.10

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102

E-12828

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above: $ 52.10

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-12828 and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102
(71-10-3-12)

E-12828

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. $ 52.10

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust and Lot

Hillie Carter
1525 N. 30 Street
San Diego, CA 92102

E-12828

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. $ 52.10

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102
(71-10-3-12)

E-12828

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. $ 52.10

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102

E-12828

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. $ 52.10

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Millie Carter

ADDRESS 1525 N 30 Street

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust Grave and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102
(71-10-3-12)

EE-12223

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. $ 52.10

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Millie Carter

ADDRESS 1525 N 30 Street

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				15							

Amount due when paid on, or before, due date above. $ 52.10

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME Mrs. Millie Carter

ADDRESS 1525 N 30th Street

CITY San Diego STATE CA ZIP 92104

☐ 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 K-12828 and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102
(71-10-3-12)

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: $ 52.10

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME Millie Carter

ADDRESS 1525 N 30th St

CITY San Diego STATE CA ZIP 92102

☐ 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 and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102

E-12828

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above ▶ $ 52.10

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Millie Carter

ADDRESS 1525 N 30th St

CITY San Diego STATE CA ZIP 92102

☐ 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-12828 and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102
(71-10-3-12)

E-12828

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: $ 52.10

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME Millie Carter

ADDRESS 1525 N 30th St

CITY San Diego STATE Calif ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Deed Trust and Lot

Millie Carter
1525 E. 30 Street
San Diego, CA 92102

E-12822

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. $ 52.10

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 52.10

NAME Millie Carter

ADDRESS 1525 N 30th St

CITY San Diego STATE CA ZIP 92102

☐ 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-12822 and Lot

Willie Carter
1525 S. 30 Street
San Diego, CA 92102
(71-10-3-12)

E-12822

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: $ 52.10

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102

E-12X22

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on or before due date above. $ 32.10

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Millie Carter

ADDRESS 1525 N 30th Street

CITY San Diego STATE CA ZIP 92102

☐ 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-12[illegible] and Lot

Willie Carter
1525 N. 30 Street
San Diego, CA 92102
(71-10-3-12)

E-12[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. ▶ $ 52.10

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME Willie Carter

ADDRESS 1525 N 30 Street

CITY San Diego STATE Ca ZIP 92102

☐ 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 and Lot

Millie Carter

1525 N. 30 Street

San Diego, CA 92102

E-12724

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. $ 52.10

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Millie Carter

ADDRESS 1525 N 30th St

CITY San Diego STATE CA ZIP 92102

☐ 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 E-12828 and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102
(71-10-3-12)

E-12828

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 ▶ $ 52.10

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME Millie Carter

ADDRESS 1525 N 30 St

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Purchased Trust and Lot

Willie Carter
1525 E. 30 Street
San Diego, CA 92102

E-12828

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. $ 52.10

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance. **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Trust and lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102
(71-10-3-12)

E-12828

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: $ 52.10

Amount due if paid more than _____ days after due date above: $ _____

$ _____

Amount Received $ _____

NAME Millie Carter

ADDRESS 1525 N 30 St

CITY San Diego STATE Ca ZIP 92102

☐ 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 and Lot

Billie Carter
1525 N. 30 Street
San Diego, CA 92102

E-12828

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. $ 92.10

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Billie Carter

ADDRESS 1525 N 30th St

CITY San Diego STATE CA ZIP 92102

☐ 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 [illegible] and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102
(71-10-3-12)

E-12828

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. $ 52.10

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Millie Carter

ADDRESS 1525 N 30 St

CITY San Diego STATE CA ZIP 92102

☐ 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 and Lot

Millie Carter

1525 N. 30 Street

San Diego, CA 92102

E-12823

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. $ 32.10

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME Millie Carter

ADDRESS 1525 N 30th St

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Grad Trust and Lot

Millie Carter
1525 N. 30 Street
San Diego, CA 92102.
(11-10-3-12)

E-12828

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. $ ~~52.10~~ 52.20

Amount due if paid more than ____ days after due date above. $

$

Amount Received $

NAME Millie Carter

ADDRESS 1525 N 30th

CITY San Diego STATE CA ZIP 92102

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-29-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lottie Lewella Manning

In a T. S. Vault (Vault/Liner) Funeral, date, time Wed 4-3 11:00

Church, Chapel, Graveside Church / 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 [illegible]

War time veteran _____.

Lot 221 Grave _____ Row _____ Section 100F ~~Division~~/Block 42

Grave space & Care Fund Pre-Need C-2536	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-47235	872.50
Balance due	0

PAID
MAR 29 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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 Loalon Neumann
Signature

X 3002 Naugatuck Ave
Address

X San Diego CA 92117
City Zip Code

X 273-4044
Telephone

Work Order # E 12829

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12829

APPLICATION 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
LOTTIE	LEWELLA	MANNING	11/26/1894	03/29/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	IVALOU NEUMANN: DAUGHTER 3002 NAUGATUCK AVENUE SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ Justine Mayo	04/02/1996

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	04/03/1996	Victoria Haza 9605201 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 LO[redacted] AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/3/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU[redacted] ▶
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.

E12829

47235

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3-29 1996

From: Avalon Neumann Address: 3002 Mangetuck Ave S.D. 92117

Eight hundred seventy two & 50/100 Dollars ($ 872.50)

In full Payment of Retirement of Lottie Manning

011235

Lot 221 Grave Row Section 100F Division Block 42

Invoice No.

Acct. No.

W.O. E-12829

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

505

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Hutchison

CREDIT 20% Sales Care	67007 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	60101 78390	17	50
TOTAL PAID	$	872	50

AC-212 (Rev. 5-94)

15 chairs requested.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/29/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margie McCoy McGowen

in a liner Funeral, date, time 4/3/96 1:00pm

Church, Chapel, Graveside (Vault/Liner) 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 J.V

War time veteran _____.

Lot 270 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	13.30
Total Due	1563.30
Paid receipt number R-47251	1563.30
Balance due	-0-

PAID
APR 04 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

CA Burial will bring check for down payment

I hereby certify I am the Dorger of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Jeffery Veasley
Signature

1503 Black Oak
Address

DS
City Zip Code

262-8674
Telephone

*30 day note

Work Order # E 12830

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12830

NOTE

$ 117230 San Diego, California March 29 1996

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand one hundred seventy two 30/00 DOLLARS with interest from May 3, 1996 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 Jeffery Deasley SIGNATURE X Jeffery Deasley

ADDRESS 1503 Black Oak

CALIFORNIA DRIVER LICENSE NUMBER X K0314202 SSN # X Jeffery Deasley 565-58-0466

PY-1012 (11-89)

E1283C

APPLICATION 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
MARGORIE	REE	MCGOWEN	02/03/1922	03/28/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	JEFFERY VEASLEY-DAUGHTER 7503 BLACK OAK RD. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Jeanette Benyard	04/01/1996

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	04/01/1996 J. BENYARD	9605079 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4/3/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU ▶	
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.

E12830

47251

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4-4 , 19 96

From: La Burial Address: 5880 El Cajon Blvd SD 92115

One Thousand five hundred sixty three & 30/100 Dollars ($ 1563.30)

In full Payment of Interment of Margie McGowen

Lot 270 Grave 7 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12830

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2455

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J Shilton

CREDIT			
20% Sales Care	67007 77184	795	00
80% Sales of Lots	100 77184	375	00
Opening/ Closing	100 77151	190	00
Burial Containers	100 77182	145	00
Handling Fee	100 77185	45	00
Recording & Misc. Fees	100 77183		
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 04/01/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry Saladin

In a Del Vault (Vault/Liner) Funeral, date, time Thur 4-4 11:00

Church, Chapel, Graveside Graveside only: Greenwood Mortuary the

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned, M.M.

War time veteran _____.

Lot 1000 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre Need E-10710	0
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container ..... Provided by Greenwood	—
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
MT. HOPE CEMETERY Total Due	210.00
CITY of SAN DIEGO, CALIF. Paid receipt number E-47237	210.00
Balance due	0

PAID
APR 01 1996

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

X _____ Signature

X _____ Address

X 4469-60th. City

X San Diego 92115 Telephone

Work Order # E 12831

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12831

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

89

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
HENRY	JOSEPH	SALADIN	04/05/1906	03/29/1996	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	JOSEPH MARCHESE: DURABLE POA 4469 60TH 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
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶	04/02/1996

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	04/03/1996	Victoria Nazz 9605205 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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

	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BU...
BURIAL	MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	4/4/96	▶
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION**
CREMATION	GREENWOOD CREMATORY: I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	4-3-96	▶
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
SCIENTIFIC USE			▶
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
TRANSIT			▶

	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY			▶	

COPY 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

47237

Date: 4-1, 1996

From: Joseph Marchese Address: 4469 60th St. San Diego 92115

Two Hundred Ten Dollars ($ 210.00)

In full Payment of Interment of Henry Sabalin

Lot 1000 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E- 12831

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4105

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shackleton

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	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	210	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-1-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vicente Castaneda mass

in a Double Depth Vault/Liner Funeral, date, time Wed 4-3 9:00

Church, Chapel, Graveside Church / Graveside ; Markley Mitchell Thomas Mortuary.

All Funeral cars must 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 5343 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	1095.00
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	2241.60
Paid receipt number R-47240	561.00
Balance due	1680.60
auxiliary pymt	1680.00

534

PAID
MAY 10 1996
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30-DAY NOTE

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

X 929 South Evans St.
Address

X San Diego, CA 9210
City Zip Code

X 235-8358
Telephone

Invoice # 268110

Acct. # 088695

Work Order # E 12832

PY-593 (Rev. 8-92)

4-11

E12832

APPLICATION 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
VICENTE	-	CASTANEDA	07/19/1921	03/30/1996	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	JUSTINA CASTANEDA, WIFE 1673 NATIONAL AVENUE 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
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	[signature]	04/01/1996

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	04/01/1996 D. BODDY	9605108

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4/3/96	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 12832

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 0881095

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 5-10-96 H.D. to Mt. Hope

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER

AMOUNT PAID 729.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME David Castaneda

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) Herlinda Newton

CUSTOMER (PAYOR) ADDRESS 1675 National Ave.
San Diego, Ca. 92113

REMARKS Catina M. Surgeon
MS # 72

CASHIER

INV. NO. 2068110

TR-1861 (2-82)

E 12832

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 0881095

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 5-10-96 H.D. TO MT. HOPE

PAID BY (CIRCLE ONE): (CA) CK NF

PAYMENT REFERENCE NUMBER _____

AMOUNT PAID 951.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME David Castaneda

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) _____

CUSTOMER (PAYOR) ADDRESS _____

REMARKS Catina M. Durgen
MS #72

CASHIER _____

INV. NO. 268110

TR-1581 (2-82)

E 12832

MT. HOPE CEMETERY

W.O. # E-12832

NOTE

$ 1680.60 San Diego, California 4-1 19[redacted]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Six Hundred Eighty ~~60~~/100 DOLLARS with interest from May 3, 1996 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 CARLOS F CASTANEDA SIGNATURE [redacted]

ADDRESS 929 So. Evans Street S.D. CA 92143

CALIFORNIA DRIVER LICENSE NUMBER N5186943 SSN # 571-04-3859

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47241

Date: 4-1, 1996

From: Dora Castaneda Address: 929 S. Evans St SD 92113

Five Hundred Sixty One Dollars ($ 561.00)

In part Payment of Interment of Vicente Castaneda

Lot 5343 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12832

BALANCE DUE 1690.60

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

317

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Hamilton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	561	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	$	561	00

268110 04/11/96 088695 CARLOS CASTANEDA 05/10/96 CA 1,680.60 729.00

E 12838

100	072	77181 000072	951.60
100	072	77182 000072	212.33
100	072	77183 000072	215.17
100	072	77184 000072	25.48
100	072	77185 000072	302.36
60101		78390	181.19
			15.07

PARTIAL PAYMENT

268110 04/11/96 088695 CARLOS CASTANEDA 05/10/96 CK 2294 1,680.60 0.00

E-12838

100	072	77181 000072	729.00
100	072	77182 000072	162.67
100	072	77183 000072	164.83
100	072	77184 000072	19.52
100	072	77185 000072	231.64
60101		78390	138.81
			11.53

PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 04/01/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ora Davidson Jabol (x)

in a Mortuary will bring vault / Vault/Liner Funeral, date, time April 10 Wed 2:00 pm

Church, Chapel, Graveside Graveside : Bisbee Funeral Home Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 1092 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	60.00
Flower vases ~ Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	210.00
Paid receipt number R 47069	210.00
Balance due	0

Gary McDermand
520-433-2491
Vault
14" wide 10" deep
12" high

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Denise S Munro
Signature
503 Hermosa Pl
Address
Bisbee, Ariz
City
432-3335
Telephone
Zip Code

Work Order # E 12833

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

F 12833

SOUTHEAST ARIZONA CREMATORY

Bisbee, Arizona 85603 ·(520) 432-2491 or 459-1555

Certificate of Cremation

To Certify that ORA DAVIDSON SABOL was cremated at Southeast Arizona Crematory, under the observance of all legal requirements on the 2nd. day of APRIL, 1996.

The date of death was MARCH 29th.1996 Place BISBEE,ARIZONA

Age 96 Sex FEMALE Mortuary BISBEE FUNERAL HOME

Crematory Operator RICHARD A. PEACOCK/ Richard A. Peacock

No. 24

CEMETERY OR CREMATORY COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES OFFICE OF VITAL RECORDS

E 12833

REGISTRAR'S FILE NO. # 24,

DISPOSAL - TRANSIT PERMIT

IDENTIFICATION OF DECEASED

NAME OF DECEASED	A. FIRST	B. MIDDLE	C. LAST	SEX	AGE	RACE OR COLOR
1.	Ora	Davidson	Sabol	2. Female	3. 96	4. White

DATE OF DEATH	PLACE OF DEATH	A. TOWN OR CITY	B. COUNTY	C. STATE
5. Mar. 29, 1996	6.	Bisbee	Cochise	Arizona

CAUSE OF DEATH (MUST BE COMPLETED IF BODY IS SHIPPED OUT OF STATE, MOVED BY COMMERCIAL CARRIER, OR A DEATH FROM CERTAIN DISEASES)
7.

MANNER AND PLACE OF DISPOSITION

8. ☐ BURIAL ☐ OTHER (SPECIFY) ☒ CREMATION ☐ REMOVAL

FUNERAL HOME — A. NAME — B. ST. ADDRESS — C. CITY AND STATE
9. Bisbee Funeral Home 806 Hwy 92 Bisbee, Arizona

FUNERAL DIRECTOR'S SIGNATURE
10. Gary M. Bennett

DATE SIGNED
11. Apr. 1, 1996

PLACE OF BURIAL OR OTHER DISPOSITION — A. NAME — B. STREET ADDRESS — C. CITY AND STATE
12. Southeast Arizona Crematory 806 Hwy 92 Bisbee, Arizona

REGISTRAR'S AUTHORIZATION FOR DISPOSITION

13. IN ACCORDANCE WITH THE LAWS OF THIS STATE AND THE REGULATIONS OF THE STATE DEPARTMENT OF HEALTH PERTAINING TO DEATH CERTIFICATES AND THE HANDLING OF DEAD HUMAN REMAINS, AUTHORIZATION IS HEREBY GIVEN TO DISPOSE OF THIS BODY IN THE MANNER INDICATED.

REGISTRAR'S SIGNATURE	REG. DISTRICT	DATE SIGNED
14. Lewis B. Patterson	15. 0918	16. 4-1-96

VS-7 REV. 8/88

DUPLICATE FUNERAL DIRECTOR COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES - OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO. E 12833
D 102-

AKA

DECEDENT

1. NAME OF DECEASED — A. FIRST: ORA — B. MIDDLE: DAVIDSON — C. LAST: SABOL
2. SEX: FEMALE
3. DATE OF DEATH — MONTH DAY YEAR: March 29, 1996
4A. RACE (e.g., white, black, American Indian, specify tribe) etc.) SPECIFY: White
4B. WAS DECEDENT OF HISPANIC ORIGIN (SPECIFY YES OR NO): No
4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.
5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): No
6A. PLACE OF DEATH — A. COUNTY: Cochise
6B. B. TOWN OR CITY: Bisbee
6C. C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): Anniversary Home 5 A Campbell
6D. ☐ DOA ☐ OP EMER ☑ IN PATIENT
7. DATE OF BIRTH — MONTH DAY YEAR: October 29, 1899
8A. AGE (YEARS LAST BIRTHDAY): 96
8B. IF UNDER 1 YEAR MOS DAYS:
8C. IF UNDER 1 DAY HRS MIN.:
9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): Widowed
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME):
11. STATE AND CITY OF BIRTH (If not in USA, name country): Texas, Cleburne
12. CITIZEN OF WHAT COUNTRY? SPECIFY: USA
13. SOCIAL SECURITY NO.: 573-42-3286
14A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): Nurse
14B. KIND OF BUSINESS OR INDUSTRY: Nursing
15A. USUAL RESIDENCE — A. STATE: Arizona
15B. B. COUNTY: Cochise
15C. C. TOWN OR CITY: Bisbee
15D. D. ZIP CODE: 85603
16. HOW LONG IN ARIZONA?: 5 Yrs.
17. EDUCATION HIGHEST GRADE COMPLETED
15E. STREET ADDRESS OR R.F.D.: 5 A Campbell
15F. INSIDE CITY LIMITS? (SPECIFY Yes or No): Yes
15G. ON RESERVATION (SPECIFY Yes or No): No
18. PREVIOUS STATE OF RESIDENCE: California
17A. ELEMENTARY-SECONDARY (0-12): 12
17B. COLLEGE (0-4 or 5+): 2

PARENTS

19. FATHER'S NAME — A. FIRST: George — B. MIDDLE: W. — C. LAST: Hardesty
20. MOTHER'S MAIDEN NAME — A. FIRST: Maude — B. MIDDLE: — C. LAST: Suither

DISPOSITION

21. INFORMANT'S SIGNATURE: Dessie S. Munsey
22. RELATIONSHIP TO DECEASED: Daughter
23. ADDRESS — STREET NO. CITY AND STATE ZIP CODE: 503 Hermosa Place Bisbee, Arizona 85603
24. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
25. DATE: Apr. 2, 1996
26. CEMETERY OR CREMATORY - NAME/LOCATION: Southeast Arizona Crematory Bisbee, AZ.
27A. EMBALMER'S SIGNATURE: Not Embalmed
27B. CERT. NO.:
28. FUNERAL HOME — NAME STREET ADDRESS CITY AND STATE: Bisbee Funeral Home 806 Hwy 92 Bisbee, Arizona
29A. FUNERAL DIRECTOR or person acting as such (SIGNATURE):
29B. CERT. NO.: FO 741

CERTIFIER

To be completed by CERTIFYING PHYSICIAN ONLY

TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.

30. SIGNATURE AND TITLE:
31. DATE SIGNED (Mo., Day, Year): April 1, 1996
32. HOUR OF DEATH: 0520
33. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print):

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY

ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED

34. SIGNATURE AND TITLE:
35. DATE SIGNED (Mo., Day, Year):
36. HOUR OF DEATH:
37. PRONOUNCED DEAD (Mo., Day, Year): ON
38. PRONOUNCED DEAD (Hour): AT

39. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY (Type or Print): Dr. J. Hoffman MD 7 Bisbee Rd. Bisbee, Arizona
40. AUTHORIZED FOR CREMATION (SPECIFY) ☑ Yes ☐ No
41. MEDICAL EXAMINER'S SIGNATURE:

CAUSE OF DEATH

42. DATE REGISTERED:
43. REG. FILE NO.:
44. REGISTRAR'S SIGNATURE:
45. REG. DISTRICT:
46. DATE REC'D. IN STATE OFFICE:

47. SEQUENTIALLY LIST CONDITIONS, IF ANY, LEADING TO IMMEDIATE CAUSE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST — PART I

A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY ONE CAUSE ON EACH LINE): Arteriosclerotic Heart Disease
B. DUE TO OR AS A CONSEQUENCE OF:
C. DUE TO OR AS A CONSEQUENCE OF:

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

48. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I
49. AUTOPSY (Specify Yes or No): No
50. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): Yes

*** MEDICAL EXAMINER**

51. MANNER OF DEATH: ☐ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED
52. DATE OF INJURY MO DAY YR:
53. HOUR: M
54. INJURY AT WORK? (Specify Yes or No):
55. DESCRIBE HOW INJURY OCCURRED:
56. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY:
57. WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE:

FOR STATE REGISTRAR USE

58. SUPPLEMENTARY ENTRIES:

* OR TRIBAL LAW ENFORCEMENT AUTHORITY

VS-2 (REV. 1-89)

E 12833

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 96

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ORA	DAVIDSON	SABOL	10/29/1899	03/29/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Bisbee	Arizona	Dessie S. Munsey, daughter, 503 Hermosa Place Bisbee, Arizona 85603

7A. TYPED NAME AND ADDRESS OF 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	▶ D. Richardson	04/08/1996

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103726 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/08/1996 Edward Feazell	9605461 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 San Diego, CA 92102	11B. DATE BURIED: 4/10/96	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

47269

Date: 4/8 96

From: Bisbee Funeral Home Address: 506 Hwy 92 Bisbee Arizona 85603

Two Hundred ten and 00/100 Dollars ($ 210.00)

In Full Payment of Interment of Ida Davidson Sabol

Lot 1092 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E-12833

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1924

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kurya Bak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	45	00
Sales Tax	60101 78390		
TOTAL PAID	$	210	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/1/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emily Pleshette Wesson

in a _____ Vault/Liner Funeral, date, time Fri 4-5 1:00

Church, Chapel, Graveside Chapel Graveside; Kegerreis Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned. _____

War time veteran _____

Lot 3613 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 Visa	270.00
Balance due	0

16" wide x 15" high x 34" long x

I hereby certify I am the X Great aunt and 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 Emily S Plampton
Signature
X 5020 Federal Blvd. #245
Address
X San Diego CA. 92102
City Zip Code
X (619) 262 7394
Telephone

Work Order # E 12834

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12834

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3 mos. 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
Emily	Pleshette	Wesson	01/24/1996	03/31/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lafawn D. Wesson, Mother 5020 Federal Blvd. Apt 215 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 92102	F-1329	▶ [signature]	04/01/1996

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	04/02/1996 ▶ [signature]	9605164

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4/5/96	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

E 12834 49585

Date: 1-30, 1998

From: Emily Hampton Address: 5020 Federal Blvd #215 SD 92102

eighty + no/100 Dollars ($ 80.00)

in full Payment of marker setting fee for Emily Plesheette Wisson

Lot 3613 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-12834

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 Catina Riverso Avalone

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	80	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	80	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-2-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lidia Lecoy PA # 1194240

in a liner (Vault/Liner) Funeral, date, time Thurs 4-4 11:00

Church, Chapel, Graveside Delivery Only : Mayer Mortuary jm

All Funeral cars must arrive before 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 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	paid in full 5/2/96
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

Bell, James

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12835

Invoice # 2683210

Acct. # 000952

PY-593 (Rev. 8-92)

E12935

APPLICATION 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
Lidia	-	Secoy	05/19/1944	03/04/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
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—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Av. San Diego, CA 92116	1424	▶ John Mayer	04/03/1996

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103% of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	04/03/1996 John Mayer	▶ 9605211

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 Makkat St. San Diego, CA 92102	11B. DATE BURIED 4/4/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU ▶ [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.

268326	04/15/96	000952	COUNTY OF SAN DIEGO			05/02/96 CK	04-070813	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		
			100	072	77184	000072		126.00		

6-12-25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/8/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Esperanza Pastrana Mosley

in a Liner (Vault/Liner) Funeral, date, time 4pm 4/8 Mon 8:30:00

Church, Chapel, Graveside Chapel/Graveside Beige-Roberts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ x 195

will be applied and billed to undersigned. _____

War time veteran _____

Lot 181 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	198.00
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-47247	500.00
Balance due	1263.30

495

PAID
MAY 10 1996
Paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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.

OVER

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

V Signature _____

X Address 4048 Hilltop Dr.

X City SD CA. 92102 Zip Code

V Telephone 619-266-9383

Work Order # E 12836

Invoice # 268385

Acct. # 088747

PY-593 (Rev. 8-92)

1263.30
- 500.00 VISA 5-9-96
763.30 Balance

auxilary payment
CK #854

763.30
Q paid in full. 5-10-96

MT. HOPE CEMETERY

W.O. # E-12836

NOTE

$ 1263.30 San Diego, California April 3 1996

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 sixty three 30/00 DOLLARS with interest from May 8, 1996 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 Harrison Mosley III SIGNATURE

ADDRESS 4048 Hilltop Dr.

CALIFORNIA DRIVER LICENSE NUMBER C3379055 SSN # 457-13-4238

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

47247

MOUNT HOPE CEMETERY

527-3400

Date: 4/13, 1996

From: Carlos A. Pastrana Address:

Five hundred 00/00 Dollars ($ 500.00)

In Payment of Interment of Esperanza Pastrana Wesley

Lot 181 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12836

BALANCE DUE 126330

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 Kaiyat Bak

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	500.00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	500.00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 449

Date: 5-31 19 96

From: Carmen A. Pastrana Address: 2813 Highland Ave. National City, Ca. 91950

Twenty three and 78/100 Dollars ($ 23.78)

In full Payment of galvanize flower vase for Esperanza Pastrana Mosley

Lot 181 Grave 8 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12836

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #773

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Ingram

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	10	00
Handling Fee	100 77185	13	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		78
TOTAL PAID	$	23	78

E 12 836

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 088747

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 5-10-90 (H.D.) TO MH HOPE

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER #854

AMOUNT PAID 763.30

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Jack Mosley

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) Carlos A. Pastrana

CUSTOMER (PAYOR) ADDRESS 6430 Inyo St.
San Diego, Ca. 92139

REMARKS Catina M. Surgeon
MS #72

CASHIER _____

INV. NO. 208385

TR-1561 (2-82)

E 12836

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 38

1A. NAME OF 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	-	PASTRANA-MOSLEY	09/05/1957	04/03/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JACK MOSLEY, HUSBAND 4048 HILLTOP DRIVE 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
BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284	Rosario Beato	04/04/1996

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	04/05/1996	9605335

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 LOC (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4/8/96	11C. SIGNATURE OF PERSON IN CHARGE OF BUR 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.

268385	04/16/96	088747	JACK MOSLEY			05/10/96	CK	854	1,263.30	500.00
			100	072	77181	000072			763.30	PARTIAL PAYMENT
			100	072	77182	000072			226.58	
			100	072	77183	000072			114.80	
			100	072	77184	000072			27.19	
			100	072	77185	000072			299.08	
			100	072	78390	000072			87.61	
									8.04	

E-12836

268385	04/16/96	088747	JACK MOSLEY			05/09/96	VISA		1,263.30	0.00
			100	072	77181	000072			500.00	PAID IN FULL
			100	072	77182	000072			148.42	
			100	072	77183	000072			75.20	
			100	072	77184	000072			17.81	
			100	072	77185	000072			195.92	
			100	072	78390	000072			57.39	
									5.26	

• MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-3-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zeilia Desson

in a liner (Vault/Liner) Funeral, date, time Tues. 4/9/96 1:00pm

(Church, Chapel, Graveside) church & graveside: Rosedale (Mortuary) Debbie

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. _____

War time veteran _____.

Lot 45 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	1663.30
Paid receipt number R-47281	1663.30
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

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Work Order # E 12837

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

47281

Date: 4/9, 19 96

From: Anderson-Pagsdale Mort Address: 5050 Federal Blvd. S.D. CA 92102

one thousand six hundred sixty three & 30/100 Dollars ($ 1663.30)

In full Payment of interment of Delia L. Sessor

Lot 45 Grave 3 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12837

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
#8087

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M Turgeon

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	895	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	$	1663	30

AC-212 (Rev. 5-94)

E 12837

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 70

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Lelia	Lee	Seasor	12/03/1925	04/02/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Stanley E. Seasor, Son 5561 Las Alturas 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 92102	F-1329	Debbie Wallace	04/04/1996

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	04/09/1996	9605485

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92002	11B. DATE BURIED 4/9/96	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 4/3/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald Mark Breeze

in a ~~ASH VAULT~~ Vault/Liner Funeral, date, time Fri. 4/5/96 1:00pm

Church, Chapel, Graveside delivery only. Neptune Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned X _____

War time veteran _____

✓ Lot 34 Grave 8 Row _____ Section B Division/[redacted] 12

Grave space & Care Fund	126
Additional spaces and care fund	
Opening/Closing & Setup	129
Burial Container	100
Handling Fees	100
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	500.00
Paid receipt number R- 47357	500.00
Balance due	0

PAID
MAY 06 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

mailed 4-17-96

send creditors claim
Katherine 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

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12838

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47357

Date: 5-6 , 19 96

From: Public Administrator Address: 5201-A Ruffin Rd SD 92123

Five Hundred Dollars ($ 500.00)

In full Payment of Interment of Donald Mark Breyer

Lot 34 Grave 8 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12838

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

139486

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Hubbs

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	126	00
Opening/ Closing	100 77181	179	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	100	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

E 12838

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 63 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
DONALD	MARK	BREEZE	09/18/1932	03/06/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR 5201-A RUFFIN RD SAN DIEGO, CA 92123

7A. NAME AND ADDRESS OF 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	▶ Janet Human	04/04/1996

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	04/04/1996 JANET HUMAN	▶ 9605310

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
PO BOX 85222 SAN DIEGO,CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [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 4/5/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J Watt
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 4/4/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Malik Warren

in a _____ Funeral, date, time Tues. 4/9/96 1:30

Church, Chapel, Vault, Graveside graveside : Ragsdale Mortuary. Debbie

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X _____

War time veteran _____

Lot ~~3530~~ 3017 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	30.00	100.00
Additional spaces and care fund		
Opening/Closing & Setup		125.00
Burial Container		
Handling Fees		
Flower vases – Marker setting fee	paid in full	
Recording and filing fee	5/2/96	45.00
Sales taxes	auxiliary invoice	
Total Due		270.00
Paid receipt number R-47256		70.00
Balance due		200.00

30 day note

200.00

I hereby certify I am the ~~X~~ 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 Tyrone Warren
Signature
X 4765 Home Ave
Address
X San Diego CA 92105
City Zip Code
X (619) 264-5812
Telephone

Work Order # E 12839

Invoice # 208477

Acct. # 088703

PY-593 (Rev. 8-92)

E 12839

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 088763

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 5-2-96 H.D. & cmf. Hope.

PAID BY (CIRCLE ONE): CA CK MF

PAYMENT REFERENCE NUMBER #3627

AMOUNT PAID 200.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Tymarc Warren

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 4765 Home Ave. Apt. 99
San Diego, Ca. 92105

REMARKS Catina M. Surgeon
MI #72

CASHIER T

INV. NO. 208477

TM-1561 (2-82)

E12839

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3 mos 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
Malik	Kyle	Warren	12/27/1995	04/03/1996	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	Tymarc Warren - Father 4765 Home Ave. Apt. 99 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 92102	F-1829	Arthur Wallace	04/04/1996

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	04/05/1996	9605345

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4/9/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU J Watt
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

47256

Date: 4/4, 19 96

From: Tymara Warren Address: 4765 Home Ave, #99 San Diego, CA 92105

seventy dollars Dollars ($ 70.00)

In Payment of Interment of Malik Warren

Lot: 3530 Grave Row Section 1 Division Block: 9

Invoice No.

Acct. No.

W.O. E-12839

BALANCE DUE 700.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #349

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catrina M. Surgin

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	70	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	$	70	00

MT. HOPE CEMETERY

W.O. # E-12839

NOTE

$ 200.00 San Diego, California April 4 19 96

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 Two hundred and no/cents DOLLARS with interest from May 9, 1996 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 Tymara Warren SIGNATURE X Tymara Warren

ADDRESS X 4765 Home Ave #99 S.D. CA 92105

CALIFORNIA DRIVER LICENSE NUMBER X DL C1679333 SSN # X 552-08-7491

FY-1012 (11-89)

E 12839

268477 04/18/96 088763	TYMARC	WARREN			05/02/96 CK 362		200.00	200.00	0.00
E-12839	100	072	77181	000072			125.00		PAID IN FULL
	100	072	77183	000072			45.00		
	100	072	77184	000072			30.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 4-4-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of VARYA ARUTYUNOVA

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 5277 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	1095.00
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	1095.00
Paid receipt number R-47257	500.00
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

Mamikon Arutyunov
Signature

5675 Arnold Ave #4
Address

San Diego CA 92104
City Zip Code

(619) 296-2037
Telephone

Work Order # E 12840

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

9090 Flanders Dr. SD 92126 547-9473

mail receipt each time

NAME ARUTYUNOVA, VARYA ACCT. NO. E-12840

ADDRESS 3675 Arnold Ave. #6 San Diego, 92104 RATING 547-9473 LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
04-04	96	Opened Pre-need Lot				
		Lot 5277, Div 10	1095.00			1095.00
04-04	96	25% Down R-47257			500.00	595.00
6-17		Coupon 1,2,3,4,8,4 R-47520			100.00	495.00
9-20		Coupon 5,6,7,8,9,10,11,12,13,14,15			400.00	95.00
		16,17,18,19,20 Rec 47335				
		Trust				
3-12	97	Receipt # 48378			95.00	70.00
6-9	98	R-VISA (came into office)			65.00	5.00

ok to leave $5.00 balance until needs grave for burial against his belief + religion to pay in full.

call him if there's any problems

3-12-97 against his belief - might bring back if he pays in full. ok per Jo Ann

E12840

...ER FORM NO. 25-204 ARUTYUNOVA, VARYA PRE-NEED

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47257

Date: 4-4, 1996

From: M. Astanova Address: 3675 Arnold Ave #6 SD 92110

Five Hundred Dollars ($ 500.00)

In part Payment of Pre-Need Lot for Varya Astanova

Lot 5277 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12840

BALANCE DUE 595.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-96)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Mitchell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	500	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 78380		
TOTAL PAID	$	500	00

OFFICIAL RECEIPT

48373

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-12 19 97

From: N. Artyunova Address: 3675 Arnold Ave #6 San Diego 92104

Twenty five Dollars ($ 25.00)

In part Payment of Pre-Need Lot
Vasya Artyunova

Lot 5277 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12840

BALANCE DUE 70.00

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 L. Hamilton

CREDIT	57007	25	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	63093 9022		
Sales Tax	80101 78300		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3490

47520

Date: 6-17, 1996

From: Vanya Avetyanova Address: 3675 Arnold Ave #6 SD 92104

One Hundred Dollars ($ 100.00)

In part Payment of Pre-Need Lot

Lot 5277 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12840

BALANCE DUE 495.00

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. Hamilton

CREDIT	67007		
30% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47 35

Date: 9/20, 1996

From: Varyantratyunova Address: 3675 Arnold Ave #6 S.D. CA 92104

Four Hundred Dollars ($ 400.00)

In _____ Payment of Pre Need Lot

Lot 5277 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E - 12840

BALANCE DUE $95.00

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 Karen Bak

CREDIT 20% Sales Cars	67007 77184	124	00
80% Sales of Lots	100 77184	276	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	$	400	00

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK E-12840

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK E-12840

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK E-12840

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-12840

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova E-12840

3675 Arnold Ave. #6

San Diego, CA 92104

(Lot 5277 Div 10

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova E-12840

3675 Arnold Ave. #6

San Diego, CA 92104

(Lot 5277 Div 10)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10

E-12840

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10)

E-12840

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK E-12840

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6 E-12840
San Diego, CA 92104
(Lot 5277 Div 10

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova E-12840
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10

E-12540

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10)

E-12540

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 16**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10

E-12840

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10)

E-12840

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10

E-12840

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Varya Arutyunova
3675 Arnold Ave. #6
San Diego, CA 92104
(Lot 5277 Div 10)

E-12840

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/4/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Pedro Zaporta (X) changed their mind

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 $ 4-5-96

will be applied and billed to undersigned.

VOID

War time veteran

Lot 2597 Grave Row Section Division/~~Block~~ 10

Grave space & Care Fund Pre-Need C-6300	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 R-47258	268.85
Balance due	0

PAID
APR 04 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Bro 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 Raymond Marques
Signature

X 9632 Petite Ln
Address

X Lakeside, Ca 92040
City Zip Code

X 390-8631
Telephone

Invoice #

Acct. #

Work Order # E 12841

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Lot

Date 3-12-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Muslim Org. Mr. Ayhad

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 _____. Muslim

Lot _____ Grave 2 Row _____ Section _____ Division/~~Block~~ U

Grave space & Care Fund	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 R-47185	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

Work Order # E 12842

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12842

47185

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3-12, 1996

From: Mr. Azhad / Muslim Organ. Address: P.O. Box 261058 San Diego 92126

One thousand One Hundred Dollars ($ 1100.00)

In full Payment of 2 Graves Muslim Area

Lot _____ Grave _____ Row _____ Section Muslim Division Block U

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

140

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	1100	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	$	1100	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-5-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Peter Ramiscal

in a ash vault (Vault/Liner) Funeral, date, time Fri 4-12 2:00

Church, Chapel, Graveside Graveside ; Balboa Creamation Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 DR

will be applied and billed to undersigned X

War time veteran _____.

✓ Lot 6 Grave 6 Row _____ Section 1 Division/~~Block~~ 4

Grave space & Care Fund Pre-Need D-9218	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 R-47267	268.85
Balance due	0

PAID
APR 05 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Melody 2830637 table & chair how many?

I hereby certify I am the X Donna Ramiscal of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Donna Ramiscal
Signature

X 1266 Wood Haven Rd
Address

X Ocean side Ca
City Zip Code

X 9408079
Telephone

Work Order # E 12843

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

47267

Date: 4-5, 19 96

From: Dana Ramacal Address: 1266 Woodlawn Dr. Oceanside

Two Hundred Sixty eight and 85/100 Dollars ($ 268 85)

In full Payment of Interment of Peter Ramacal

Lot 6 Grave 6 Row ____ Section 1 Division 4 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12843

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. Hutchilton

CREDIT	57007		
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

E 12843

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 91

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Peter	Rafal	Ramiscal	06/26/1904	04/05/1996	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	Peter Ramiscal Jr. ,Son 1266 Woodhaven Drive Oceanside,CA 92056

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BALBOA CREMATION SERVICES 4658 30th ST; San Diego, CA 92116	FD1370	Kurt Kerrigan	04/08/1996

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	04/08/1996	9605405 K.Kerrigan

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4/9/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Leneda Inc. 14065 Olde Hwy.80; El Cajon, CA 92021	12B. DATE CREMATED 4/9/96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 4/5/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Domicano Cabungcal

in a Liner (Vault/Liner) Funeral, date, time Tues. 4/9/96 1:00pm

Church, Chapel, Graveside Church Chapel & graveside Cypress View (Mortuary) Chris

All Funeral cars must 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 Jim Balmos

War time veteran _____.

Lot 681 Grave 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	434	895.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	PAID per GRBG 7-16-96	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 R-472606		461.00
Balance due		1202.30

Chris - 264-3168

* 30 day note

I hereby certify I am the + daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Jim Balmos
Signature

X 6908 - Manzana Way
Address

X San Diego CA - 92139
City Zip Code

X 619 (470-0456)
Telephone

Invoice # 268425

Work Order # E 12844

Acct. # 088756

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-12844

NOTE

$ 1202.30 San Diego, California April 5 19 96

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 two and 30/100 DOLLARS with interest from May 9, 1996 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 Gina Balmores SIGNATURE GINA CA BALMORES

ADDRESS 1908- Manzana Way S.D. 92139

CALIFORNIA DRIVER LICENSE NUMBER B4127433 SSN # 616-62-4808

PY-1012 (11-89)

E 12844

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 54

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Domiciano	Gutterrez	Cabungcal	09/02/1941	04/05/1996	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	Erlinda S. Cabungcal-Wife 1908 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
Cypress View/Bonham Brothers 3953 Imperial Ave, San Diego CA 92113	670	▶ [signature]	04/08/96

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/09/1996 A. Slepokura	▶ 9605495

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Diego County Vital Records 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 Mount Hope Cemetery 3668 Imperial Ave, San Diego CA	11B. DATE BURIED 4/9/96	11C. SIGNATURE OF PERSON IN CHARGE OF [illegible] ▶ [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	16C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

47266

Date: 4/5, 19 96

From: Evangelina Ballores Address: 1908 Manzana Way San Diego, CA 92139

Four hundred sixty one and no/100 Dollars ($ 461.00)

In Payment of Interment of Domiciano Cabuhat

Lot 61 Grave 3 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12844

BALANCE DUE 1202.30

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #408

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catherine Duggan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	461	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	$	461	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-5-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold Danforth Powell PA # 1194119

In a _____ Vault/Liner Funeral, date, time ~~Tues 4-9~~ Thurs 4-11 11:00

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 38 Grave 8 Row _____ Section 1 Division/Block 13

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	

K. 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 12845

Invoice # 268504

Acct. # 000952

PY-593 (Rev. 8-92)

4-19

E 12845

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 72

1A. NAME OF 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	Danforth	Powell	02/14/1924	03/03/1996	M

FOUND

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, 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 Completing Statement	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶	04/10/1996

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	04/10/1996 James Hale	9605637 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4/9/96	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.

268504	04/19/96	000952	COUNTY OF SAN DIEGO			05/02/96	CK	04070813	386.00	386.00	0.00
E-12845			100	072	77181	000072			165.00		PAID IN FULL
			100	072	77182	000072			50.00		
			100	072	77183	000072			45.00		
			100	072	77184	000072			126.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-8-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence Turnbaugh 11th

in a Liner (Vault/Liner) Funeral, date, time Thur 1:00, April 11th

Church, Chapel, Graveside Graveside ; Berry, Bell & Hall Mortuary Fallbrook

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 361 Grave 2 Row _____ Section _____ Division/~~Block~~ Blk 1 3

Grave space & Care Fund Pre-Need	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	13.30
Total Due	768.30
Paid receipt number R-47301	768.30
Balance due	0

PAID
APR 11 1996
MT. HOPE CEMETERY
CITY OF SAN DIEGO CALIF

mortuary bring check

Pamela 728-1689
Fax 728-6783

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from *any liability on account of said authorization and interment.*

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Work Order # E 12846

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

12846

APPLICATION 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
Florence	Geneva	Turnbaugh	01/21/1895	04/07/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Fallbrook	San Diego	Edward C. Bunker - nephew P. O. Box 1513 St. George, Utah 84771

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Berry-Bell & Hall Fallbrook Mort., Inc. 333 N. Vine Street, Fallbrook, CA 92028	FD-828	▶ Edward C. Bunker	04/09/1996

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	04/09/1996	#9605535 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 4/11/96	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

E 12846
47301

Date: 4/11, 19 96

From: Berry-Bell & Hall Fallbrook Mort. Address: 333 N. Vine St. Fallbrook, CA 92028

Seven hundred sixty eight and 30/100 Dollars ($ 768.30)

In Full Payment of Interment of Florence Tumbaugh

Lot 361 Grave D Row Section Division Block 3

Invoice No.

Acct. No.

W.O. E-12846

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ # 18044

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M Durgin

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 79390	13	30
TOTAL PAID	$	768	30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-8-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raul ERnesto Romero

in a ~~Liner~~ Gravel Funeral, date, time Thur 4-11 11:00

Church, Chapel, Graveside (Vault/Liner) Graveside ; Guadalupana Mortuary. Martha

All Funeral cars must 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 _____ . 10" into grave 11

Lot 226 Grave 12 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	220.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.05
Total Due	1597.05
Paid receipt number R-47272	400.00
Balance due	1197.05

45 1/2" W x 23 1/2" Tall x 80" long

oversize casket

-527-9351

I hereby certify I am the X mother Margarita Sanchez of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Margarita Sanchez
Signature

X 4016 E. Mono
Address

X Fresno CA. 93702
City Zip Code

X -456-3710
Telephone

Invoice # 268474

Acct. # 088765

Work Order # E 12847

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12847

NOTE

$ 1197.05 San Diego, California April 9 19[redacted]

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 One Hundred Ninety-seven 05/100 DOLLA[redacted] with interest from May 10, 1996 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 Margarita Sanchez SIGNATURE X Margarita Sanchez

ADDRESS X 4016 E. Mono Fresno CA. 93[redacted]

CALIFORNIA DRIVER LICENSE NUMBER X N0260218 SSN # X 565-50-2001

PY-1012 (11-89)

E12847

47272

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-9, 1996

From: Margarita Sanchez Address: 4016 E. Mono Fresno 93702

Four Hundred Dollars ($ 400.00)

In part Payment of Interment of Raul E. Romero

Lot 129 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12847

BALANCE DUE 1197.05

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. Hartelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	400	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

AC-212 (Rev. 5-94)

E 12847

APPLICATION 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
RAUL	ERNESTO	ROMERO	02/03/1960	04/03/1996	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	MARGARITA ROMERO—MOTHER 4016 E. MORO ST. 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
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, C.A 92102	FD-1425		04/08/1996

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	ROCIO MARTINEZ 04/09/1996	9605522

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4/11/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/8/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elvesta Jarrette

in a Ash Vault (Vault/Liner) Funeral, date, time Tues Apr. 16, 11:00

Church, Chapel, Graveside Chapel/Graveside: Ragsdale Mortuary Mark

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned.

War time veteran _____.

Lot 8 Grave 11 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund Pre Need E-4925	0
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	4.50
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-42313	269.26
Balance due	0

Peace

I hereby certify I am the Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X 45 St. Christopher Ln Address

X Coronado CA City Zip Code

X 252-2206 Telephone

Work Order # E 12848

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

47313

Date: 4/15, 19 96

From: Reese Anthony Jarrett Address: 455 St Christopher's Lane Coronado Ca 92118

Two hundred sixty nine 26/100 Dollars ($ 269.26)

In Full Payment of Interment of Elvesta Jarrett

Lot 8 Grave 11 Row ____ Section 1 Division 11 Block 11

Invoice No. ____

Acct. No. ____

W.O. E-12848

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1004

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karen Bk

CREDIT 20% Sales Care	57007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	35	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

AC-212 (Rev. 5-94)

E 12848

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

90

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Elvesta	-	Jarrett	12/16/1905	04/06/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Reese Jarrett - Nephew 45 St. Christopher Lane Coronado, CA 92118

7A. TYPED NAME AND ADDRESS OF 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	▶ Debbie Williams	04/11/1996

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	04/12/1996	9605739 ▶ 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)
- [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 4/16/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 571 J Crane St. Lake Elsinor, CA 92530	12B. DATE CREMATED 4.14.96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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 4-9-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daisy M. Palmer

in a ash Vault (Vault/Liner) Funeral, date, time 4/12/96 10:30

Church, Chapel, Graveside delivery only ; Greenwood Mtry Jerry Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. x J.K.

War time veteran _____.

Lot 206 Grave 17 Row _____ Section MAS Division/Block A

Grave space & Care Fund	Pre-Need	F-3854
Additional spaces and care fund		
Opening/Closing & Setup		105.00
Burial Container		55.00
Handling Fees	73.00	~~60.00~~
Flower vases – Marker setting fee		10.00
Recording and filing fee		45.00
Sales taxes	5.04	~~4.20~~
Total Due	293.04	~~269.20~~
Paid receipt number	R-47275	293.04
Balance due		0

PAID
APR 09 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Joan King 453-8207
no witness burial

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 Joan King
Signature
x 6865 Robbins Court
Address
San Diego CA 92122
City Zip Code
x 453 8207
Telephone

Work Order # E 12849

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12849
#52667

Name of Cemetery/Funeral Home GREENWOOD MEMORIAL PARK & MORTUARY

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

The undersigned hereby certify that they have the legal right to take custody and make disposition of the cremated remains of the deceased, and hereby acknowledge receipt of the cremated remains of:

NAME OF DECEDENT: PALMER, DAISY MILDRED

The undersigned further assumes full responsibility for the lawful and proper disposition of said cremated remains.

The undersigned hereby agree to indemnify and hold harmless the above named cemetery/funeral home, its agents and employees from any and all liability, including reasonable attorney fees, and against any loss it or any of them may sustain in connection with the receipt of, shipment of, or disposition of said cremated remains.

Further, the above named cemetery/funeral home shall be held harmless from any defects or faults of any container not supplied by the cemetery/funeral home.

Dated this _____ day of _____, 19 _____

Address _____ MT. HOPE _____
Street City State Zip

Signature: D. Shubiller
Authorized Representative SSN #/Photo ID Relationship to Deceased

Signature: _____
Authorized Representative SSN #/Photo ID Relationship to Deceased

Witness: _____
Representative of Cemetery/Funeral Home

White - Cemetery Copy Yellow - Customer Copy

FORM CO4 REV 12/91

E12849

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 81

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DAISY	MILDRED	PALMER	05/25/1914	04/08/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JOAN P. KING: DAUGHTER 6865 ROBBINS COURT 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
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶	04/10/1996

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	Victoria Hess 9605630 04/10/1996 ▶	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/15/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	12B. DATE CREMATED 4-11-96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47275

Date: 4/9/ , 19 96

From: Joan King Address: 6565 Robbins Court S.D., CA 92120

Two hundred ninety three and 04/100 Dollars ($ 293.04)

In full Payment of Interment of Daisy M Palmer

Lot 204 Grave 17 Row Section MAS Division Block A

Invoice No.

Acct. No.

W.O. E-12849

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 Catina M Wilson

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	13	00
Recording & Misc. Fees	100 77183	5	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	5	04
TOTAL PAID	$	293	04

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

File

Date 4-9-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary J. Spencer

in a Liner (Vault/Liner) Funeral, date, time Fri 4-12 11:00

Church, Chapel, Graveside Delivery Only ; Humphrey Mortuary Richard

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 58 Grave 8 Row _____ Section 16 Division/Block 7

Grave space & Care Fund	Pre-Need C-9066	0
Additional spaces and care fund		—
Opening/Closing & Setup	Pre-Need C-9066	0
Burial Container	Pre-Need C-9066	0
Handling Fees	Pre-Need C-9066	0
Flower vases – Marker setting fee		—
Recording and filing fee		45.00
Sales taxes		
	Total Due	45.00
	Paid receipt number R-47305	45.00
	Balance due	0

PAID
APR 12 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mortuary Clerk to bring

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12850

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12850

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 92

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MAY	JEAN	SPENCER	05/05/1903	04/08/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	CA	Phyllis Flamme - Niece 157 Mountain Road Warren, NJ 07059

7A. TYPED NAME AND ADDRESS OF 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	▶ Dorothy Wilkins	04/11/1996

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	04/11/1996 DWilkins	9605714 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4/12/96	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

47305

Date: 4-12, 1996

From: Humphey Address: 855 Broadway Chula Vista 91911

Forty Five Dollars ($ 45.00)

In full Payment of May Spencer

Lot 58 Grave 8 Row Section 16 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E-12850

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

26770

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

-92

011892

ISSUED BY S. Stockton

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

43403

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/1/97

From: Humphreys Mortuary Address: 855 Broadway Chula Vista, Ca 91911

One Hundred twenty five 00/100 Dollars ($ 125.00)

In Full Payment of Interment Setting Fee for Mary Spencer

Lot 38 Grave 8 Row Section 16 Division Block 7

Invoice No.

Acct. No.

W.O. E-12850

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 Karyn Bak

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	83033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	125	CD

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer of Int Re-Deed

Date 4-10-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

To Charles & Rose Nimon

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 7 Grave 122 Row _____ Section 2 Division/~~Block~~ 5

Grave space & Care Fund ... from Lois Beck	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee ... Transfer Fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number R-47285	45.00
Balance due	-0-

11550 Oak Creek Dr. Lakeside 92040 561-0797

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Fredric E. Zarse
Signature
Po Box 643
Address
La Mesa 91944-0643
City Zip Code
_____
Telephone

Work Order # E 12851

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12951

State of California

County of San Diego

On 10-15-94 (DATE) before me Melvyn Aguilar, Notary Public (NAME, TITLE OF OFFICER - E.G., "JANE DOE", NOTARY PUBLIC)

personally appeared Lois Harriet Geek (NAME(S) OF SIGNER(S))

RIGHT THUMBPRINT (OPTIONAL)

TOP OF THUMB HERE

☐ personally known to me - OR - ☑ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

MELVYN AGUILAR
COMM. #1011988
NOTARY PUBLIC-CALIFORNIA
SAN DIEGO COUNTY
My Commission Expires
DECEMBER 22, 1997

CSC

(SEAL)

Melvyn Aguilar
SIGNATURE OF NOTARY

CAPACITY CLAIMED BY SIGNER

- ☑ INDIVIDUAL
- ☐ CORPORATE _____
- OFFICER (S) _____ (TITLE(S))
- ☐ PARTNER (S)
- ☐ ATTORNEY-IN FACT
- ☐ TRUSTEE (S)
- ☐ GUARDIAN / CONSERVATOR
- ☐ OTHER _____

SIGNER IS REPRESENTING:

NAME OF PERSON (S) OR ENTITY (IES)

ATTENTION NOTARY: The information requested below is **OPTIONAL**. It could, however, prevent fraudulent attachment of this certificate to any unauthorized document.

THIS CERTIFICATE MUST BE ATTACHED TOTHE DOCUMENT DESCRIBED AT RIGHT:

TITLE OR TYPE OF DOCUMENT Power of Attorney

NUMBER OF PAGES 1 DATE OF DOCUMENT —

SIGNER(S) OTHER THAN NAMED ABOVE none

E 12851

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That Lois Geck

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE , a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

Mount Hope
Lot 7 - Grave 1 & 2.
Division 5
Section 2

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary , or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Lois Harriet Geck
Signature

Signature

State of _____ County of _____

On _____ ,19____ before me, the undersigned, a Notary Public in and for said State personally appeared

_____
Signature

Personally known to me (or proved to me on the basis of satisfactory evidence), to be the person/s whose name/s is/are subscribed to the within instrument and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal . _____
Notary Public In and For Said State

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47285

Date: 4-10, 1996

From: Fredric Zarse Address: P.O. Box 643 La Mesa 91944

Forty five Dollars ($ 45.00)

In full Payment of transfer of lot to Charles & Rose Nemon

Lot 7 Grave 1 & 2 Row Section 2 Division Block 5

Invoice No.

Acct. No.

W.O. E-12851

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2657

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Shackelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust

Date 4-10-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Saburo Stephen Uyeji # 224968

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 162 Grave 1 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund Pre-Need E-7480	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-47286	269.26
Balance due	~~0~~

PAID
APR 10 1996
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 Saburo Stephen Uyeji
Signature
X 3131 Valley Rd #146
Address
X La Verne City, Calif 91750
City Zip Code
X 445-5485
Telephone

Work Order # E 12852

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

47286

Date: 4-10, 1996

From: J. Vyeji Address: 3131 Valley Rd. #46 National City 91150

Two Hundred Sixty Nine 26/100 Dollars ($ 269.26)

In full Payment of Pre-Need Trust

Lot 162 Grave 1 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-12952

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 252

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Shackelton

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	269	26
Sales Tax	60101 78390		
TOTAL PAID	$	269	26

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/10/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sylvia Boyd

in a double crypt Funeral, date, time 4/15 Mon. 11:00

Vault/Liner

~~Church~~, Chapel, Graveside ~~or Mortuary~~ 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 (6B)

War time veteran _____.

✓ Lot 275 Grave 3 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund (295)	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	370.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	1944.45
Paid receipt number R-47290	500.00
Balance due	1444.45

30 day note

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Cynthia Boyd
Signature

X 129 South B St
Address

X San Diego CA 92113
City Zip Code

X 234-9756
Telephone

Invoice # 268548

Acct. # 088784

Work Order # E 12853

PY-593 (Rev. 8-92)

4-22

MT. HOPE CEMETERY

W.O. # E-12853

NOTE

$ 1444.45 San Diego, California April 10 19 96

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 forty four and 45/100 DOLLARS with interest from May 15, 1996 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME × CYNTHIA BOYD SIGNATURE × Cynthia Boyd

ADDRESS × 729 South 3rd Street

CALIFORNIA DRIVER LICENSE NUMBER × 6057859 SSN # × 555-65-1956

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47291

Date: 4/10, 1996

From: Cynthia Boyd Address: 729 South 33rd St. San Diego, CA 92113

Five hundred and no/100 Dollars ($ 500.00)

In part Payment of Interment of Sylvia Boyd.

Lot 275 Grave 3 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12853

BALANCE DUE 1444.45

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

#416

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M Turgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	500	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

AC-212 (Rev. 5-94)

E 12853

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

78 04-09-96

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Sylvia	-	Boyd	01/12/1918	04/09/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	San Diego	Cynthia Boyd, Daughter 729 S. 33rd 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 Mortuary; 5050 Federal Blvd. San Diego, CA 92102	F-1329	Debbie Williams	04/11/1996

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	04/11/1996	9605681

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

- [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 92102	11B. DATE BURIED 4/15/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/12/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Gates JR.

in a Liner Funeral, date, time Mon 4/15/96 11:00

Church, Chapel, Graveside (Vault/Liner) church+graveside 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 SG

War time veteran _____

√ Lot 58 Grave 1 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 479	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 (1) galvanized flower vase	~~23.70~~
Recording and filing fee	45.00
Sales taxes	~~14.73~~
Total Due 1088.43	~~1064.73~~
Paid receipt number R-47307	~~416.00~~
Balance due 672.43	~~648.73~~

PAID
APR 24 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 day rate

paid 4-24-96

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 Sheilee M. Gates
Signature
x 11714 Jonny Lane
Address
x San Diego Ca. 92126
City Zip Code
x (619) 549-4581
Telephone

Work Order # E 12854

Invoice # 268559

Acct. # 088795

PY-593 (Rev. 8-92)

4-27

MT. HOPE CEMETERY

W.O. # E-12854

NOTE

$ 1272.43 San Diego, California April 12, 1996 19 96

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 seventy two and 43/100 DOLLARS with interest from May 15, 1996 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 * SHIRLEE M. GATES SIGNATURE * Shirlee M. Gates

ADDRESS * 11714 Jonny Lane San Diego, CA. 92126

CALIFORNIA DRIVER LICENSE NUMBER * CA. N4047056 SSN # * 227-58-1362

PY-1012 (11-89)

E 12854

APPLICATION 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	-	Gates, Jr.	06/30/1940	04/11/1996	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	Shirley Gates, Wife 11714 Johny Lane 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 Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	04/12/1996

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	04/12/1996	9605763 ▶ [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 St. San Diego, CA 92102	11B. DATE BURIED 4/15/96	11C. SIGNATURE OF PERSON IN CHARGE OF BUR ▶ [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

47307

Date: 4/12, 1996

From: Shirlee M. Gates Address: 11714 Jonny Ln. San Diego, CA 92126

Four hundred sixteen and no/100 Dollars ($ 416.00)

In part Payment of Internment of Robert Gates JR.

Lot 58 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12854

BALANCE DUE 1272.43

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

#5741

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M. Durgeon

CREDIT	67007		
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 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	416	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

47793

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9/9, 1996

From: Shirlee M Gates Address: 11714 Jonny Lane S.D CA 92123

One hundred thirty-five 00/100 Dollars ($ 135.00)

In Full Payment of Marker Setting Fee
for Robert Gates

Lot 58-~~[illegible]~~ Grave 1 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-12854

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 Kareyan Bakes

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

AC-212 (Rev. 5-94)

268559	04/23/96	088795	SHIRLEE M. GATES			04/24/96	CK E-12854	1,272.43	1,272.43	0.00
	E-12854		100 072	77181	000072			375.00		PAID IN FULL
			100 072	77182	000072			190.00		
			100 072	77183	000072			68.70		
			100 072	77184	000072			479.00		
			100 072	77185	000072			145.00		
			60101	78390				14.73		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-15-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Vera Miller

in a T.S. Vault Funeral, date, time 3:00 Friday 19th April

Church, Chapel, Graveside (Vault/Liner) Graveside ; Lewis Edmond Mortuary. Regional

All Funeral cars must 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.B Nelson

War time veteran _____.

✓ Lot 43 Grave 4 Row _____ Section MAS Division ~~Block~~ J

Grave space & Care Fund Pre-need 10/03	~~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	19.38
Total Due	874.38
Paid receipt number VISA	874.38
Balance due	Ø

PAID
APR 16 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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.

Martha B Nelson
Signature of recorded holder or deed

X Martha B Nelson
Signature

X 4717 LORRAINE DR
Address

X SAN DIEGO 92115
City Zip Code

X 286-4488
Telephone

Work Order # E 12855

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12855

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 88

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VERA	--	MILLER	10/09/1907	04/14/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARTHA BELLE NELSON - DAUGHTER 4717 LORRAINE DRIVE 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
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶	04/16/1996

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	04/17/1996 ▶	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 ON

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 4/19/96	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 4-15-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marguerita Lee

in a liner (Vault/Liner) Funeral, date, time Wed 4-17 10:00

Church, Chapel, Graveside Delivery Only : Merkley Mitchell Mortuary from

All Funeral cars must arrive before 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 3 Row _____ Section 1 Division/~~Block~~ 17

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container — paid in full 6-5-1996	54.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	600.00
Paid receipt number R-47472	600.00
Balance due	0

Rona - P.A. 694-3502. welfare claim

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12856

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

47472
E12856

Date: 6-5, 19 96

From: County of San Diego Address: 5201-A Ruffin Road San Diego, Ca 92123

Six hundred and no/100 Dollars ($ 600.00)

In full Payment of Interment of Marguerita Lee

Lot 42 Grave 3 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12856

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #140586

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jungeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	176	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	54	00
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	600	00

E 12856

APPLICATION 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
MARGUERITA	-	LEE	01/14/1905	04/10/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROMA STROMACH, PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶	04/15/1996

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	04/15/1996 D. BOODY	9805839 ▶

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 STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/17/96	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

Pre-Need Lot + Trust

Date 4-16-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlene Young (Kim Salvador)

in a Double Depth Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 117 Grave 4 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup 2 open/closing	750.00
Burial Container PAID IN FULL 8-26-96	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee 2 recordings	90.00
Sales taxes	29.45
Total Due	2364.45
Paid receipt number R-47318	500.00
Balance due	1864.45

$ 407.00 INVFund transfer at time of burial

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

206378

X Carlene Young
Signature

X 5484 Telegraph Ave
Address

X San Diego Ca 92114
City Zip Code

X (619) 2692185
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Work Order # E 12857

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

47318

Date: 4-16, 1996

From: Earlene Young Address: 5484 Trinidad Way SD 92114

Five Hundred Dollars ($ 500.00)

In part Payment of Pre Need Lot & Trust for Kim Salvador

Lot 117 Grave 41 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E - 12857

BALANCE DUE 1864.45

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 631

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	500	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

41396

Date: 5-13 19 96

From: Carlene Young Address: 5484 Trinidad Way S.D., Ca. 92114

Two hundred thirty four and no/100 Dollars ($ 234.00)

In part Payment of pre-need lot and trust

Lot 117 Grave 4 Row _____ Section 2 Division 11 Block

Invoice No. _____

Acct. No. E

W.O. E-12857

BALANCE DUE 1030.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐

6046

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Burgin

CREDIT	67007		
20% Sales Care	77184	234	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 78390		
TOTAL PAID	$	234	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47546

Date: 6/28, 1996

From: Charlene Young Address: 5484 Trinidad Way SD CA 92114

Two hundred thirty four 50/100 Dollars ($ 234.50)

In Payment of Re Deed Dot of Trust

Lot 117 Grave 4 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-17857

BALANCE DUE 1396.75

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.

14835

ISSUED BY Penny Burk

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	61	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	173	00
Sales Tax	60101 78397		
TOTAL PAID	$	234	00

47606

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-11, 1996

From: Carlene Young Address: 5484 Trinidad Way SD 92114

Two Hundred Thirty Four Dollars ($ 234.00)

In part Payment of Pre-Need Lot - Trust

Lot 117 Grave 41 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E - 12857

BALANCE DUE 1162.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

3089

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shackelton

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	234	00
Sales Tax	60101 78390		
TOTAL PAID	$	234	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47679

Date: 8-6 , 19 96

From: Carlene Young Address: 5484 Trinidad Way San Diego, Ca 92114

Two hundred thirty four and no/100 Dollars ($ 234.00)

In part Payment of pre-need lot & trust

Lot 117 Grave 4 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12857

BALANCE DUE 928.45

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 Duggan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77164	234	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	$	234	00

Send or bring one coupon with each remittance. **COUPON** **1**

DO NOT MAIL ENTIRE BOOK E-12857

ACCOUNT No. Pre-need Lot & Trust

Carlene Young
5484 Trinidad Way
San Diego, CA 92114
Lot 117 Gr 4 Sec 2 Div 11

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on or before due date above. ▶ $ 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** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12857

Pre-need Lot & Trust

Carlene Young
5484 Trinidad Way
San Diego, CA 92114
Lot 117, Gr 4 Sec 2 Div 11

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before due date above ▶ $ 78.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Carlene Young E12957

5484 Trinidad Way

San Diego, CA 92114

Lot 117 Gr 4 Sec 2 Div 11

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on or before due date above. $ 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** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust E12957

Carlene Young

5484 Trinidad Way

San Diego, CA 92114

Lot 117, Gr 4 Sec 2 Div 11

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before, due date above. ▶ $ 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** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Carlene Young
5484 Trinidad Way
San Diego, CA 92114
Lot 117 Gr 4 Sec 2 Div 11

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on or before due date above ▶ $ 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** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Carlene Young
5484 Trinidad Way
San Diego, CA 92114
Lot 117, Gr 4 Sec 2 Div 11

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on or before, due date above. ▶ $ 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** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Vault E12857

Carlene Young
5484 Trinidad Way
San Diego, CA 92114
Lot 117 Gr 4 Sec 2 Div 11

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above. ▶ $ 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** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Carlene Young
5484 Trinidad Way
San Diego, CA 92114
Lot 117, Gr 4 Sec 2 Div 11

E12857

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. ▶ $ 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** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Carlene Young E17951

5484 Trinidad Way

San Diego, CA 92114

Lot 117 Gr 4 Sec 2 Div 11

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
				10							

Amount due when paid on, or before due date above ▶ $ 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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/16/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Johnny~~ Johnie Harrington

In a Liner Funeral, date, time 4/18 11:00 am

Church (Chapel, Graveside) 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 $ 150.00 will be applied and billed to undersigned. XCPH

War time veteran _____

Lot 80 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	14.73
Total Due	1564.73
Paid receipt number R-47335	1564.73
Balance due	0

PAID
APR 26 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the XBROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 P Harrington
Signature
X 3821 38th
Address
XSD CA 92105
City Zip Code
X 528 8604
Telephone

Work Order # E 12858

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

47335

Date: 4-26- , 1996

From: Ca Burial Address: 5880 El Cajon Blvd SD 92115

One Thousand Five Hundred Sixty Four & 73/100 Dollars ($ 1564.73)

In full Payment of Interment of Johnnie Harrington

Lot 80 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12858

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2526

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY S. Shackelton

CREDIT	67001		
20% Sales Care	77184		
80% Sales of Lots	100 77184	795	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	14	73
TOTAL PAID	$	1564	73

E 12858

APPLICATION 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
JOHNNIE	-	HARRINGTON, JR.	12/03/1949	04/13/1996	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	CHARLES HARRINGTON-BROTHER 3821 38TH ST. #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	▶ Benito Benard	04/17/1996

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103075 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/17/1996 J. BENYARD	9606015 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4/18/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/17/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Flores [redacted]

in a liner (Vault/Liner) Funeral, date, time Mon. 4/22 1:00pm

Church, Chapel, Graveside delivery only : Merkley 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 46 Grave 8 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	120.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	100.00
Handling Fees	54.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	700.00
Paid receipt number 47422	700.00
Balance due	0

PAID
MAY 25 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Katherine Howard
Creditor Claim

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 12859

Acct. # _____

PY-593 (Rev. 8-92)

E 12859

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 67

1A. NAME OF 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	-	FLORES	08/23/1929	04/03/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF PREPARANT
SAN DIEGO	SAN DIEGO	KATHERINE HOWARD, PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the processed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person being permit ▶	8B. DATE SIGNED
		[signature]	04/19/1996

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE *AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED* IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶
7.00	04/29/1996 T.C. MITCHELL	[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 MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/30/96	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

4-422

MOUNT HOPE CEMETERY

527-3400

Date: May 24, 1996

From: Public Administrator Address: 5201-A Ruffin Rd SD 92123

Seven Hundred Dollars ($ 700.00)

In full Payment of Interment of Robert Flores

Lot 46 Grave 8 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12859

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

140191

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shickleton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	126	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	100	00
Handling Fee	100 77185	54	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 4/17/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lavern Hollie Braxton PA# 11956038

In a — Vault/Liner Funeral, date, time Thur. 4/18 1:00pm

Church, Chapel, Graveside delivery only : ADA Dan Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____.

Lot 112 Grave 1 Row _____ Section 100F ~~Division~~/Block 43

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	

Deputy Susan Jamie

Dan. 460-6333

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12860

Invoice # 2086023

Acct. # 000952

PY-593 (Rev. 8-92)

E 12860

APPLICATION 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
LAVERNE	HOLLIE	BRAXTON	10/20/1995	02/11/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SUSAN D. JAMME - 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—Person taking permit	8B. DATE SIGNED
A D A MORTUARY SERVICES, INC. 3444 CITRUS ST., LEMON GROVE, CA 91945	FD-1469		04/04/1996

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	04/08/1996 H. SHERMA	9605266

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	

10 AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- ☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 4/18/96	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

Pre-Need trust

Date 4-18-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maxine Baxter

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 37 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	
Handling Fees	45.00
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	420.00
Paid receipt number R-47322	420.00
Balance due	0

PAID
APR 18 1996
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 Maxine Baxter
Signature

X 2H 69 W Ingersoll St.
Address

X San Diego Calif 92111
City Zip Code

X (619) 278-9722
Telephone

Work Order # E 12861

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

47322

Date: 4-18 , 1996

From: Marine Barter Address: 2469 West Ingersoll St. SD 92111

Four Hundred Twenty Dollars ($ 420.00)

In part Payment of Pre-Need Trust Marine Barter

Lot 37 Grave 4 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12861

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 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	420	00
Sales Tax	60101 76390		
TOTAL PAID	$	420	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/19/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kathline Fox PA 1196081

in a Liner (Vault/Liner) Funeral, date, time Mon. 4/22 10:00 am

Church, Chapel, Graveside delivery only : Merkley Mitchell Tom Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 50 Grave 9 Row _____ Section 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	

Katherine Howard 694 3509

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # D08010

Acct. # 00952

Work Order # E 12862

PY-593 (Rev. 8-92)

E 12862

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 54

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KATHLEEN	MALONEY	FOX	11/22/1941	04/11/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	[redacted]. HOWARD, PUBLIC ADMINISTRATOR 5201A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person having control	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	[signature]	04/19/1996

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	04/19/1996	D. BOODY 9606106

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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY [redacted] HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/22/96	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

Pre-Need Lot & Trust

Date 4-22-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Myles De Witty

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 58 Grave 9 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	620.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	1375.00
Paid receipt number R- 97338	1375.00
Balance due	-0-

PAID
APR 29 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Kim White guardianship
694-2326 sending check right away

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12863

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

47338

Date: 4-29, 1996

From: Public Administrator Address: 5201-A Ruffin Rd SD 92123

One thousand three hundred seventy five Dollars ($ 1375.00)

In full Payment of Pre-Need Lot & Trust

Guardianship of Miles H. DeWitty

Lot 58 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12863

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

138879

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shickelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	620	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	755	00
Sales Tax	60101 78390		
TOTAL PAID	$	1375	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-22-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie A. Stewart

in a Ash Vault (Vault/Liner) Funeral, date, time Mon. 5/13/96 11:00

Church, Chapel, Graveside Delivery Only ; La Burial Jeannette Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 50

will be applied and billed to undersigned. X

War time veteran _____.

✓ Lot 172 Grave 12 Row _____ Section 1 Division/Block 12

Grave space & Care Fund Pre-Need E-7166	Ø
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee paid in full 4/29/96	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-47342	269.26
Balance due	Ø

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 Robbie L. Sharpe
Signature

X 1747 COSTADA CT.
Address

X LEMON GROVE 91945
City Zip Code

X 589-8474
Telephone

Work Order # E 12864

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12864

APPLICATION 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
WILLIE	ALPHONSO	STEWART	12/30/1954	04/19/1996	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	ROBBIE SHARPE-SISTER 1742 COSTADA CT. 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	▶ Janette Bernard	04/25/1996

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	04/25/1996	▶ [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 MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5/13/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC. 571-J CRANE ST. LAKE ELSINORE, CA 92530	12B. DATE CREMATED 4-24-96	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 LO... REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

E 12864

47342

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4/29, 1996

From: Robbie Sharpe Address: 1747 Costado Ct

Two hundred sixty nine 26/00 Dollars ($ 269.26)

In _____ Payment of Inlcement of Willie Stewart

Lot 172 Grave 12 Row _____ Section 1 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12864

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4.	26
TOTAL PAID	$	269	26

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/22/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ivan Johnson

in a T.S. Vault Funeral, date, time 4/24 Wed. 11:00 am

Church, Chapel, Graveside (Vault/Liner) church + graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X F.A.

War time veteran _____.

Lot 132 Grave 8 Row _____ Section 2 Division/[redacted]k 11

Grave space & Care Fund	795.00 ~~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	19.38
Total Due	1669.38
Paid receipt number R-47326	417.00
Balance due	1,252.38

PAID
in full
APR 25 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 day note

I hereby certify I am the X Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Flavia A. Allumy
Signature

X 1237 Azusa St.
Address

X S.D. Ca. 92110
City Zip Code

X 295-4739 (619)
Telephone

Work Order # E 12865

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12865

NOTE

$ 1,252.38 San Diego, California April 22 19 96

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 two hundred fifty two and 38/100 DOLLARS with interest from May 24, 1996 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 Flavia A. Allums SIGNATURE Flavia A. Allums

ADDRESS 4232 Azusa St.

CALIFORNIA DRIVER LICENSE NUMBER N4210530 SSN # 301-42-4353

PY-1012 (11-89)

E 12865

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

91

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ivan	-	Johnson	03/05/1905	04/18/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Flavia A. Allums - Daughter 1231 Azusa St. San Diego, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Williams	04/22/1996

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	04/24/1996	9606319 ▶ D 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

- [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 92102	11B. DATE BURIED 7/24/96	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 CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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

47326

Date: 4/22, 19 90

From: FLAVIA A. ALLUMS Address: 1232 AZUSA ST. SANDIEGO, CA 92114-2440

FOUR HUNDRED SEVENTEEN AND NO/100 Dollars ($ 417.00)

In PAYMENT Payment of INTERNMENT OF IVAN JOHNSON

Lot 132 Grave 8 Row Section 2 Division II Block

Invoice No.

Acct. No.

W.O. E-12805

BALANCE DUE 1,252.38

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #1373

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

012303

ISSUED BY CATINA M JOHNSON

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

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47332

Date: 4/25 96

From: Leonard Turner Address: 3303 Coolidge Ave Oakland Ca 94602

Five hundred 00/00 Dollars ($ 500.00)

In Part 1 of 2 Payment of Interment of Ivan Johnson

Lot 132 Grave 8 Row Section A Division Block 11

Invoice No.

Acct. No.

W.O. E-12865

BALANCE DUE 75238

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	400 00
Opening/ Closing	100 77181	90 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	$	500 00

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 0121

ISSUED BY Karyn Bak

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47333

Date: 4/25, 1996

From: Orlas Johnson Address: 1904 Gibson Cir Bossier City LA 9112

Seven hundred fifty two 38/00 Dollars ($ 752.38)

In Full Payment of Interment of Ivan Johnson

Lot 132 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12865

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 3632

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karyn Baker

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	375.00
Burial Containers	100 77182	050.00
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	127.38
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	752.38

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/22/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patrick D. Clay

in a Double Crypt (Vault/Liner) Funeral, date, time Fri. 4/26 2:00 pm

Church, Chapel, Graveside chapel & graveside Ragsdale. Mortuary. Mark

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. x AT

War time veteran _____.

Lot 132 Grave 5 Row _____ Section 2 Division 12

Grave space & Care Fund	384	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		29.45
Total Due		2,044.45
Paid receipt number	A-47340	511.00
Balance due		1,533.45

Mark Mortuary to bring check for down payment

30 day note

I hereby certify I am the x fiance of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Andrea Lewis
Signature

x5222 Trojan Ave
Address

x Apt 313 S.D. CA 92115
City Zip Code

x 583-2902
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 208740

Acct. # 088876

Work Order # E 12866

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-128066

NOTE

$ x 1,533.45 San Diego, California April 22 19 96

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand five hundred thirty three and 45/100 DOLLARS with interest from May 26, 1996 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 Andrea Turner SIGNATURE x Andrea Turner

ADDRESS x 5222 TROJAN AVE APT #313 S.D CA. 92115

CALIFORNIA DRIVER LICENSE NUMBER XC6116155 SSN # x 548-33-2883

PY-1012 (11-89)

E 12866

APPLICATION 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	Delane	Clay	11/07/1965	04/19/1996	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	Andrea Turner, Friend 5222 Trojan Ave. Apt. 313 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 92102	F-1329	Debbie Williams	04/22/1996

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	04/23/1996	9606275

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4/26/96	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

47340

Date: 4/29, 1996

From: Anderson Ragsdale Address: 5050 Federal Blvd S.D. Ca 92102

Five hundred eleven 00/100 Dollars ($ 511.00)

In _____ Payment of Interment of Patrick Clay

Lot 132 Grave 5 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12866

BALANCE DUE 1533.45

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

8/58

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	511	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	$	511	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-23-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jamie Perkoff PA #1196316

in a liner Vault/Liner Funeral, date, time Fri 5-3 10:00 John

Church, Chapel, Graveside Delivery Only : Erickson-Anderson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

Lot 54 Grave 13 Row 6 PAID Section 1 Division/~~Block~~ 13

Grave space & Care Fund	6-15-96 386.00	895.00	126.00
Additional spaces and care fund	1278.73		
Opening/Closing & Setup		375.00	165.00
Burial Container	8-2-96 PAID in FULL	190.00	50.00
Handling Fees		145.00	~~45.00~~
Flower vases – Marker setting fee	TOTAL PAID 1669.73		
Recording and filing fee		45.00	45.00
Sales taxes		14.73	
	Total Due	1278.73	~~386.00~~
	Paid receipt number R-47654		1278.73
	Balance due		0

Katherine Howard 694-3507 estate case

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12867

Invoice # 2609507

Acct. # 000952

PY-503 (Rev. 8-92)

OFFICIAL RECEIPT

47654

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-2, 1996

From: Public Administrator Address: 5201-A Ruffin Rd SD 92123

One Thousand Two Hundred Seventy Eight & 73/100 Dollars ($ 1278.73)

In full Payment of Interment of Jamie Perkoff

Lot 54 Grave 12 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12867

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

142984

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shackelton

CREDIT	67007		
20% Sales Care	77184	509	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		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1278	73

E12867

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 42

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JAMIE	-	PERKOFF	12/25/1953	04/16/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	S.D. CO. PUBLIC ADMIN. 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
ERICKSON-ANDERSON MORTUARY 8390 ALLISON AVE LA MESA, CA. 91941	FD296	Jack Underwood	04/30/1996

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	04/30/1996	T. UNDERWOOD 9606643

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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. 92107	11B. DATE BURIED 5/1/96	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.

~~Pre-need~~
~~101 and trust~~

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-23-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frances Loretta Hall

In a Liner Funeral, date, time May 1, Wed 10:00am

Church, ~~Chapel~~ Graveside (Vault/Liner) 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

will be applied and billed to undersigned. JF

War time veteran _____

Lot 106 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	14.73
Total Due	1,564.73
Paid receipt number R-47341	1564.73
Balance due	Ø

PAID
APR 29 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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 Sandra A Delvillar
Signature
x 4262 Poplar St
Address
x San Diego 92105
City Zip Code
x 280-0015
Telephone

Work Order # E 12868

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12868

47341

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4/29, 19 96

From: Joseph DeWitt Address: 4262 Poplar St San Diego CA 92105

One Thousand Five hundred sixty four 73/100 Dollars ($ 1564.73)

In Payment of Interment of Infant Loretta Hall

Lot 106 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 12868

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 Karen Duk

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	795	00
Opening/ Closing	100 77181	275	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	45	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1564	73

E 12868

APPLICATION 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
FRANCES	LORETTA	HALL	12/15/1925	04/19/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SANDRA DELVILLAR--DAUGHTER 4262 POPLAR 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Ouvette Bernard	04/30/1996

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	04/30/1996 J. BENTARD	9606630 ▶

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 3752 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5/1/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/23/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Delton Knight

in a Liner (Vault/Liner) Funeral, date, time 4/29 MON. 11:00

(Church, Chapel, Graveside) church & graveside Edgsdale (Mortuary) Mark

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X SK

War time veteran _____

Lot 118 Grave 5 Row _____ Section 3 Division/Block 12

Grave space & Care Fund (SK) 379 795 W ~~895.00~~	~~795.00~~
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due (SK) 1564	~~1604.73~~
Paid receipt number R-47339	416.00
Balance due	~~1248.73~~ 1148.73

Work Mortuary to bring one check for down-payment on day of services 30 day note (SK)

I hereby certify I am the X Daughter (SK) of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Sandra L. Knight
Signature
X 4916 Manomet St
Address
X San Diego Ca. 92113
City Zip Code
X (619) 263-9466
Telephone

Invoice # 268744

Work Order # E 12869

Acct. # 08887

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-1269

NOTE

$ 1148.73 San Diego, California 4-25 19 96

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 Forty-Eight 73/100 DOLLARS with interest from May 29, 1996 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 SANDRA L. KNIGHT SIGNATURE Sandra Knight

ADDRESS 4961 Manama St S.D. CA. 92113

CALIFORNIA DRIVER LICENSE NUMBER N7398470 SSN # 567-17-2633

PY-1012 (11-89)

OFFICIAL RECEIPT

E 12869

47339

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4/29 , 19 96

From: Anderson-Ramsdale Address: 5050 Federal Blvd San Diego, Ca 92102

Four hundred sixteen and no/100 Dollars ($ 416.00)

In part Payment of Interment of DeHon Knight

Lot 118 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12869

BALANCE DUE 1148.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #8189

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M Durgin

CREDIT	67007		
20% Sales Care	77184	416	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		$ 416	00

E 12869

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

68

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Delton	James	Knight	08/02/1927	04/22/1996	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	Sandra Knight, Daughter 4961 Manomet 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 Mortuary; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Delton Williams	04/24/1996

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	04/26/1996	9606466 ▶ D 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 92102	11B. DATE BURIED 4/26/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/23/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains

of Eva Davis 2:00 pm

in a Liner (Vault/Liner) Funeral, date, time Mon April 29, 1996 ~~12:00~~ Oliver

Church, Chapel, Graveside ~~[illegible]~~ 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 John W. Davis

War time veteran _____.

Lot 59 Grave 12 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number VISA	1664.73
Balance due	0

PAID
APR 24 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

John Davis

I hereby certify I am the SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X John W. Davis
Signature

X 2939 ALTAVIEW DR STE 17 I
Address

X SAN DIEGO, CA 92139
City Zip Code

X 619 466-3750
Telephone

Work Order # E 12870

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12870

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 73

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Eva	Katherine	Davis	01/03/1923	04/20/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	John W. Davis, Son 1639 Portola Ave. Spring Valley, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	[signature]	04/24/1996

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	04/24/1996	9606360 [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 St. San Diego, CA 92102	11B. DATE BURIED 4/24/96	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 4/23/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LAKIYIA BENJAMIN

In a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund	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	

Mckeela 426-1148

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12871

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25 96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude Love 4/29/96

in a Liner Vault/Liner Funeral, date, time Monday 1:00 Allen

Church, Chapel, Graveside Delivery Only : Cypress View Mortuary 264-3168

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 2921 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Re-Need D-1697	~~0~~
Additional spaces and care fund		
Opening/Closing & Setup	" D-5743	~~0~~
Burial Container	D-5743	~~0~~
Handling Fees	D-5743	~~0~~
Flower vases – Marker setting fee		
Recording and filing fee	E-10799	~~0~~
Sales taxes		
Total Due		~~0~~
Paid receipt number		
Balance due		

264 6919 plan see xerox copy for signature

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 12872

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12872

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-25-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude Love

In a Liner (Vault/Liner) Funeral, date, time Monday 1:00 Allen

Church, Chapel, Graveside _____ ; Cypress View Mortuary 264-3168

All Funeral cars must arrive before 3:34 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned _____

War time veteran _____

Lot 2921 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	Re-Need D-1697	0
Additional spaces and care fund		
Opening/Closing & Setup	" D-5743	0
Burial Container	D-5743	0
Handling Fees	D-5743	0
Flower vases – Marker setting fee		
Recording and filing fee	E-10799	0
Sales taxes		
Total Due		0
Paid receipt number		
Balance due		

264 6919 Allan

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment is lot I hold under deed.

_____
Signature of Recorded holder of deed

X Allen Cooker
Signature

X 3953 Imperial Ave
Address

X San Diego CA
City Zip Code

X 264-3168
Telephone

Work Order # E 12872

Invoice # _____

Acct. # _____

PY-593 (Rev. 9-92)

#291 P01

E12872

APPLICATION 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
Gertrude	-	Love	05/14/1907	04/24/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Darlene Love-Daughter-In-Law 2003 W. 116th St Hawthorne, CA 90047

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Cypress View/Bonham Brothers 3953 Imperial Ave, San Diego CA 92113	670	▶ A Slepokura	04/26/1996

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	04/26/1996 A.Slepokura	▶ 9606438

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Diego County Vital Records 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 Mount Hope Cemetery 3751 Market Street, San Diego CA	11B. DATE BURIED 4/29/96	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 CREM ▶	
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 4/26/90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Theodora Verancia Dennis (X)

in a Ash Vault Vault/Liner Funeral, date, time ~~[illegible]~~ TUES 30 11:30

Church, Chapel, Graveside Church/Graveside El Camino Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned

War time veteran _____

Lot 23 Grave 12 Row _____ Section 8 Division/~~Block~~ 5

Grave space & Care Fund ..... Pre Need C-2162	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	4.50
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-47336	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 Donna LaRussa
Signature

X 9101 Inverness Rd.
Address

X Santee Ca. 92071
City Zip Code

X 449-5491 (619)
Telephone

Work Order # E 12873

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12873

47336

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4/24 19 96

From: John D. Dennis Address: 9101 Inverness Rd Santee CA 92071

Two hundred sixty nine 26/00 Dollars ($ 269.26)

In Payment of Interment of Theodora Veranicia Dennis

Lot 23 Grave 12 Row Section 8 Division Block 5

Invoice No.

Acct. No.

W.O. E-12873

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☐ 2361

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kathy Dick

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Container	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

AC-212 (Rev. 5-94)

Cypress view F12873
69723 / 5781

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 63

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Theodora	Venancia	Dennis	04/01/1933	04/25/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	San Diego	John Dennis-Husband 9101 Inverness Rd 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
Cypress View/Bonham Brothers 3953 Imperial Ave, San Diego CA 92113	670	▶	04/29/1996

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	04/29/1996 A.Slepokura	▶ 9606538

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Diego County Vital Records PO Box 85222, San Diego CA 92186	(-)

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego CA 92113	11B. DATE BURIED 4/30/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cypress View Crematory 3953 Imperial Ave, San Diego CA 92113	12B. DATE CREMATED 4/29/96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/29/96

227236

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Houry Mohammad

In a Grave (Vault/Liner) Funeral, date, time Monday 29 11:00

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 $ y 150 will be applied and billed to undersigned. _____

War time veteran _____.

Lot _____ Grave Lot 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	
Balance due	

PAID 5-23-96

Muslim Org. Dr. Ind. Shah 452-3811

I hereby certify I am the x SPOKESMAN of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Salim Shah
Signature

x MOSD - PO Box 261058
Address

x SAN DIEGO CA, 92126
City Zip Code

x (619) 672-2646
Telephone

Invoice # 268810

Acct. # 088899

Work Order # E 12874

PY-593 (Rev. 9-92)

5-2

45396

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-20, 1997

From: Nazih Cheetany Address: 6909 Surrey Dr. NE 52402

Twenty three and 78/100 Dollars ($ 23.78)

In full Payment of galvanized flower vase for Mohamed Houry

Lot _____ Grave 61 Row _____ Section Muslim Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12874

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 Carma Dungan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	10	00
Handling Fee	100 77185	13	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		78
TOTAL PAID	$	23	78

AC-212 (Rev. 5-94)

E12874

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

87

1A. NAME OF 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	-	HOURY	12/01/1908	04/27/1996	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	CAMAR MANSOUR: DAUGHTER 6392 BERNADETTE LANE 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
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ Victoria Meza	04/29/1996

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	04/29/1996	Victoria Meza 9606497 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4/29/96	11C. SIGNATURE OF PERSON IN CHARGE OF [illegible] ▶
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
1st Street

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-29-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elvira Alvarado

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 181 Grave 9 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	14.73
Total Due	1764.73
Paid receipt number R-47337	800.00
Balance due	964.73

PAID IN FULL 10-14-1997

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 10368 FAIRHILL DR. Address

X SPRING VALLEY CA 91977 City Zip Code

X 619-670-0577 Telephone

Invoice # _____

Acct. # _____

Work Order # E 12875

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

pd in full 10/14/97

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

total pd 1324.31 | Bal 47337 440.42

Date: 4-29, 1996

From: George Pastrana Address: 10368 Tairhill Dr Spring Valley 91977

Eight Hundred Dollars ($ 800.00)

In part Payment of Pre Need Lot + Trust for Elvira Alvarado

Lot 181 Grave 9 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E - 12875

BALANCE DUE 964.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

10053

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

9

ISSUED BY S. Shedillon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	800	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	$	800	00

AC-212 (Rev. 5-94)

47434

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 6/10, 19 98

From: Elvira Alvardo Address: 3604 Bayer #L 6-101 San Ysidro Ca. 92173

Forty one Dollars ($ 41.00)

In Part Payment of Prepaid Trust 1 Lot

Lot 181 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-19575

BALANCE DUE 923.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 0166

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karyn Burt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	41	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	$	41	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47405

Date: 6/10, 1996

From: C.A. Pastrana Address: 10368 Fairhill Drive Spring Valley CA 91977

Forty one Dollars ($ 41.00)

In _____ Payment of Pre-Need Lot & Trust for Elvira Alvarado

Lot 181 Grave 9 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E 12875

BALANCE DUE 88273

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

10100

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	41	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	$	41	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47 32

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 9-18, 19 96

From: George Pastrana Address: 10308 Fairhill Dr. Spring Valley, CA 91977
Eighty and 42/100 Dollars ($ 80.42)

In part Payment of pre-need lot and trust

Lot 181 Grave 9 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12875

BALANCE DUE 802.31

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
12082

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	80	42
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	42

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47025

Date: 10-17, 19 96

From: George Pastrana Address: 10308 Fairhill DR. Spring Valley 91977

Three hundred twenty one & 08/100 Dollars ($ 321.08)

In part Payment of pre-need lot and trust

Lot 181 Grave 9 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12875

BALANCE DUE 481.63

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 12137

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catrina Durgeon

CREDIT 20% Sales Care	67007 77184	32	58
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	289	10
Sales Tax	60101 78390		
TOTAL PAID	$	321	68

OFFICIAL RECEIPT

43421

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-1, 19 97

From: Elvira Alvarado Address: 3604 Bayer Blvd. San Ysidro 92173

One hundred twenty and 03/100 Dollars ($ 120.03)

In part Payment of pre-need trust for George Pastrana

Lot 181 Grave 9 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12875

BALANCE DUE 360.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

0134

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Catina Duggon

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	120	03
Sales Tax	60101 78390		
TOTAL PAID	$	120	03

OFFICIAL RECEIPT

49081

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10/14, 19 97

From: Elvira Alvarado Address: 3604 Beyer Bl 6-101 San Ysidro 92173

Three hundred sixty one and 58/100 Dollars ($ 361.58)

In full Payment of Preneed lot and trust for George Pastrana

Lot 181 Grave 9 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12875

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

0145

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Dawna Durgin-Maddox

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	361	58
Sales Tax	60101 78390		
TOTAL PAID	$	361	58

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12875

Pre-need Lot & Trust

George Pastrana
10368 Fairhill Dr.
Spring Valley, 91977
(Lot 181 Gr 9 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 ▶ $ 40.21

Amount due if paid more than _____ days after due 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 E-12875

ACCOUNT No. Pre-need Lot & Trust

George Pastrana
10368 Fairhill Dr.
Spring Valley, 91977
(Lot 181 Gr 9 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. $ 40.21

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ 4/20

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

E12975

George Pastrana

10368 Fairhill Dr.

Spring Valley, 91977

(Lot 181 Gr 9 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. $ 40.21

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

George Pantrans
10368 Fairhill Dr.
Spring Valley, 91977
(Lot 181 Gr 9 Sec 2 Div 12)

T 12725

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
	6/2				10						

Amount due when paid on or before, due date above. ▶ $ 40.21

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK E 12975

ACCOUNT No. Pre-need Lot & Trust

George Pastrana
10368 Fairhill Dr.
Spring Valley, 91977
(Lot 181 Gr 9 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 ▶ $ 40.21

Amount due if paid more than _____ days after due 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 E12875

ACCOUNT No. Pre-need Lot & Trust

George Pastrana
10368 Fairhill Dr.
Spring Valley, 91977
(Lot 181 Gr 9 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. $ 40.21

Amount due if paid more than _____ days after due 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 F12975

ACCOUNT No. Pre-need Lot & Trust

George Pastrana
10368 Fairhill Dr.
Spring Valley, 91977
(Lot 181 Gr 9 Sec 2 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 ▶ $ [illegible]

Amount due if paid more than ____ days after due 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 L-12870

ACCOUNT No. Pre-need Lot & Trust

George Pantzios
10363 Fairhill Dr.
Spring Valley, 91977
(Lot 181 Gr 9 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. $ 40.11

Amount due if paid more than _____ days after due 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 E12875

ACCOUNT No. Pre-need Lot & Trust

George Pantrane
10368 Fairhill Dr.
Spring Valley, 91907
(Lot 181 Gr 9 Sec 2 Div 12)

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					10						

Amount due when paid on, or before, due date above ▶ $ 40.21

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

George Pattana
10368 Fairhill Dr.
Spring Valley, 91977
(Lot 181 Gr 9 Sec 2 Div 12)

E12875

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				2	10						

Amount due when paid on or before due date above ▶ $ 40.21

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-need Lot & Trust

George Pastrana
10366 Fairhill Dr.
Spring Valley, 91977
(Lot 101 Gr 9 Sec 2 Div 12)

E 12875

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 ▶ $ [illegible]

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot 5 Trust

E12875

George Pantrana
10366 Fairhill Dr.
Spring Valley, 91977
(Lot 181 Gr 9 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 ▶ $ 60.21

Amount due if paid more than _____ days after due 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]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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 ▶ $ [illegible]

Amount due if paid more than _____ days after due 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. E12875

George Pastrana
10368 Fairhill Dr.
Spring Valley, 91977
(Lot 181 Gr 9 Sec 1 Dis 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. $ 40.21

Amount due if paid more than ____ days after due 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.

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. $

Amount due if paid more than ____ days after due 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. E 12875

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 _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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 ▶ $ [illegible]

Amount due if paid more than _____ days after due 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 E12875

ACCOUNT No.

[illegible]

George Pentada

15360 Fairhill Dr.

Spring Valley, 92977

(Lot 181 Gr 9 Sec 2 Div 11)

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. $ 48.11

Amount due if paid more than _____ days after due 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.

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

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 E12875

ACCOUNT No.

[illegible]

George [illegible]

[illegible] Fairhill Dr.

Spring Valley, 91977

(Lot 181 Gr 9 Sec 1 Div 11)

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 ▶ $ 40.21

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid Lot & Trust

E 12875

George Fontana
10368 Fairhill Dr.
Spring Valley, 91901
(Lot 181 Gr 9 Sec 2 Div 12)

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 _____

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. E12875

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 _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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 ▶ $ [illegible]

Amount due if paid more than _____ days after due 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.

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 ▶ $ 39.90

Amount due if paid more than ____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

ALVARADO, ELVIRA (George Pastrana) E-12875
10368 Fairhill Dr., Spring Valley, 91977

DATE				DEBIT	CREDIT	BALANCE
04-29-96	Pre-need Lot & Trust opened. Lot 181 Gr 9 Sec 2 Div 12			995.00		
	Trust Includes Opening/Closing, Liner, Handling Fee, Recording Fee, Tax on Liner			769.73		1764.73
04-29-96	Receipt #47337				800.00	964.73
6 10	Receipt # 47494	Coupon 1			41 00	923 73
6-10	47495	" 2			41 00	882 73
9 18	47832	3 & 4			80.42	802.31
10-17-96	47925	5, 6, 7, 8, 9, 10, 11, 12	trust		321.68	480.63
4-1 97	48421	13, 14, 15			120.63	360.58
10/14 97	49081	16, 17, 18, 19, 20, 21, 22, 23 & 24			360.58	0

ALVARADO, ELVIRA Pre-need Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/29/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnny Booker

In a Liner (Vault/Liner) Funeral, date, time Tri 5-3 11:00

Church, Chapel, Graveside Church / Graveside CA Burial Jeanette Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned.

War time veteran

Lot 40 Grave 11 Row Section 3 Division/Block 12

PAID
JUN 06 1996
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	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number 6-7-96 Dup Invoice 1564.73	~~[illegible]~~
Balance due	0

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Patricia Turner
Signature

8057 Solana St
Address

S.D. 92114
City Zip Code

6989581
Telephone

Invoice # 269526

Acct. # 089030

Work Order # E 12876

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12876

NOTE

1564.73 San Diego, California April 29 1996

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Five Hundred Sixty Four & 73/100 DOLLARS with interest from June 3, 1996 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 PATRICIA TURNER SIGNATURE X Patricia Turner

ADDRESS X 8051 Solana St

CALIFORNIA DRIVER LICENSE NUMBER X CDL D6835172 SSN # X 551-31-6268

PY-1012 (11-89)

E 12876

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 55

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHNNY	LEE	BOOKER	02/19/1941	04/26/1996	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	PATRICIA LYNNE TURNER-DAUGHTER 8051 SOLANA 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 possession	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Jeanette Benyard	04/30/1996

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	04/30/1996 J. BENYARD	9606562 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/3/96	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.

269526	05/16/96	089030	PATRICIA TURNER			06/07/96	CK 122	1,564.73	1,564.73	0.00
			100	072	77181	000072		375.00		PAID IN FULL
			100	072	77182	000072		190.00		
			100	072	77183	000072		45.00		
			100	072	77184	000072		795.00		
			100	072	77185	000072		145.00		
			60101		78390			14.73		

E-13876

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

File

Date 4-29-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifton Houston

in a T.S. Vault (Vault/Liner) Funeral, date, time FRI 3/3 2:00

Church, Chapel, Graveside Chapel-Grave : Ca Burial Mortuary Rim

All Funeral cars must 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 92 Grave 2 Row _____ Section 2 Division/~~Block~~ 13

Grave space & Care Fund	Pre-Need E-12069	0
Additional spaces and care fund		
Opening/Closing & Setup	" "	0
Burial Container	" "	0
Handling Fees	" "	0
Flower vases – Marker setting fee		
Recording and filing fee	" "	0
Sales taxes	" "	0
Total Due		0
Paid receipt number		
Balance due		

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Work Order # E 12877

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12877

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 03

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLIFTON	VERNON	HOUSTON	06/25/1932	04/28/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	KIM WHITE-P.A. DEPUTY 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Jeanette Benyard	05/01/1996

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	05/01/1996 J. BENYARD	9606709 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 SANDIEGO, 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 5/3/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY –	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/29/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rose Forshan

in a ~~Liner~~ Double Depth Vault/Liner Funeral, date, time 5/2 Thur. 1:00 pm

Church, Chapel, (Graveside) Graveside : Featheringill Mortuary. steve

All Funeral cars must 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 DRS

War time veteran _____.

✓ Lot 55 Grave 3 Row _____ Section 11 Division/~~Block~~ 7

Grave space & Care Fund Pre-need E-49169 0

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container ..... (183.38) PC 380.00 ~~190.00~~

Handling Fees ..... PC 320.00 ~~115.00~~

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes ..... P.C. 29.45 ~~14.73~~

Steve 583-9511 Total Due PC 1149.45 ~~769.73~~

(571.73) Paid receipt number E-47343 Visa 379.72 192.00

Balance due 577.73

I hereby certify I am the X granddaughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Donna K Folley
Signature
X 1305 Calle Goya
Address
X Oceanside CA 92056
City Zip Code
X (619) 639-0213
Telephone

Invoice # ~~2095608~~ 2095608

Work Order # E 12878

PY-593 (Rev. 8-92)

Arrangement were not made clear that 2nd o/c was to be paid for immediately. 420 originally applied to this account E12878

Family will come in E12878 to pay second opening and closing for the second burial probably by 5/10/96

577.73 Bal
- 420.00 Rd 6-12-96 aux.
< Pat Castillo
157.73

MT. HOPE CEMETERY

W.O. # E-12878

NOTE

$ 577.73 San Diego, California April 30 19 96

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 seven and 73/100 DOLLARS with interest from June 2, 1996 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 R FELLEY SIGNATURE X Donna R Felley

ADDRESS X 1305 Calle Goya Oceanside, CA 92056

CALIFORNIA DRIVER LICENSE NUMBER X N0592773 SSN # X 552-04-6022

PY-1012 (11-89)

E12878

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1902 94

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ROSE	ANN	FORSHAN	03/26/1902	04/27/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Oceanside	San Diego	Donna Felley, grandaughter 1305 Calle Goya Oceanside, CA 92056

7A. TYPED NAME AND ADDRESS OF 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		05/01/1996

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	05/01/1996 Edward Feazell	9606667

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA 92102	11B. DATE BURIED 5/2	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

47343

Date: 4/30 , 19 96

From: Donna R. Felley Address: 1305 Calle Goya Encinitas, CA. 92024

One hundred ninety-two and no/100 Dollars ($ 192.00)

In part Payment of interment of Rose Forshan

Lot 55 Grave 3 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-12878

BALANCE DUE 577.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carolina M. Duran

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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47344

Date: 4/30, 19 94

From: Donna R Kelley Address: 1305 Calle Goya Oceanside, CA 92054

Twenty three and 78/100 Dollars ($ 23.78)

In Full Payment of galvanized flower vase for Rose Forshay

Lot 55 Grave 3 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-13878

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 Catina M Smith

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	10	00
Handling Fee	100 77185	13	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		78
TOTAL PAID	$	23	78

E 12878

								BALANCE
269568	05/17/96	089021	DONNA R.FELLEY		06/12/96 CK	E-12878	577.73	157.73
			100 072	77182	000072	420.00		PARTIAL PAYMENT
			100 072	77183	000072	133.24		
			100 072	77185	000072	32.71		
			60101	78390		232.63		
						21.42		
269568	05/17/96	089021	DONNA R.FELLEY		07/10/96 JV	JV20136	577.73	0.00
	E-12878		100 072	77182	000072	420.00-		PAID IN FULL
			100 072	77183	000072	0.00		
			100 072	77185	000072	0.00		
			60101	78390		0.00		
			63021	90222		0.00		
						420.00-		
								BALANCE
269568	05/17/96	089021	DONNA R.FELLEY		06/18/9 CK	2600	577.73	420.00-
	E-12878		100 072	77182	000072	577.73		OVERPAYMENT
			100 072	77183	000072	50.04		
			100 072	77185	000072	12.29		
			60101	78390		87.37		
			63021	90222		8.03		
						420.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Set 2 chairs

Date 4/29/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Madeline Randell

in a Double Depth Vault/Liner Funeral, date, time Featherhill 2:00 May 2

Church, Chapel, Graveside Graveside Only ; H.F.W. Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned.

War time veteran _____.

Lot 24 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	Pre Need E-8150	ø
Additional spaces and care fund		
Opening/Closing & Setup	Pre Need E 9623	ø
Burial Container	"	ø
Handling Fees	"	ø
Flower vases – Marker setting fee	"	ø
Recording and filing fee	"	ø
Sales taxes	"	ø
Total Due		ø
Paid receipt number		
Balance due		ø

I hereby certify I am the Harold J. Ward of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Harold J. Ward
Signature
X 2303 Sherwood Dr.
Address
X Lemon Grove
City Zip Code
X 469-3810
Telephone

Work Order # E 12879

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12879

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 86

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Madeline	M.	Randell	05/06/1910	04/29/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Harold Ward, son 2303 Sherwood Dr. Lemon Grove, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person who files permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	[signature]	04/30/1996

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	04/30/1996	9606621 Candice Maggard

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92102	11B. DATE BURIED 5/2	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 CREMATI ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-30-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LARRY BROWN

In a Liner (Vault/Liner) Funeral, date, time MON. 5/6, 11:00 AM

Church, Chapel, Graveside Church + 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. Peggy Sue Cooper

War time veteran _____.

Lot 112 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	14.73
Total Due	1564.73
Paid receipt number R-47345	1564.73
Balance due	0

PAID
APR 30 1996
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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.

Peggy Sue Cooper
Signature of recorded holder of deed

Peggy Sue Cooper
Signature
130 Woodman St
Address
San Diego CA
City
(619) 262-0800 92114
Zip Code
Telephone

Work Order # E 12880

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

47345

Date: 4-30, 1996

From: Du-Way Menishes Address: 1836 Parkland Way, Id, 92114

Fifteen Hundred Sixty Four 73/100 Dollars ($ 1564.73)

In _____ Payment of Interment of Harry Brown

Lot 112 Grave 10 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12880

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94) 0802

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

30

ISSUED BY J Waits

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	795	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	170	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1564.	73

E 12880

APPLICATION 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
Larry	-	Brown	01/26/1955	04/29/1996	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	Peggy Sue Cooper-Friend 130 Woodman 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 named in item 6	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶	05/01/1996

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	05/01/1996 James Hale	9606670 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Diego, 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 5/6/96	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.

Re Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/30/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura Childs

In a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 142 Grave 7 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-47346	1564.73
Balance due	0

PAID
APR 30 1996
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 Margaret E Keller coexecutor
Signature
X 5555 Gray St
Address
X Bonita Ca 91902
City Zip Code
X 479 3964 479 6897
Telephone

Work Order # E 12881

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

47346

Date: 4/30, 19 96

From: Margaret E Koller Address: 5555 Play Bonita Cal 91902

One thousand five hundred sixty four 73/100 Dollars ($ 1564.73)

In Payment of Pre Need for Lucile Childs

Lot 143 Grave 7 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12881

BALANCE DUE N

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

146

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Tanya Bell

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	795	60
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63035 9022	769	73
Sales Tax	60101 78390		
TOTAL PAID	$	1564	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/2/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside Delivery Only : Erickson Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 62 Grave 9 Row _____ Section 1 Division Block 18

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 12882

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

WAS going to while out and use again but decided to void

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/2/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angel Gutierrez

in a _____ Funeral, date, time Fri. 5/3/96 10:00am

(Church, Chapel, Graveside) church & graveside Blanco Funeral Home (Mortuary)

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. x F.G.

War time veteran _____

✓Lot 2219 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-47352	270.00
Balance due	0

PAID
MAY 02 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

415-664-2443 3 mos.
Erik Blanco
casket size
L=28"x H-10"x W-14"

I hereby certify I am the x ermano of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Francisco Gutierrez
Signature
x 3521 Fermont Ave.
Address
x 3521 F. S.D 92105
City Zip Code
x 528-0268
Telephone

Work Order # E 12883

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12883

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 2 mos

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANGEL	-	GUTIERREZ		05/01/1996	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 Francisco	San Francisco	Miguel L. Gutierrez - Father 3670 - 43rd St. #1 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Miguel L. Gutierrez - Father 3670 - 43rd St. #1, San Diego, CA 92105	-	▶ Miguel Gutierrez	05/02/1996

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	5-2-96	▶ Sudork H [illegible] M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Francisco County 101 Grove St., S.F., CA 94102	San Diego County 1700 Pacific Hwy., San Diego, CA 92101

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego, California	11B. DATE BURIED 5/3/96	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

47352

Date: 5/2 , 19 96

From: Francisco Gutierrez Address: 3521 Fairmont Ave S.D. CA 92105

Two hundred seventy and no/100 Dollars ($ 270.00)

In full Payment of Interment of Angel Gutierrez

Lot 2219 Grave Row Section 1 Division Block 98

Invoice No.

Acct. No.

W.O. E-12883

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Care	77184	100	00
80% Sales of Lots	100 77184	125	00
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	$	270	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

ISSUED BY Catina M Rodriguez

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49011

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9/26, 19 97

From: Miguel Gutierrez Address: 4577 Dwight St San Diego Ca 92105

Thirty One 55/00 Dollars ($ 31.55)

In Full Payment of Temporary Marker for Angel Gutierrez

Lot 2219 Grave — Row — Section 1 Division Block 9

Invoice No.

Acct. No.

W.O.E 12883

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 Karen Bak

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	55
TOTAL PAID	$	31	55

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-2-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of KATIE PESADOR

in a Liner (Vault/Liner) Funeral, date, time TUES 5/7 11:00AM

Church, Chapel, Graveside Chapel + Grave-side : Calif Burial (CARY) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Beatrice Westbrooks

War time veteran _____.

Lot 69 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	14.73
Total Due	1564.73
Paid receipt number 47351	1564.73
Balance due	0

PAID
MAY 02 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Beatrice Westbrooks
Signature
4861 Saladar Ave
Address
San Diego Ca 92113
City Zip Code
619 262-4480
Telephone

Work Order # E 12884

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E 12884

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

Nº 10150

OWNERSHIP AND INTERMENT PRIVILEGES

TO Katie Posadek for the sum of $ 25.00 (DOLLARS)

LEGAL DESCRIPTION Lot 46 Blk 3 Sec. 3 Lot 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E1011

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flat Bronze markers Only

Cemetery Manager

Property Director

PY-224

E 12884

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 88

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
KATIE	-	PESCADOR	07/06/1913	04/30/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	BEATRICE P. WESTBROOKS-SISTER 4861 SOLOLA 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Janette Benyard	05/06/1996

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	05/06/1996 J. BENYARD	9606888 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/7/96	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

47351

Date: 5-2, 1996

From: Beatrice Westbrook Address: 486 Solda St. SD 92113

Fifteen Hundred Sixty Four 73/100 Dollars ($ 1564.73)

In _____ Payment of Interment of Katie Pescador

Lot 69 Grave 9 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12884

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Wait

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	795	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	14	73
TOTAL PAID	$	1564	73

AC-212 (Rev. 5-94)

Pre-need lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/2/96

VOID

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jean E. Parnell and Charles S. Parnell

In a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____

✓ Lot 110 Grave 10 & 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	2 @ 895.00	1,790.00
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		1,790.00
Paid receipt number R-47353		1,790.00
Balance due		0

PAID
MAY 02 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

See E-12889

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Jean E Parnell
Signature
X 1740 Petra Dr.
Address
X San Diego, 92104
City Zip Code
X 232-1950
Telephone

Work Order # E 12885

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

47353

Date: 5/2/90 19 90

From: Jean E. Parnell Address: 1740 Petra Drive S.D. Ca. 92104

One thousand seven hundred ninety and no/100 Dollars ($ 1,790.00)

In Full Payment of Pre-need lots for Jean E. and Charles S. Parnell

Lot 110 Grave 10 & 11 Row ____ Section 3 Division Block 17

Invoice No. ____

Acct. No. ____

W.O. E-12885.

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ # 1977

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M Durgin

CREDIT	67007		
20% Sales Care	77184	1,790	00
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	53033 9022		
Sales Tax	60101 78390		
TOTAL PAID		$ 1,790	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Trust

Date 5-3-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna Chenault

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 400 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Grave space & Care Fund ..... Pre-Need D-4713	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-47354	193.00
(Granddaughter) Balance due	576.73

I hereby certify I am the X Brette Beaux of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Brette Beaux
Signature

X 1147 Cotton St.
Address

X San Diego, CA 92102
City Zip Code

X (619) 264-4597
Telephone

Work Order # E 12886

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

47354

Date: 5-3 , 19 96

From: Babette Berliones Address: 1147 Cotton St. SD 92102

One Hundred Ninety Three Dollars ($ 193 00)

In part Payment of Prepaid Trust Extra Interment

Lot 400 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E - 12116

BALANCE DUE 576.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Hubbs

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	193	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	193	00

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

1435

Date: 5-29, 1996

From: Dwayne Chenault Address: 1437 E. Harding Long Beach 90805

Five Hundred Dollars ($ 500.00)

In part Payment of Pre-Need Trust Edna Chenault

Lot 400 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12886

BALANCE DUE 76.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2041

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shutton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	500	00
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47409

Date: 6-11, 1996

From: Babette Berionee Address: 1147 Cotton St. SD 92102

Seventy Six & 73/100 Dollars ($ 76.73)

In full Payment of Pre Need Trust - Edna Chenault

Lot 400 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E - 12886

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

719

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shickelton

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	73
Sales Tax	60101 78390		
TOTAL PAID	$	76	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/6/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Smith PA 1196782

in a Liner (Vault/Liner) Funeral, date, time TUES. 5/7 2:00pm

Church, Chapel, Graveside delivery only : Mc Kay Mitchell Scott (Mortuary) Tom

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 62 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	30.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

Katherine 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 12887

Invoice # 269388

Acct. # 000952

PY-593 (Rev. 8-92)

E 12887

APPLICATION 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	UNK	SMITH	07/29/1949	04/24/1996	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 M. HOWARD, 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
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	Victoria L Mitchell	05/06/1996

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	05/06/1996 V.I. MITCHELL	9606912

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 (SAN DIEGO COUNTY)	11B. DATE BURIED 5/7/96	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 5/6/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cheryce Lena Ransom

in a T.S. Vault Funeral, date, time Thurs. 5/9 11:00

Church, Chapel, Graveside (Vault/Liner) 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 Clifford Ransom, Jr.

War time veteran _____.

✓ Lot 3451 Grave _____ Row _____ Section _____ Division/Block 10

PAID
MAY 06 1996
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	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1,869.38
Paid receipt number R-47358	1,849.38
Balance due	0

I hereby certify I am the x Father of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Clifford Ransom Jr.
Signature
x 4020 Lamont St.
Address
x San Diego 92109-4015
City Zip Code
x (619) 262-1838
Telephone

Work Order # E 12888

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

47358

Date: 5/6 , 19 96

From: Clifford Ransom SR. Address: 4020 Gamma St. San Diego, Ca. 92113

One thousand Eight hundred sixty nine and 38/100 Dollars ($ 1,869.38)

In Full Payment of Interment of Cheryce Lena Ransom

Lot 3451 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-12888

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #770

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M Jurgen

CREDIT	67007		
20% Sales Care	77184	995	CD
80% Sales of Lots	100 77184	375	CD
Opening/ Closing	100 77181	250	CD
Burial Containers	100 77182	185	CD
Handling Fee	100 77185	45	CD
Recording & Misc. Fees	100 77183	19	38
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1,869	38

E 12888

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 20

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CHERYCE	LENA	RANSOM	10/09/1969	05/01/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	RAYMONIA RANSON-MOTHER 4020 GAMMA 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Danette Benyard	05/06/1996

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/06/1996 J. BENYARD	9606893 ▶

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 5/9/96	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.

Pre-Need Lot and Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/6/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jean E. Parnell and Charles S. Parnell

in a double 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 6 Grave 1 Row _____ Section 100F Division/Block 24

Grave space & Care Fund		1,495.00
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 375.00	750.00
Burial Container		380.00
Handling Fees	~~2 @ 380.00~~	~~760.00~~ 330.00
Flower vases – Marker setting fee		
Recording and filing fee	2 @ 45.00	90.00
Sales taxes		29.45
	Total Due	~~3,384.45~~
	Paid receipt number R-47353	1,790.00
		1,274.45
	Balance due R-47359	~~1,594.45~~ 1,594.45

PAID
paid in full.
MAY 06 1996
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.

1274.45

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Jean E Parnell
Signature

X 1740 Petra Dr.
Address

X San Diego Ca.
City Zip Code

X 232-1950
Telephone

Work Order # E 12889

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

47359

Date: 5/6, 19 96

From: Jean E. Parnell Address: 1740 Petra Dr. San Diego, Ca. 92104

One thousand two hundred seventy four and 45/100 Dollars ($ 1,274.45)

In full Payment of pre-need lot and trust for Jean E. and Charles S. Parnell

Lot 6 Grave 1 Row Section 100F Division Block 24

Invoice No.

Acct. No.

W.O. E-12889

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐
#1985

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina M. Turyn

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	1,274	45
Sales Tax	60101 78390		
TOTAL PAID	$	1,274	45

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

center right

Date 5/7/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Phillip Hunsaker (X)

in a Ash Vault (Vault/Liner) Funeral, date, time 5/22 Wed. 12:00

Church, Chapel, (Graveside) graveside only : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ X

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 1060 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund ..... Pre Need G3389	0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-47413	269.26
Balance due	0

Patricia Davis 503-788-0398 or 254-7744

family will bring ashes.

will be in on Mon w/ashes and to pay

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

X Patricia Davis
Signature

X 7933 S.E. 76th Place
Address

X Portland, Or. 97206
City Zip Code

X (503) 788-0398
Telephone

Work Order # E 12890

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

ED890

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1952 44

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
PHILIP	R.	HUNSAKER	02/10/1992	01/16/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
HACKENSAEK	NEW JERSEY	PATRICIA R. DAVIS - SISTER 7933 S.E. 76TH PLACE PORTLAND, OR 97206

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PATRICIA DAVIS 7933 S.E. 76TH PLACE PORTLAND, OREGON 97206		▶ Patricia R. Davis	5/20/96

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/20/1996 ▶	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 5/22/96	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

47413

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5/20, 1996

From: Patricia R Davis Address: 7933 SE 76th PL, Portland Or 97206

Interment of Philip Thungaker Dollars ($ 269.36)

In Full Payment of Two hundred sixty nine 36/00

Lot 1060 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-12890

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 0161

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karen Bak

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	95	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	45	00
Sales Tax	60101 78390	4	36
TOTAL PAID	$	269	36

requested 15 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-7-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Theodore Dean Jr. 10

oversize in a T.S. vault Vault/Liner Funeral, date, time Thurs 5-9 11:00

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 D.C.

War time veteran _____

✓ Lot 33 Grave H 13 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre-Need E-1973 ~~0~~

Additional spaces and care fund _____

Opening/Closing & Setup _____ 375.00

Burial Container _____ 525.00 ~~250.00~~

Handling Fees _____ 200.00 ~~185.00~~

~~Flower vases~~ Delivery charge by vault company _____ 200.00

~~Marker setting fee~~ _____

Recording and filing fee _____ 26 45.00

Sales taxes _____ 40.64 ~~19.38~~

Total Due 1385.64 ~~874.38~~

PAID (207) MAY 07 1996 paid in full MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF

Paid receipt number R-473107 874.38

(511.26) ~~0~~

Balance due _____

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Betty Cooks
Signature

X 1409 W. Raymond St
Address

X Santa Ana, Ca 92703
City Zip Code

X 836-6549 (714)
Telephone 2660543 (619)

Invoice # 269567

Acct. # 089022

Work Order # E 12891

PY-593 (Rev. 8-92)

E12891

APPLICATION 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
Theodore	Rudolph	Dean Jr.	01/13/1937	05/03/1996	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	Betty Cooks-Sister 1409 W.Raymar St. Santa Ana, CA 92703

7A. TYPED NAME AND ADDRESS OF 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	▶ Olivia Arbuthnot	05/06/1996

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	05/07/1996	9606929

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/14/96	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.

E12891

Oversized Vault	525.00
H.F	200.00
Tax	40.64
Del. Chg	200.00
	965.64
	454.38
Pd-	
Bal. Due	$ 511.26

E12891

May 9, 1996

The burial for Theodore Dean Jr. was scheduled for Thursday May 9, 1996, but had to be rescheduled for Friday May 10, 1996. The reason for this is due to Anderson-Ragsdale Mortuary FAILING to notify Mount Hope Cemetery of the casket for Theodore Dean Jr. of being oversized. Mount Hope Cemetery had to Special Order an oversized Top Seal Vault. The Cemetery Manager JoAnn Waits spoke to the family regarding this situation.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47367

Date: 5/7 , 19 96

From: Betty Cooks Address: 457 Radio Drive San Diego, Ca. 92114

Eight hundred seventy four and 38/100 Dollars ($ 874.38)

In full Payment of Interniment of Theodore Dean Jr.

Lot 33 Grave 11 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12891

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #2555

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	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	19	38
TOTAL PAID	$	874	38

269567	05/17/96	089022	BETTY COOKS			06/10/96	CK	5329	511.26	511.26	0.00
			100	072	77182	000072			26.00		PAID IN FULL
			100	072	77183	000072			245.00		
			100	072	77185	000072			200.00		
			60101		78390				40.26		

E-12891

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-7-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marjorie DeCosta

in a Top of Double Depth (Vault Liner) * Funeral, date, time Fri. 5/10 11:00

Church, Chapel, Graveside chapel + graveside Goodbody Allen Mortuary.

All Funeral cars must 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 _____.

✓ Lot 4004 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre Need E-10373 0

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container ..... Pre Need E-10373 0

Handling Fees ..... " E-10373 0

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales Taxes ..... Pre Need E-10373 0

PAID
MAY 07 1996
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 420.00

Paid receipt number R-47372 420.00

Balance due 0

I hereby certify I am the X SON of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from *any liability on account of said authorization and interment.*

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 7672 BALLEON WAY
Address

X CARLSBAD CA 92009
City Zip Code

X 619 753-5151
Telephone

Work Order # E 12892

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

47372

Date: 5-7 , 19 96

From: Kevin DeCosta Address: 7072 Eagleon Way Carlsbad, Ca 92009

Four hundred ~~an~~ twenty and no/100 Dollars ($ 420.00)

In full Payment of Interment of Marjorie DeCosta

Lot 4604 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-13892

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #91

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Wright

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	00

E 12892

APPLICATION 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
MARJORIE	RUTH	DE COSTA	08/19/1931	05/05/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JAMI DE COSTA-KESSELL: DAUGHTER. 4300 MERRITT BLVD 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
GOODBODY MORTUARY: 5027 EL CAJON BLVD., SAN DIEGO, CA 92115	F-790	▶ Victoria Mezz	05/09/1996

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	Victoria Mezz 05/09/1996	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/10/96	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 5-8-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Margaret Emmons

in a liner (Vault/Liner) Funeral, date, time Fri 5-10 3:00 PM

Church, Chapel, Graveside Graveside : Goodbody (Allen) Mortuary

All Funeral cars must 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 Anderson

War time veteran _____.

✓ Lot 72 Grave 6 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup [370 to Bill]	375.00
Burial Container	190.00
Handling Fees Paid in full	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-47383	900.00
664.73 Balance due	~~665.00~~

I hereby certify I am the x Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Sharon Anderson
Signature
x 2006 Third Ave #34
Address
x S.D. Ca 92101
City Zip Code
x 696-7047
Telephone

- 12893

Work C

PY-593

Invoice # 209505

Acct. # 089023

TIME ? Allen
2:30 pre-setup
3:00 graveside

MT. HOPE CEMETERY

W.O. # E-12893

NOTE

$ 665.00 San Diego, California May 8 19 96

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 six hundred sixty five DOLLARS with interest from June 10, 1996 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 Anderson SIGNATURE X Sharon Anderson

ADDRESS X 606 Third Ave #341 S.D. Ca 92101

CALIFORNIA DRIVER LICENSE NUMBER X E0516044 SSN # X 556-88-7970

PY-1012 (11-89)

E12893

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 75

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MARGARET	-	EMMONS	07/10/1920	05/07/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHARON ANDERSON: DAUGHTER 606 3RD AVENUE #341 SAN DIEGO, CA 92101

7A. TYPED NAME AND ADDRESS OF 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 Meza	05/09/1996

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	Victoria Meza 05/10/1996	9607142 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 [illegible], SAN DIEGO, CA 92102	11B. DATE BURIED 5/10/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU ▶	
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

47384

Date: 5-8 , 19 96

From: Sharon Anderson Address: 606 3rd Ave Apt 341 SD 92101

Nine Hundred Dollars ($ 900.00)

In Part Payment of Interment of Margaret Emmons

Lot 72 Grave 6 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12393

BALANCE DUE 665.00

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 L. Stockton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	795	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	$	900	00

269505	05/15/96	089023	SHARON ANDERSON		05/28/96	CK	1207	664.73	664.73	0.00
	E-12893		100	072	77181	000072		270.00		PAID IN FULL
			100	072	77182	000072		190.00		
			100	072	77183	000072		45.00		
			100	072	77185	000072		145.00		
			60101		78390			14.73		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinternment

Date 5-9-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Duarte F-7251

In a _____ (Vault/Liner) Funeral, date, time 6-10-96 Mon.

Church, Chapel, Graveside _____ : Mayer JIM Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 130 Grave 12 Row _____ Section 2 Division [redacted] 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	DISINTERNMENT 1,000.00
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	

PAID
JUN 05 1996
paid in full
DISINTERNMENT
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

husband is deceased
niece - Rose Siner
will sign

Total Due 1,000.00

Paid receipt number R-47464 1,000.00

Balance due 0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Work Order # E 12894

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12894

APPLICATION 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	-	Duarte	09/12/1921	02/23/1988	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	Rosemary E. Reiner-Niece 1746 E. Wiconisco St., Tower City, PA 17980

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—[illegible] permit	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶ [signature]	06/04/1996

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	06/04/1996 James Hale	9608290 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Diego, 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 Corl Funeral Home 644 E. Gand Ave., Tower City, PA 17980	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

E12894

APPLICATION 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	-	Duarte	09/12/1921	02/23/1988	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	Rosemary E. Reiner-Niece 1746 E. Wiconisco St., Tower City, PA 17980

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 obtaining permit ▶	8B. DATE SIGNED
		[signature]	06/04/1996

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/04/1996 James Hale	9608290 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Diego, 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 Corl Funeral Home 644 E. Gand Ave., Tower City, PA 17980	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR 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.

E12994

PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK—MAKE NO ALTERATIONS OR ERASURES

NAME OF DECEDENT	SEX	DATE OF BIRTH	DATE OF DEATH
Mary Duarte	Female	Sept. 12, 1921	Feb. 23, 1988

PLACE OF DEATH—CITY OR TOWN	PLACE OF DEATH—COUNTY (OR STATE IF NOT IN CALIFORNIA)	NAME AND ADDRESS OF SPOUSE OR OTHER INFORMANT
San Diego	San Diego	Donald L. Smith - Friend 1580 Taft Street Lemon Grove, CA 92045

NAME AND ADDRESS OF FUNERAL DIRECTOR (OR PERSON ACTING AS SUCH)	CALIFORNIA LICENSE NUMBER
Meyer Mortuary 2859 Adams Av. San Diego, cA	1424

TYPE OF PERMIT, CHECK ONLY ONE OF THE FOLLOWING TYPES OF DISPOSITION

- [X] 1. BURIAL (INCLUDES ENTOMBMENT)
- [ ] 2. CREMATION AND BURIAL (INCLUDES INURNMENT)
- [ ] 3. CREMATION AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 4. SCIENTIFIC USE
- [ ] 5. DISINTERMENT AND BURIAL (INCLUDES ENTOMBMENT)
- [ ] 6. DISINTERMENT, CREMATION, AND BURIAL (INCLUDES INURNMENT)
- [ ] 7. DISINTERMENT, CREMATION, AND DISPOSITION OTHER THAN IN A CEMETERY
- [ ] 8. DISINTERMENT AND REINTERMENT OF CREMATED REMAINS (INCLUDES INURNMENT)
- [ ] 9. DISINTERMENT OF CREMATED REMAINS AND DISPOSITION OTHER THAN IN A CEMETERY

FOR CORONER'S USE ONLY

- [ ] 10. DISPOSITION PENDING

INTERMENT	NAME AND ADDRESS OF CEMETERY WHERE REMAINS OR CREMATED REMAINS ARE TO BE INTERRED: Mt. Hope Cemetery, 3751 Market St. San Diego, cA		COUNTY: San Diego
CREMATION	NAME AND ADDRESS OF CREMATORY WHERE REMAINS ARE TO BE CREMATED: N/A Pink Arlington - P.C.	DATE CREMATED	SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
BURIAL AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY/CREMATED REMAINS	ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND COUNTY OF DISPOSITION: N/A Wooden - Comets Knoll		
SCIENTIFIC USE	NAME AND ADDRESS OF FACILITY RECEIVING REMAINS: N/A Catholic Father & Monster		
ACKNOWLEDGMENT OF APPLICANT	**This is to certify that I am the person having the right to control the disposition of the remains of the above named decedent under provisions of the Health and Safety Code, and I hereby acknowledge that trespass and nuisance laws apply and understand that this permit gives no right of unrestricted access to property not owned by me.**		SIGNATURE OF APPLICANT ▶ DATE SIGNED
LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT	AMOUNT OF FEE PAID: 4.00 / DATE PERMIT ISSUED: FEB 25 1988	SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT ▶ Gerald L. Ramos, M.D.
CERTIFICATION OF PERSON IN CHARGE OF DISPOSITION	I CERTIFY THAT THE SPECIFIED DISPOSITION WAS MADE ON 2/26/88 (ENTER DATE)	SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ Georgeu Stutts	LICENSE NUMBER OF CREMATED REMAINS DISPOSER, IF APPLICABLE
IF DISPOSITION IS TO OCCUR IN ANOTHER COUNTY	INDICATE ADDRESS OF REGISTRAR OF COUNTY OF DEATH		

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY WHERE THE HUMAN REMAINS ARE INTERRED, OR BY THE PERSON IN CHARGE OF THE CREMATORY WHERE THE REMAINS ARE CREMATED, OR BY THE PERSON IN CHARGE OF THE FACILITY WHERE THE REMAINS ARE UTILIZED FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

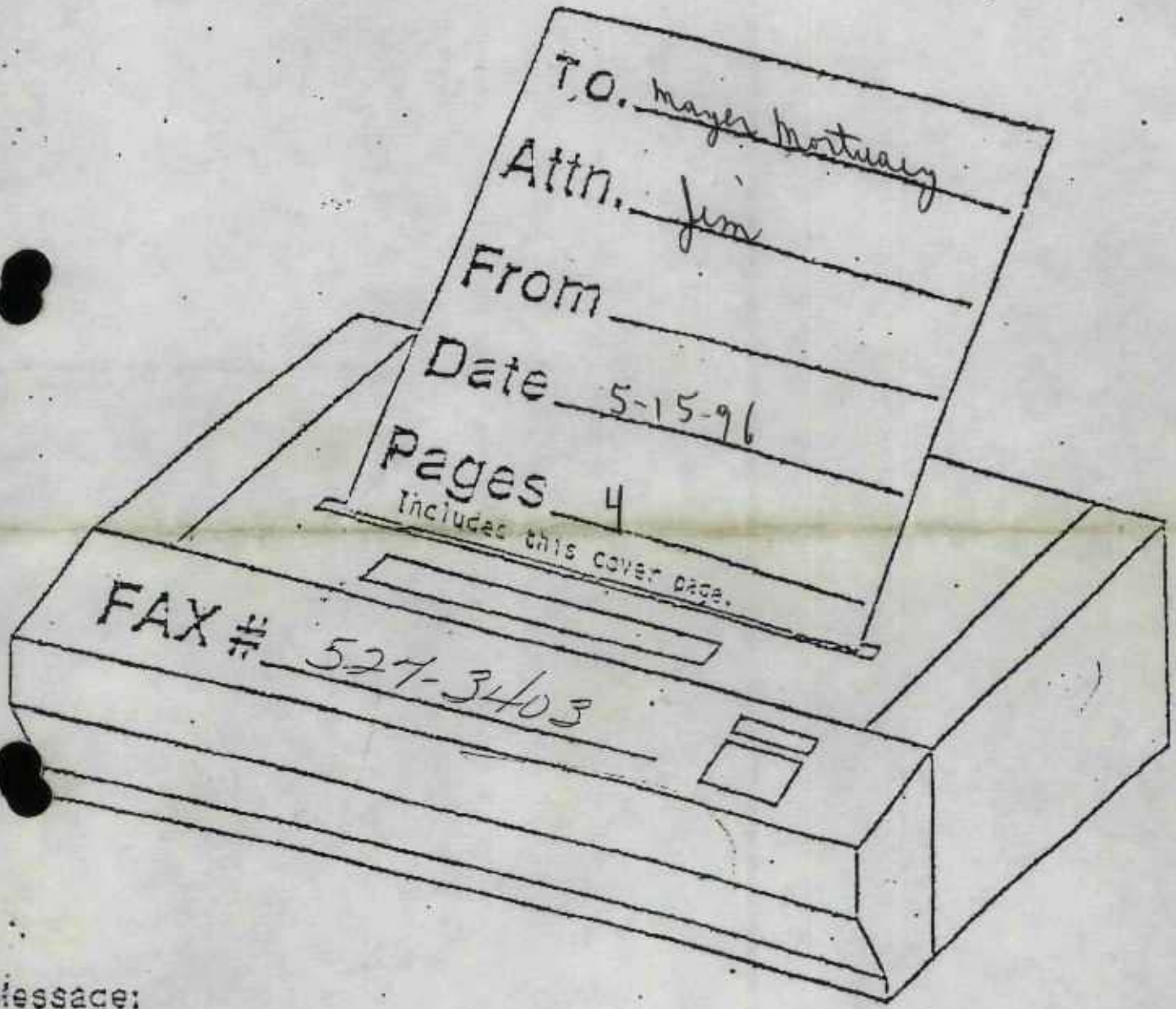
E 12894

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Property Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

TELEFAX COVER LETTER



Message:

If all pages are not received, please call (619) 527-3400.

E12894

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinternment Date 5-9-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary DUarte F-7251

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : Mayer JIM Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 130 Grave 17 Row _____ Section 2 Division [redacted] 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee Disinternment	1,000.00
Recording and filing fee	
Sales taxes	
Total Due	1,000.00
Paid receipt number _____	
Balance due	

Husband is deceased
niece - Rose Liner
will sign

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Work Order # E 12894

Invoice # _____

Acct. # _____

PY-583 (Rev. 8-92)

E 12894

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

May 15, 1996
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

MARY DUARTE

from Lot 120 Grave 12 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

I hereby authorize the above disinterment:

_____ _____
(Lot owner must sign if not legal custodian) Date

E 12894

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

May 15, 1996
MONTH YEAR

You are hereby authorized and instructed, subject to your rules and regulations, to disinter the remains of:

MARY DUARTE

from Lot 120 Grave 12 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
Rosemary E. Diener	Niece	1746 E. Wisconisco Street Tower City, PA. 17980

I hereby authorize the above disinterment:

(Lot owner must sign if not legal custodian) Date

On this 21st day of May, 1996
Pamela J. Stoneroad

Notarial Seal
Pamela J. Stoneroad, Notary Public
Williams Twp., Dauphin County
My Commission Expires April 29, 1999
Member, Pennsylvania Association of Notaries

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4-464

Date: 6-5 19 96

From: Mayer Mortuary Address: 2859 Adams Ave. San Diego, CA. 92116

One Thousand and no/100 Dollars ($ 1,000.00)

In Full Payment of Disinterment of Mary Duarte

Lot 130 Grave 12 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-13894

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☑
Pre-need Trust ☐ Cash ☐ Check ☑ #8755

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

5

ISSUED BY Catina Duarte

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	1,000	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1,000	00

Pre-need lot and trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-10-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Katherine A. and Roland R. Taylor

in a Double Depth 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 81 Grave 5 Row _____ Section 3 Division/Block 12

PAID
MAY 10 1996
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Grave space & Care fund		795.00
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 375.00	750.00
Burial Container		380.00
Handling Fees		320.00
Flower vases – Marker setting fee		
Recording and filing fee	2 @ 45.00	90.00
Sales taxes		29.45
Total Due		2,364.45
Paid receipt number VISA		2,364.45
Balance due		0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Roland R. Taylor
Signature
x 2437 Oasth St
Address
x San Diego CA. 92109
City Zip Code
x 274-2998
Telephone

Work Order # E 12895

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-10-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roy Jean Van Camp PA 1193813

In a _____ Funeral, date, time _____

Church, Chapel, Graveside _____ : Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 607 Grave 8 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	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number _____	
Balance due	

Rebecca Bar
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 12896

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-13-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henrietta Snowden

in a Liner Funeral, date, time Wed. 5/15 11:00

Church, Chapel, Vault/Liner Graveside graveside ; Rogsdale. Mark Mortuary.

All Funeral cars must 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 111 Grave 82 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	pre-need E-10025	0
Additional spaces and care fund	"	
Opening/Closing & Setup	" E-10025	0
Burial Container	" E-10025	0
Handling Fees	" E-10025	0
Flower vases – Marker setting fee		
Recording and filing fee	" E-10025	0
Sales taxes	" E-10025	0
	Total Due	0

Delia Torrence
262-3182

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 12897

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

12897

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 91

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Henrietta	-	Snowden	10/07/1904	05/10/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Delia Torrence - niece 3922 Oceanview Blvd. 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	05/14/1996

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	05/15/1996 G. Davis	9607361 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/15/96	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 5-13-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bessie Mae Peterson

in a T.S. Vault (Vault/Liner) Funeral, date, time Thur. 5/16 2:00

Church (Chapel) (Graveside) chapel & graveside Ragsdale. Mortuary. Mr Ragsdale

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X Mary L. Barnes.

War time veteran ____.

Lot 119 Grave 7 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1,669.38
Paid receipt number R-47403	1,669.38
Balance due	0

PAID
paid in full
MAY 14 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mortuary to bring check for full amount on day of services

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 Mary L. Barnes.
Signature
X 4991 - Date Street
Address
San Diego, Ca. 92102
City Zip Code
X 619-263-4624
Telephone

Work Order # E 12898

Invoice # ____

Acct. # ____

PY-593 (Rev. 8-92)

E12898

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

09

1A. NAME OF 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	Mae	Peterson	01/04/1927	05/10/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Mary P. Barnes - Sister 4991 Date Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary 5050 Federal Blvd., San Diego, CA 92102	F-1329	▶ Mary Barnes	05/14/1996

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	05/14/1996 G. Davis	▶ 9607342

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/16/96	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

47403

Date: 5-14 19 96

From: Anderson-Ragsdale Mort. Address: 5050 Federal Blvd. San Diego, CA. 92102

One thousand six hundred sixty nine & 38/100 Dollars ($ 1,669.38)

In full Payment of Interniment of Bessie Mae Peterson

Lot 119 Grave 7 Row ____ Section 2 Division 11 Block

Invoice No. ____

Acct. No. ____

W.O. E-12898

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #8950

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgeon

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	795	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	19	38
TOTAL PAID	$	1,669	38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-15-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Velma L. Turner

in a Double Depth Crypt (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : Berkley 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 2450 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund Pre-Need E-10659	-0-
Additional spaces and care fund "	
Opening/Closing & Setup "	-0-
Burial Container "	-0-
Handling Fees "	-0-
Flower vases – Marker setting fee	
Recording and filing fee "	-0-
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

Richard Turner
792-0721

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 12899

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)