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 Ida Mae Nicholson

in a ~~TS Vault~~ Liner Funeral, date, time Mon 5-20 1:00
Vault/Liner

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: Ewn

War time veteran _____.

Lot 111 Grave 9 Row _____ Section 2 Division/~~Block~~ 12

PAID
MAY 15 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	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.23
Total Due	1664.23
Paid receipt number Visa	1664.23
Balance due	Ø

I hereby certify I am the X Eddie W. Nicholson (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 Eddie W. Nicholson
Signature
X 4983 Bunnell St.
Address
X San Diego, Ca. 92113
City Zip Code
X 264-3783
Telephone

Work Order # E 12900

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12900

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

Found 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
Ida	Mae	Nicholson	11/13/1922	05/13/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Eddie Nicholson-Son 905 E. 4th St., 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 Mortuary;5050 Federal Blvd San Diego, CA 92102	F-1329	▶ Oliver Arbuthnot	05/16/1996

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7601(b) of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/16/1996 O Arbuthnot	▶ 9607426

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/20/96	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.

2nd Interred
1st Interred is
Peter Vezirian

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-16-96

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

in a Double Depth Crypt Vault/Liner Funeral, date, time Wednesday Aug 6th 1:00pm

Church, Chapel, Graveside Witness ; Greenwood Mortuary.

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

War time veteran _____.

Lot 134 Grave 8 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need E-12918	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	—
Sales taxes	45.00
Total Due	420.00
Paid receipt number 48849	420.00
Balance due see attached for Signature	~~0~~

PAID
AUG 06 1997
paid
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Ed Vezirian
714-833-2211
714-899-0072 FAX

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 12901

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-0%)

date to be schedule will be 2nd burial in double crypt.

8-15-96
E-12901

Please leave on pending for about another month. Eli Vezirian will definitely call back with a date for service.

1-13-97
will becoming shortly

Name: 714-543-9331

Notary may be Greenwood?

Buried may be Wed.?

8-5-97

Mr Vezirian will be in Wednesday to pay fees

signed fax copy attached

ATT: KAREN BAKER

E-12901

INTERMENT ORDER

48849

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-6, 1997

From: Ed Vezirian Address: P.O. Box 14338 Irvine, Ca 92623

Four hundred twenty and no/100 Dollars ($ 420.00)

In full Payment of Interment of Mark Paul Vezirian

Lot 134 Grave 8 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12901

BALANCE DUE 0

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

554

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

ISSUED BY Surgeon Araeme

CREDIT 20% Sales Care	67007 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

AC-212 (Rev. 5-94)

E-12901

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
MARK	PAUL	VEZIRIAN	07/20/1975	09/23/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CLARK	WYOMING	EDWARD VEZIRIAN - FATHER 7622 KATELLA AVENUE STANTON, CA 90680

7A. TYPED NAME AND ADDRESS OF 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	FD843	▶ Victoria Meza	08/04/1997

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	08/05/1997 ▶	VICTORIA MEZA 9710646

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 9/6/97	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 5-16-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Verl Waller PA 1197355

in a liner (Vault/Liner) Funeral, date, time Tues. 5/21 10:00

Church, Chapel, Graveside delivery only : Mayer Jim Mortuary

All Funeral cars must 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 67 Grave 8 Row _____ Section 1 Division/~~Block~~ 12

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

PD 7-15-96

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

good # 269828

Invoice # 269827

Acct. # 000952

Work Order # E 12902

PY-593 (Rev. 8-92)

E-12902

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
Verl	Lester	Waller	04/06/1911	05/07/1996	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	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 Authorized	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶	05/20/1996

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	05/20/1996 James Hale	9607587 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/21/96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-17-96

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

in a Liner Funeral, date, time Thur 5/23 11:00

Church Chapel Graveside Mausoleum chapel & graveside Pagsdale 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 Denise L. Clarke

War time veteran _____.

Lot 760 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Pre-need E-11374 &

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-47412	769.73
Balance due	0

PAID
MAY 20 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 Denise L. Clarke
Signature
X 605 W. Walnut #C
Address
X San Diego CA 92103
Zip Code
X (619) 574-7600
Telephone

Work Order # E 12903

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12903

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Freddie	Lee	Crossley	09/09/1934	05/16/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	Denise L. Clarke - Daughter 605 W. Walnut Unit C. San Diego, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	[signature]	05/22/1996

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	05/22/1996	9607719 [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 5/23/96	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

47412

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5/20, 19 96

From: Peter Clarke Address: 605 west Walnut C San Diego CA 92101

Seven hundred Sixty nine 73/100 Dollars ($ 769.73)

In Full Payment of Interment of Freddy Lee Crossley

Lot 266 Grave 2 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-17903

BALANCE DUE 0

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	769	73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 6681

ISSUED BY Karla DK

AC-212 (Rev. 5-94)

Pre Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-20-96

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

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 5 Row _____ Section 3 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 VISA	895.00
Balance due	0

PAID
MAY 20 1996
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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 Carl G. Halonen
Signature

Address X 2621 ARNOTT ST.

City X SAN DIEGO Zip Code 92110

Telephone 276-5983

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

_____
Signature of recorded holder of deed

Work Order # E 12904

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-20-96

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

in a Liner (Vault/Liner) Funeral, date, time Wed, May 22, 2:00pm

Church, Chapel, Graveside Church/Graveside ; Ragsdale (MR. 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

War time veteran _____.

Lot 37 Grave 10 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	pre-need E-2816	0
Additional spaces and care fund		
Opening/Closing & Setup	" E-11165	0
Burial Container	" E-11165	0
Handling Fees	" E-11165	0
Flower vases – Marker setting fee		
Recording and filing fee	" E-11165	0
Sales taxes	" E-11165	0
	Total Due	0
	Paid receipt number	
	Balance due	

Ragsdale

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 12905

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12905

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

95

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Maymie	-	Porter	01/04/1901	05/18/1996	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	Vernert Tippens, Step-Daughter 819 33rd St. Snyner, TX 79549

7A. TYPED NAME AND ADDRESS OF 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 Fdderal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Williams	05/22/1996

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	05/22/1996	9607701 ▶ Debbie Williams

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (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 ▶ J Wat
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 5/20/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Aubrey Fay~~ Elverter Fay 11:00

in a Double Depth Crypt Funeral, date, time Fri, May 24, 96

(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/ will be applied and billed to undersigned. X Aubrey E. Fay Sr.

War time veteran _____.

Lot 20 Grave 7 Row _____ Section 17 Division/Block 7

Grave space & Care Fund Pre-need # C-5693 0

Additional spaces and care fund _____

Opening/Closing & Setup 2 @ 375. 358. 750.00 ~~375.00~~

Burial Container 380.00

Handling Fees 320.00

Flower vases – Marker setting fee _____

Recording and filing fee 2 @ 45. 90.00

Sales taxes 29.45

Total Due 1,569.45

~~Mr Fay~~ PAID IN FULL 6-4-96

Paid receipt number R-47416 392.00

Balance due 1177.45

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 A. E. Fay Sr.
Signature

X 3843 National ave
Address

X San Diego Calif 92113
City Zip Code

X 619-262-0640
Telephone

Invoice # 269831

Work Order # E 12906

Acct. # 089133

PY-593 (Rev. 8-92)

12906

269831 05/26/96 089133 AUBREY E. FAY

E-12906

100	072		06/04/96 CK 471		1,177.45	1,177.45	0.00
100	072	77181	000072		358.00		PAID IN FULL
100	072	77182	000072		380.00		
100	072	77183	000072		90.00		
60101		77185	000072		320.00		
		78390			29.45		

MT. HOPE CEMETERY W.O. # E-12906

NOTE

$ 1177.45 San Diego, California May 21 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-seven 45/100 DOLLARS with interest from June 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 X AUBREY E. FAY SR SIGNATURE X Aubrey E. Fay Sr.

ADDRESS X 3843 National Ave San Diego Calif 92113

CALIFORNIA DRIVER LICENSE NUMBER X B1718857 SSN # X 449-28-7112

PY-1012 (11-89)

E 12906

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 78

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Elverter	-	Fay	07/12/1917	05/18/1996	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	Aubrey E. Fay, Husband 3843 National Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragddale Mprt.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	Debbie Williams	05/22/1996

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	05/24/1996	9607840

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/24/96	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 CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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

47416

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

MOUNT HOPE CEMETERY
527-3400

Date: 5-21, 19 96

From: Aubrey Kay Address: 3893 Natural Ave SD 92113

Three Hundred Ninety Two Dollars ($ 392.00)

In part Payment of Interment of Everett Kay

Lot 20 Grave 7 Row ____ Section 17 Division 7 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12906

BALANCE DUE 1177.45

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 S. Shelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	392	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	$	392	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-21-96

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

in a Liner (Vault/Liner) Funeral, date, time Thur 5-23 10:00

Church, Chapel, Graveside Chapel / Graveside Goodbody Bill Mortuary.

All Funeral cars must 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 95 Grave 7 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund 545	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-47418	450.00
Balance due	1314.73
	1314.73

Bill 278-5047 30-Day note

I hereby certify I am the X Brother Aux Invoice 6-28-96 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.

Bal

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

_____
Signature of recorded holder of deed

X [signature]
Signature

X 7948 Donzee St
Address

X San Diego Ca 92123
City Zip Code

X 278 5047
Telephone

Invoice # ~~268~~ 269830

Acct. # 089134

Work Order # E 12907

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-12907

NOTE

$ 1,314.73 San Diego, California May 21 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 three hundred fourteen and 73/100 DOLLARS with interest from June 23, 1990 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 William J. Baeggeman SIGNATURE X [redacted]

ADDRESS X 7945 Denzee St

CALIFORNIA DRIVER LICENSE NUMBER X K0983429 SSN # X 181-34-7369

PY-1012 (11-89)

E-12907

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
MARY	ALICE	LUX	08/12/1923	05/20/1996	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	WILLIAM J. BOEGGEMAN: BROTHER 7948 DONZEE 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
GOODBODY MORTUARY: 5027 EL CAJON BLVD., SAN DIEGO, CA 92115	F-790	▶ [signature]	05/22/1996

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	Victoria Reza 05/23/1996	9607776 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/23/96	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

47418

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-21, 1996

From: William J. Bleggeman Address: 7948 Donzee St. San Diego, Ca. 92123

Four hundred Fifty ~~dollars~~ and no/100 Dollars ($ 450.00)

In part Payment of Interment of Mary A Lux.

Lot 75 Grave 7 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12907

BALANCE DUE 1,314.73

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

#4700

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

ISSUED BY Corina Duragan

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

AC-212 (Rev. 5-94)

File

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-21-96

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

in a liner (Vault/Liner) Funeral, date, time Tues 6/4 1:00

Church, Chapel, (Graveside) graveside only Conrad Mortuary.

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

War time veteran _____.

Lot 10 Grave 8 Row _____ Section 100F ~~Division~~/Block 27

Grave space & Care Fund	Pre-Need	~~0~~
Additional spaces and care fund		
Opening/Closing & Setup	Pre-Need D-3890	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		

Joan Tapper
443-3539

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

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

_____
Signature of recorded holder of deed

X Joan C. Tapper
Signature
14431 Ranch Trail
Address
El Cajon, Ca 92021
City Zip Code
X 443-3539
Telephone

Work Order # E 12908

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12908

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
JAMES	MONROE	BURGESS	02/10/1907	05/20/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	JOAN TAPPER - NIECE 14431 RANCH TRAIL DRIVE EL CAJON, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	▶Karen Warrant	05/29/1996

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	Karen Warrant 05/29/1996	9608018 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF OUTSIDE CALIFORNIA, STATE COUNTRY	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 6/4/96	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 5/21/96

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

in a Double Depth Vault/Liner Funeral, date, time Wed, May 29, 11:00AM

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 $ 50

will be applied and billed to undersigned X Curtis CW

War time veteran _____.

✓ Lot 83 Grave 11 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre Need E-12597 Ø

Additional spaces and care fund .....

Opening/Closing & Setup 315.00

Burial Container ..... 7-11-96 PAID IN FULL CW ~~190.00~~ 380.00

Handling Fees ..... 291.00 CW ~~145.00~~ 290.00

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes ..... CW ~~14.73~~ 29.45

Total Due ..... CW ~~769.73~~ 1119.45

Paid receipt number V15a CW ~~769.73~~ 1119.45

Balance due ~~Ø~~ 365.00

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 Curtis Washington
Signature

X 2932 W. 132nd Place
Address

X Gardena, CA. 90249
City Zip Code

X (310) 532-1966
Telephone

Work Order # E 12909

Invoice # 2701056

Acct. # 089318

PY-593 (Rev. 8-92)

OK to Bury in Grave 11 Per Owner.
Essie Bvings
5/21/96

12909

270656	06/14/96	089318	CURTIS WASHINGTON				07/11/96	CK	4573	365.00	365.00	0.00
	F-12909		100	072	77183	000072				45.00		PAID IN FULL
			100	072	77185	000072				291.00		
			60101		78390					29.00		

MT. HOPE CEMETERY

W.O. # E-12909

NOTE

$ 365.00 San Diego, California May 21 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 Three hundred sixty five 00/00 DOLLARS with interest from June 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 X CURTIS WASHINGTON SIGNATURE X Curtis Washington

ADDRESS X 2932 W. 132nd Place

CALIFORNIA DRIVER LICENSE NUMBER X N0045398 SSN # 429-80-3979

PY-1012 (11-89)

E-12909

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 29 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
Curtis	-	Washington, Jr.	09/28/1966	05/19/1996	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	Dolly Bivings-mother 3510 K 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
California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ M. Mitchell	05/22/1996

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/22/1996	9607712 M. Mitchell ▶

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 5/24/96	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 CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-22-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kenneth W. Hawkins

in a liner Funeral, date, time Tues. 5/28 1:00

Church/ Chapel Vault/Liner Graveside church & graveside - Burial KM Mortuary.

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

War time veteran _____.

Lot 90 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund 478.75	895.00
Additional spaces and care fund	375.00
Opening/Closing & Setup	
Burial Container ..... PAID 1248.55 on 6-20-96 by Burial	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,664.73
Paid receipt number R-47433	416.25
Balance due	1248.48

~~X mortuary to bring check for full amount on day of services~~

I hereby certify I am the X PIXIE AREVIANO of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 6660 QUEBEC CT. 4
Address

X SD CA 92139
City Zip Code

X 4790212
Telephone

Work Order # E 12910

Invoice # 270511

Acct. # 009270

PY-593 (Rev. 8-92)

L-10

MT. HOPE CEMETERY

W.O. # E- 12910

NOTE

$ 1248.48 San Diego, California May 28 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 Eight 48/100 DOLLARS with interest from June 28, 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 LEE V. HAWKINS SR SIGNATURE X Lee V. Hawkins Sr

ADDRESS X 6860 Quebec Ct #4

CALIFORNIA DRIVER LICENSE NUMBER X 9090675C SSN # X 252-46-1971

PY-1012 (11-89)

E-12910

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Kenneth	Wayne	Hawkins	03/06/1952	05/21/1996	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	Pixie Arellano-sister 6860 Quebec Court #4 San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	05/22/1996

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	05/22/1996 M. Mitchell	9607759 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/24/96	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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4-433

Date: 5-28, 19 96

From: Ca. Burial Address: 5880 El Cajon Blvd. S.D., CA. 92115

Four hundred sixteen and 18/100 Dollars ($ 416.18)

In part Payment of Interniment of Kenneth Wayne Hankins

Lot 90 Grave 3 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-12910

BALANCE DUE 1,248.30

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #2608

AC-212 (Rev. 5-94)

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

ISSUED BY Carina Jurgens

CREDIT	97007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	416	18
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	$	416	18

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-23-96

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

in a Liner (Vault/Liner) Funeral, date, time Tues. 5/28 1:00 pm

Church, Chapel, Graveside chapel/graveside Pagsdale (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. X

War time veteran _____.

✓ Lot 137 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,504.73
Paid receipt number R-47434	1,504.73
Balance due	0

PAID
MAY 28 1996
Paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

₹ Told to pick lot by Mark from Pagsdale and will bring check for full amount.

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

X _____ Signature

X Ethiopian Community of S.D. Address

X P.O. Box 16299, 92176 City Zip Code

X (619) 282-1321 Telephone

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

_____ Signature of recorded holder of deed

Work Order # E 12911

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12911

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NEGATU	MITIKU	TESFAY	05/01/1955	05/08/1996	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	F-1329	▶ Yvonne Davis	05/28/1996

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	05/28/1996 Y. DAVIS	9607905 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/31/96	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 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

47434

Date: 5-28, 19 96

From: Ethiopian Community of San Diego Address: 4039 Suite B 30th St. San Diego, CA. 92105

One thousand five sixty four & 73/100 Dollars ($ 1,504.73)

In full Payment of Interment of Negatu Tesfay

Lot 132 Grave 4 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12911

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 Surgeon

CREDIT	67007		
20% Sales Cars	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	14	73
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1,504	73

File

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-24-96

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

in a liner (Vault/Liner) Funeral, date, time May 30, 11:00 Thur

Church, Chapel, Graveside Graveside only : Lakeside / Santee Mortuary.

All Funeral cars must 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 7 Grave 1 Row _____ Section 3 Division/Block 5

Grave space & Care Fund Pre-Need B-8425	~~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-47440	769.73
Balance due	0

PAID in Full MAY 29 1996 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF

Linda 561-0797

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

X Linda Oslie
Signature

X 11550 Oak Creek Dr.
Address

X Lakeside 92040
City Zip Code

X 561-0797
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 12912

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

4-440

Date: 5/29, 19 96

From: Charles/Linda Nimon Address: 11550 Oak Creek Rd Lakeside CA 92040

Seven hundred sixty nine 73/00 Dollars ($ 769.73)

In Payment of Interment of Rose Nimon

Lot 7 Grave 1 Row Section 2 Division/Block 5

Invoice No.

Acct. No.

W.O. E 1291A

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 1025

AC-212 (Rev. 5-94)

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

ISSUED BY Karen Bak

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	325	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	23
TOTAL PAID	$	769	23

E 12 912

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 7-10-1916 79

1A. NAME OF 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	MARIE	NIMON	07/10/1916	05/24/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	CHARLES W. NIMON (HUSBAND) 11550 OAK CREEK DR. LAKESIDE, CA. 92040

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LAKESIDE-SANTEE FUNERAL CHAPEL 9640 MAINE AVE. LAKESIDE, CA.	FD-997	▶ Mae Houston	05/24/1996

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	MAE HOUSTON 05/24/1996	▶ 9608885

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 5/30/96	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.

pre-need lot & trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-24-96

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

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 205 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	TP 995.00	~~895.00~~
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 375.00	750.00
Burial Container	paid in full 01-15-1997	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	TP 2,504.45	~~2,404.45~~
Paid receipt number	R-47421	700.00
Balance due		1,804.45

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 Teresa D Pichardo
Signature
X 2912 Logan Av 1
Address
X San Diego 92113
City Zip Code
619) X696 6097
Telephone

Work Order # E 12913

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

4 211

Date: 1-15 , 19 97

From: Teresa Pichardo Address: 2912 Logan Ave. #1 San Diego 92113

One hundred eighty three and 45/100 Dollars ($ 183.45)

In Full Payment of Pre-need lot and trust

Lot 205 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12913

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 Jungen

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 5119

Date: 12-17, 19 96

From: Teresa Pichardo Address: 2912 Logan Ave #1 San Diego 92113

One Hundred Sixty two and 80/100 Dollars ($ 162.80)

In part Payment of pre-Need lot and trust

Lot 205 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12913

BALANCE DUE 103.45

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 Laura Burgos

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	162	00
Sales Tax	60101 78390		
TOTAL PAID	$	162	80

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40034

Date: 11-18 19 96

From: Teresa Pichardo Address: 2912 Logan AVE. #1 S.D. 92113

Two hundred forty three and no/100 Dollars ($ 243.00)

In part Payment of pre-need lot and trust

Lot 205 Grave 10 Row _____ Section 2 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12913

BALANCE DUE 325.45

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 Carina 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	243	00
Sales Tax	60101 78390		
TOTAL PAID	$	243	00

OFFICIAL RECEIPT

47715

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-14 19 96

From: Teresa Pichardo Address: 2912 Logan Ave #1 San Diego, CA 92113

Four hundred five dollars and no/100 Dollars ($ 405.00)

In part Payment of pre-need lot and trust

Lot 205 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12913

BALANCE DUE 1054.45

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 Jurgrin

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	405	00
Sales Tax	60101 78390		
TOTAL PAID	$	405	00

OFFICIAL RECEIPT

47324

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10-17 19 96

From: Teresa Pichardo Address: 2912 Logan Ave. #1 San Diego 92113

Two hundred forty three and no/100 Dollars ($ 243.00)

In part Payment of pre-need lot and trust

Lot 205 Grave 10 Row _____ Section 2 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12913

BALANCE DUE 508.45

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

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Surgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	243	00
Sales Tax	60101 78390		
TOTAL PAID	$	243	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47 16

Date: 9-12, 19 96

From: Teresa Richardo Address: 2912 Logan Ave #1 San Diego, CA 92113

Two hundred forty three and no/100 Dollars ($ 243.00)

In part Payment of pre-need lot and trust

Lot 205 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12913

BALANCE DUE 811.45

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 Carina Durgin

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	243	00
Sales Tax	60101 78390		
TOTAL PAID		$ 243	00

OFFICIAL RECEIPT

47506

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6/11, 19 96

From: Teresa Parado Address: 2912 Logan Ave SD Ca 92113

One sixty two 00/100 Dollars ($ 162.00)

In Payment of Pre Need Lot #1 Trust

Lot 205 Grave 10 Row Section 2 Division Block 13

Invoice No.

Acct. No.

W.O. E-12913

BALANCE DUE 1702.45

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 Ramstak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	162	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	$	162	00

OFFICIAL RECEIPT

47421

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-24 19 96

From: Teresa D Pichardo Address: 2912 Logan Ave. #1 S.D. Ca. 92113

Seven hundred and no/100 Dollars ($ 700.00)

In Part Payment of pre-need lot and trust

Lot 205 Grave 10 Row Section 2 Division Block 22

Invoice No.

Acct. No.

W.O. E-12913

BALANCE DUE 1,864.45

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 Cathia Durgin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	700	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	$	700	00

OFFICIAL RECEIPT

47609

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-12, 19 90

From: Teresa Pichardo Address: 2912 Logan Ave #1 San Diego, Ca. 92113

Two hundred forty three and no/100 Dollars ($ 243.00)

In part Payment of pre-need lot and trust

Lot 205 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12913

BALANCE DUE 1459.45

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

AC-212 (Rev. 5-84)

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

ISSUED BY Carina Duron

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	133	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	110	00
Sales Tax	60101 78390		
TOTAL PAID	$	243	00

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot and E-12913 Trust

Teresa Pichardo
2912 Logan Ave, #1
san Diego, CA 92113
(205-10-2-12)

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 ▶ $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa Pichardo

ADDRESS 2952 Logan 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

ACCOUNT No. Pre-need Lot and Trust E-12913

Teresa Pichardo
2912 Logan Ave. #1
San Diego, CA 92113
(205-10-2-12)

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. ▶ $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa Pichardo

ADDRESS 2912 #2 2912 Logan Ave

CITY San Diego STATE CA ZIP 92113

☐ 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 and E-12913 Trust

Teresa Pichardo
2912 Logan Ave, #1
San Diego, CA 92113
(205-10-2-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa D Pichardo

ADDRESS 2912 Logan Ave #1

CITY San Diego STATE CA ZIP 92113

☐ 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 E-12913 Trust

Teresa Pichardo
2912 Logan Ave. #1
San Diego, CA 92113
(205-10-2-12)

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: ▶ $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa J Pichardo

ADDRESS 2912 Logan Ave #1

CITY San Diego STATE CA ZIP 92113

☐ 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 and Trust

Teresa Pichardo
2912 Logan Ave, #1
San Diego, CA 92113
(205-10-2-12)

E12913

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 ▶ $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa J Pichardo

ADDRESS 2912 Logan Ave #1

CITY San Diego STATE CA ZIP 92113

☐ 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 E-12913 Trust

Teresa Pichardo
2912 Logan Ave. #1
San Diego, CA 92113
(205-10-2-12)

E12913

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. ▶ $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa Pichardo

ADDRESS 2912 Logan Ave # 1

CITY San Diego STATE CA ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. Pre-paid Lot and Trust

Teresa Pichardo

2912 Logan Ave, #1

San Diego, CA 92113

(205-10-2-12)

E1291B

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. $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa Pichardo

ADDRESS 2912a Logan Ave #1

CITY San Diego STATE CA ZIP 92113

☐ 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 and Trust E12913

Teresa Pichardo
2912 Logan Ave. #1
San Diego, CA 92113
(205-10-2-12)

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. ▶ $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa Pichardo

ADDRESS 2912 Logan Ave #1

CITY San Diego STATE CA ZIP 92113

☐ 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 and E-12913 Trust

Teresa Pichardo

2912 Logan Ave, #1 E1291B

San Diego, CA 92113

(205-10-2-12)

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa Pichardo

ADDRESS 2912 Logan Ave #1

CITY San Diego STATE CA ZIP 92113

☐ 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 E-12913

Teresa Pichardo
2912 Logan Ave. #1
San Diego, CA 92113
(205-10-2-12)

E12713

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. $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa Pichardo

ADDRESS 2912 Logan Ave 1

CITY San Diego STATE CA ZIP 92113

☐ 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 E-12913 Trust

Teresa Pichardo
2912 Logan Ave, #1
San Diego, CA 92113
(205-10-2-12)

E12113

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. $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa D Pichardo

ADDRESS 2912 Logan Ave #1

CITY San Diego STATE CA ZIP 92113

☐ 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 and E-12913
Trust

Teresa Pichardo
2912 Logan Ave. #1
San Diego, CA 92113
(205-10-2-12)

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. $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa D Richardo

ADDRESS 2912 Logan Ave #1

CITY San Diego STATE CA ZIP 92113

☐ 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 [illegible] Trust

Teresa Pichardo
2912 Logan Ave, #1
San Diego, CA 92113
(205-10-2-12)

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. $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa D Pichardo

ADDRESS 2912 Logan Ave #1

CITY San Diego STATE CA ZIP 92113

☐ 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 Deed B-13913 Trust

Teresa Pichardo
2912 Logan Ave. #1
San Diego, CA 92113
(205-10-2-12)

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. $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa Pichardo

ADDRESS 2912 Logan Ave #1

CITY SD STATE CA ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Good Lot [illegible] Trust

Teresa Pichardo

2912 Logan Ave, #1

San Diego, CA 92113

(205-10-2-12)

COUPON 15

E 12913

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. $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa Pichardo

ADDRESS 2912 Logan Ave #1

CITY SD STATE CA ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance

COUPON 16

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] Trust

Teresa Pichardo
2912 Logan Ave. #1
San Diego, CA 92113
(205-10-2-12)

E 12913

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. $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa Pichardo

ADDRESS 2912 Logan Ave #1

CITY SD STATE CA ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Teresa Pichardo
2912 Logan Ave, #1
San Diego, CA 92113
(22)-10-2-12)

E-12913

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 ▶ $ 51.00

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

$

Amount Received $

NAME Teresa Pichardo

ADDRESS 2912 Logan Ave #1

CITY SD STATE CA ZIP 92113

☐ check (✓) if this is new address

...ng one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK.

ACCOUNT No. Irrevocable Life Insurance Trust

Teresa Pichardo
2912 Logan Ave, #1
San Diego, CA 92113
(205-10-2-12)

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. ▶ $ 61.00

Amount due if paid more than ___ days after due date above. 10 DAYS ▶ $

$

Amount Received $

NAME Teresa Pichardo

ADDRESS 2912 Logan Ave #1

CITY SD STATE CA ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Overland Lot and Trust 5-1293

Teresa Picardo
2912 Logan Ave. #1
San Diego, CA 92113
(205-10-2-12)

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. ▶ $ 01.00

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

$

Amount Received $

NAME Teresa Picardo

ADDRESS 2912 Logan Ave #1

CITY SD STATE CA ZIP 92113

☐ 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 and [illegible] Trust

Teresa Pichardo
2912 Logan Ave, #1
San Diego, CA 92113
(205-10-2-12)

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above ▶ $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa Pichardo

ADDRESS 2912 Logan Ave #1

CITY SD STATE CA ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Teresa Pichardo
2912 Logan Ave. #1
San Diego, CA 92113
(205-10-2-12)

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. ▶ $ 81.00

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

$ _____

Amount Received $ _____

NAME Teresa Pichardo

ADDRESS 2912 Logan Ave #1

CITY San Diego STATE CA ZIP 92113

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot and Service Trust

Teresa Pichardo
2912 Logan Ave, #1
San Diego, CA 92113
(205-10-2-12)

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. $ 82.45

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

$ _____

Amount Received $ _____

NAME Teresa Pichardo

ADDRESS 2912 Logan Ave

CITY San Diego STATE CA ZIP 92113

☐ check (✓) if this is new address

PICHARDO, TERESA E-12913

2912 Logan Avenue #1 San Diego, CA 92113

05-24	96	Pre-need Lot and Trust opened :				
		Lot 205: Grave 10: Sec. 2: Div. 12	995.00			
		Trust includes: 2 Opening/Closing; Double Crypt; 1 Handling Fee; 2 Recording Fees; 1 Tax on Crypt.	1,569. 45			2,564. 45
05-24	96	R-47421	Coupon		700.00	1,864. 45
6-11	96	R 47506	1 & 2		162.00	1702 45
7-12	96	R- 47609	3+4+5	Rem. balance to trust	243.00	1459.45
8-14	96	R- 47715	6, 7, 8, 9, 10		405.00	1054. 45
9-12	96	R-47816	11, 12, 13		243.00	811. 45
10-17	96	R-47924	14, 15, 16		243.00	568. 45
11-18	96	R-48034	17, 18, 19		243.00	325. 45
12-17	96	R-48119	20, 21		162.00	163. 45
1-16	97	R-48211	22 & 23		163.45	0

Paid in full

PICHARDO, TERESA Pre-need Lot and Trust

E-12913

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

This Agreement entered into this 24 day of May, 19 96, between Teresa D. Pichardt, 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 205, Grave 10, Row ____, Section 2, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $2,504.45 payable as follows: $ 700.00 cash herewith, the receipt of which is hereby acknowledged; $ 81.00 on the 10 day of July, 19 96; and the balance in installments of $ 82.45 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-1293

WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS ESTABLISHED FOR:

22 payments @ $81.00
23rd payment @ $82.45

X Teresa L Pichardo
Name

X 2912 Logan 1
Address

X San Diego Ca 92113

PURCHASER

X Teresa L Pichardo
Print Name

X Teresa L Pichardo
Signature

X 2912 Logan 1
Street Address (Mail)

X San Deago Ca 92113
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Catina M. Durgeon

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-29-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Denise Preston 1:00 PM ~~11:00~~

In a liner Vault/Liner Delivery Funeral, date, time 5/29/96 Wed ~~10:00~~

Church, Chapel, Graveside graveside OK ; ca Burial Mortuary

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

War time veteran _____.

Lot 90 Grave 10 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund (395.00)	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	1,564.73
Paid receipt number 47437	150.00
R-47473 250.00 Balance due	1414.73
	1164.73

Raymond Jackson

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. 1302.26

X Raymond Jackson Jr.
Signature

X 8164 FRANKLIN AVE.
Address

X EL CAJON, CA. 92020
City Zip Code

X 584-2065
Telephone

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

_____
Signature of recorded holder of deed

Invoice # 270513

Work Order # E 12914

Acct. # 089279

PY-593 (Rev. 8-92)

6-10

MT. HOPE CEMETERY W.O. # E-12914

NOTE

$ 1173.73 San Diego, California May 29 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 Seventy Three 73/100 DOLLARS with interest from June 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 X RAYMOND JACKSON, SR. SIGNATURE X Raymond Jackson Sr.

ADDRESS X 816 FRANKLIN AVE.

CALIFORNIA DRIVER LICENSE NUMBER X A9304495 CA. SSN # X 456-98-0857

PY-1012 (11-89)

E-12913

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 36

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Denise	Lanette	Preston	11/26/1959	05/19/1996	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	Raymond Jackson, Jr.-father 816 Franklin Ave. El Cajon, CA 92020

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ Mauri Mitchell	05/22/1996

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	05/22/1996 M. Mitchell	9607743 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/24/96	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 CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS –	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED –	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION –	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

COPY 2 IS RETAINED BY 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

E-12914 47437

MOUNT HOPE CEMETERY
527-3400

Date: 5-29, 1996

From: George Mesa Address: 4161 Central Ave SD 92105

One Hundred fifty Dollars ($ 150.00)

In part Payment of Interment of Denise Preston

Lot 90 Grave 10 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12914

BALANCE DUE 1173.73

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

358

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	150	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47473

Date: 6/5, 19 96

From: CH Burial Address: 5880 El Cajon Blvd San Diego 92115

Two hundred forty one Dollars ($ 241.00)

In Payment of Interment of Denise Preston

Lot 90 Grave 10 Row Section 3 Division/Block 12

Invoice No.

Acct. No.

W.O. E-12914

BALANCE DUE 1,164.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 2624

AC-212 (Rev. 5-94)

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

ISSUED BY Karyn B K

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	250	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	$	250	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-28-96

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

in a _____ Funeral, date, time Tues. 6/4 2:00 pm

Vault/Liner

Church, Chapel, Graveside Delivery Only ; merkley mitchell Mortuary

Tom

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 295- Scott will be applied and billed to undersigned. _____

War time veteran _____.

Lot 453 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	104.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	449.00
Paid receipt number R- 47607	449.00
Balance due 7-11-96	0

Katherine Howard 694-3507 Creditors Claim 6-13-96

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 12915

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12915

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
2 ALBERT	-	SALAZAR	11/26/1922	05/17/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KATHERINE 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	▶	05/28/1996

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	05/29/1996 T.C. MITCHELL	9607944 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6/4/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, 571 J CRANE STREET, LAKE ELSINORE, CA 92530	12B. DATE CREMATED 5-30-96	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

47607

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-11, 1996

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

Four Hundred Forty Nine Dollars ($ 449.00)

In full Payment of Interment of Albert Salazar

Lot 453 Grave _____ Row _____ Section 4 Division Block 8

Invoice No. _____

Acct. No. _____

W.O. E-12915

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

141948

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	300	00
Opening/ Closing	100 77181	104	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	$	449	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-28-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Fortson (FORTSON)

in a liner (Vault/Liner) Funeral, date, time Thur 5-30 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 $ X 150.00 will be applied and billed to undersigned. gw

War time veteran _____.

✓ Lot 280 Grave 6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	479.00	895.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	7-16-96 PAID IN FULL	190.00
Handling Fees		145.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		14.73
30 Day note Total Due		1,669.73
Paid receipt number R-47437		416.00
Balance due		1,248.73

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.

+ Geraldene Williams
Signature
+ 2344 AMELIA ISL. DR
Address
+ CHULA VISTA 92113
City Zip Code
+ 656-2627
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 12916

Invoice # 270512

Acct. # 089271

PY-593 (Rev. 8-92)

6-10

MT. HOPE CEMETERY

W.O. # E-12916

NOTE

$ 1,248.73 San Diego, California May 28 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 forty eight and 73/100 DOLLARS with interest from June 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 GERALDINE WILLIAMS SIGNATURE X Geraldine Williams

ADDRESS X 2344 Amelia Asland Dr. Chula Vista, Ca 91915

CALIFORNIA DRIVER LICENSE NUMBER X M0138924 SSN # X 557-60-3493

PY-1012 (11-89)

12916

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	-	FORTSON	06/03/1915	05/26/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF.	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GERALDINE F. WILLIAMS-DAUGHTER 2344 AMELIA ISLAND DRIVE CHULA VISTA, CA 91915

7A. TYPED NAME AND ADDRESS OF 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	▶ Graeme Davis	05/28/1996

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	05/29/1996 Y. DAVIS	9608011 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 5/30/96	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

4~432

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-28 19 96

From: Geraldine F. Williams Address: 2344 Amelia Island Dr. Chula Vista, Ca. 91915

Four hundred sixteen and no/100 Dollars ($ 416.00)

In part Payment of Interniment of Mary Forison

Lot 280 Grave 6 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12916

BALANCE DUE 1,248.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #3408

AC-212 (Rev. 5-94)

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

ISSUED BY Catriana Swagerty

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	416	00
Opening/ Closing	100 77181		
Burial Containers	100 77162		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	416	00

12916

270512	06/10/96	089271	GERALDINE WILLIAMS			07/16/96	CK	318	1,248.73	1,248.73	0.00
E-12916			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				14.73		

15 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-28-96

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

In a liner (Vault/Liner) Funeral, date, time Tues. 6/11 11:00 11:00

Church, Chapel, Graveside delivery only Ada graveside service Misty Mortuary

All Funeral cars must 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 253 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 404	795.00
Additional spaces and care fund	
Opening/Closing & Setup 2-19-96 PAID IN FULL	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,564.73
Paid receipt number R-47441	391.00
Balance due	1,173.73

Rose 264-4146 30 day note

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.

X _____
Signature

X 879 Gallery Court
Address

X San Diego, CA 92114-6507
City Zip Code

X 619-264-4146
Telephone

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

_____
Signature of recorded holder of deed

Invoice # 270853

Work Order # E 12917

Acct. # 089303

PY-593 (Rev. 8-92)

12917

										BALANCE
270853	06/21/96	089303	ROSELLA FILOMENA			07/19/96	CK 1062	1,173.73	1,173.73	0.00
	B- 12917		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			14.73		

MT. HOPE CEMETERY

W.O. # E-12917

NOTE

1,173.73 San Diego, California May 29 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 three & 73/100 DOLLARS with interest from June 31, 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 Rosella A. Filomeno SIGNATURE X [signature]

ADDRESS X 879 Gallery Court, San Diego, CA 92114-6507

CALIFORNIA DRIVER LICENSE NUMBER X CDL # 40176351 EXP. 2/00 SSN # X 551-55-4595

PY-1012 (11-89)

E-12917

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
ALEJANDRA	DE GUZMAN	AGUILAR	02/14/1907	05/28/1996	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	ROSELLA FILOMENA - GRANDDAUGHTER 879 GALLERY 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
A D A MORTUARY SERVICES, INC. 3444 CITRUS ST., LEMON GROVE, CA 91945	FD-1469	▶ H. Shiroma	05/30/1996

ACKNOWLEDGMENT OF APPLICANT — *I hereby acknowledge as applicant that the proposed disposition stated hereon 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	05/30/1996 M. SHIROMA	9608090 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/1/96	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

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47441

Date: 5-29, 19 94

From: G.A.& R.A. Meginness Address: 879 Gallery Court San Diego, Ca 92114

Three hundred ninety one and no/100 Dollars ($ 391.00)

In part Payment of Interment of Alejandra Aguilar

Lot 753 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12917

BALANCE DUE 1,173.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #0903

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Swafford

CREDIT 20% Sales Care	67007 77184		
60% 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 5-28-96

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

In a Double depth Crypt Funeral, date, time Fri 5/30 5/31 2:30 PM

Vault/Liner

Church, Chapel, Graveside graveside only McDougall Lydia Mortuary.

All Funeral cars must 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 THIS FUNERAL WILL TERMINATE BY 3PM !!

War time veteran _____

Lot 134 Grave 8 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	330.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	1,944.45
Paid receipt number Mastercard	1,944.45
Balance due	0

PAID
paid in full.
MAY 31 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Edward Vezirian
714-833-2211

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

X BOX 14338
Address

X IRVINE, CA 92711
City Zip Code

X (714) 833-2211
Telephone

Work Order # E 12918

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12918

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	Leonard	Vezirian	05/29/1972	05/10/1996	male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Irvine	Orange	Edward Vezirian - Father 25 Via Lucca # G-101 Irvine,CA 92715

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MacDougall Family Mortuary 1610 E. First St. Santa ANa,CA 92701	FD-740		05/30/96

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	05/30/1996	Hugh F. Stallworth M.D. 6232

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. BOXZ 6128 Santa Ana,CA 92706	P.O.Box 85222 San Diego, CA 92138

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION 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 5/31/96	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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49902

Date: 5/4, 1998

From: Kathleen Maynard Address: 4471 34th Street Unit San Diego Ca 92116

Thirty one 55/00 Dollars ($ 31.55)

In Full Payment of Temporary Mark for Peter & Mark Leonard.

Lot 134 Grave 8 Row Section 3 Division Block 1Q

Invoice No.

Acct. No.

W.O. E-10918

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 Kay Baker

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)

7/8

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-29-96

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

in a T.S. vault (Vault/Liner) Funeral, date, time Mon. 6/3 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 BH

War time veteran _____.

Lot 2416 Grave 6 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund (378)	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-47439	417.00
Balance due	1,252.38

30 day note

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

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

_____
Signature of recorded holder of deed

X _____
Signature

X5808 Radio Ct
Address

X San Diego 92114
City Zip Code

X(619) 263-5982
Telephone

Invoice # 270503

Acct. # 089269

Work Order # E 12919

PY-593 (Rev. 8-92)

6-10

MT. HOPE CEMETERY W.O. # E-12919

NOTE

1,252.38 San Diego, California May 29, 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 fifty two and 38/100 DOLLARS with interest from July 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 × Barry Harris SIGNATURE ×

ADDRESS × 5808 Radio Ct San Diego, CA 92114

CALIFORNIA DRIVER LICENSE NUMBER × N3308454 SSN # × 443-58-2923

PY-1012 (11-89)

E-12919

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS. 21

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LaShawn	Nicole	Harris	12/22/1974	05/28/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Barry Harris, Father 5808 Radio 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
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329		05/31/1996

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	05/31/1996	9608145

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/3/96	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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4:439

Date: 5-29, 1996

From: Barry & Teresa Harris Address: 5808 Radio Ct San Diego, Ca. 92114

Four hundred ~~&~~ seventeen & no/100 Dollars ($ 417.00)

In part Payment of Interment of Lashawn Harris

Lot 2660 Grave 4 Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-12919

BALANCE DUE 1,250.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #2043

AC-212 (Rev. 5-94)

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

ISSUED BY Catina M. Surgeon

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184	417	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	417	00

15 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/29/96

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

In a T5 Vault Vault/Liner Funeral, date, time 1:00-Monday, 6/3/96

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 DMB

War time veteran _____.

Lot 195 Grave 8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1,769.38
Paid receipt number R-47445	1,769.38
Balance due	0

PAID
paid in full
MAY 30 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Rose Marie Family will stop by to pick up.

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 Rose Marie B
Signature

X 4600 7ST ST
Address

X LA MESA 91941
City Zip Code

X 698-6201
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 12920

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12920

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CARRIE	-	BENN	09/21/1902	05/23/1996	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	ROSE MARIE BUTLER-DAUGHTER 4600 71ST STREET LA MESA, CA 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	F-1329	▶ Yvonne Davis	05/28/1996

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	05/31/1996 Y. DAVIS	9608144

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/3/96	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

1 445

Date: 5-30 19 96

From: Rose Marie Butler Address: 4660 71st St. La Mesa, Ca. 91941

One thousand ~~six hundred~~ Seven hundred sixty nine & 38/100 Dollars ($ 1,769.38)

In: Full Payment of Interment of Carrie Nobles Bell

Lot 195 Grave 8 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13970

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ # 7604

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Burgess

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	895	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
	100	135	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	38
TOTAL PAID	$	1,769	38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5-29-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Oliver ~~Hurd~~. William Hurd

in a liner Vault/Liner Funeral, date, time wed. 6/5 1:00

(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. BAH

War time veteran _____

Lot 204 Grave ~~2~~ 7 Row _____ Section 2 Division/~~Block~~ 12

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	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,664.73
Paid receipt number R-47465	416.00
Balance due	1,248.73
aux. Payment	1,248.73

PAID
JUL 09 1996
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 day note

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

Barbara A. Hawkins
Signature

B390 Bancroft dr.
Address

Spring Valley 91977
City Zip Code

x 466-6529
Telephone

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

_____
Signature of recorded holder of deed

Invoice # 270852

Acct. # 089302

Work Order # E 12921

PY-593 (Rev. 8-92)

E-12921

270852 06/21/96 089302	BARBARA A. HAWKINS			07/09/96 CA	CASH	1,248.73	1,248.73	0.00
E 12921	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			14.73		

MT. HOPE CEMETERY

W.O. # E-12921

NOTE

$ 1,248.73 San Diego, California May 29 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 eight & 73/00 DOLLARS with interest from July 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.

PRINT NAME Barbara A. Hawkins SIGNATURE Barbara A. Hawkins

ADDRESS 2390 Bancroft dr. Spring Valley

CALIFORNIA DRIVER LICENSE NUMBER W9054221 SSN # 561-15-8926

PY-1012 (11-89)

E-12921

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Oliver	Williams	Hurd	07/11/1944	05/25/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Barbara Hawkins, Sister 2390 Bancroft Dr. Apt. A Spring Valldy, 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]	05/29/1996

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	06/04/1996	9608268 [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 Record; 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 6/5/96	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

4 455

Date: 11-3, 19 76

From: Barbara A. Hawkin Address: 2390 Bancroft DR. Spring Valley Ca. 91977

Four hundred sixteen and no/100 Dollars ($ 416 00)

In Part Payment of Interment of Oliver William Hurd

Lot 304 Grave 7 Row Section 2 Division Block 17

Invoice No.

Acct. No.

W.O. L-17921

BALANCE DUE 1,248.73

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 Catina Duncan

CREDIT	67007		
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 78390		
TOTAL PAID	$	416	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/29/96

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Mon. 6/3 1:00

Church, Chapel, Graveside graveside : Conrad John Mortuary.

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

War time veteran _____.

Lot 2135 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund pre-need D-3240 Ø

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 874.38

Paid receipt number VISA 874.38

Balance due -0-

Loren Machart
714-248-8875
619-463-8333

4128 0032 3475 0415
expires 05-97

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12922

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12922

80

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	GORDON	MACHART	08/21/1915	05/28/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	MILDRED L. MACHART - WIFE 2618 CORONA STREET LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	▶ Karen Warrant	05/30/1996

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	Karen Warrant 05/31/1996	9608113 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6/3/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU[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

47700

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-4, 19 96

From: Seamon-Fe Monument Co Address: 3893 Imperial Ave. S.D., CA 92113

Thirteen and no/100 Dollars ($ 13.00)

In full Payment of Installation of Copper flower vase

Lot 2135 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12922

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 2391

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		
	100	13	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	13	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 5/31/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bernice Gladys Rogers (X)

in a Ash vault (Vault/Liner) Funeral, date, time Thurs. 6/6 AYD

Church, Chapel, Graveside delivery only ; At Mortuary.

All Funeral cars must arrive before 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 5 Row _____ Section 17 Division/Block 7

Grave space & Care Fund ..... Pre-need C-7065	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-47448	269.26
Balance due	0

PAID
paid in full
MAY 31 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X Donald F. Rogers - 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 Donald F. Rogers
Signature

X 441 Topaz Dr.
Address

X Pollock Pines CA 95726
City Zip Code

X 916-644-4646
Telephone

Work Order # E 12923

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12923

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 79

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BERNICE	GLADYS	ROGERS	05/21/1913	02/20/1993	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
MEDFORD	OREGON	DONALD F. ROGERS-SON 6461 TOPAZ DRIVE POLLACK PINES, CA 95726

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
DONALD F. ROGERS 6461 TOPAZ DRIVE, POLLACK PINES, CA 95726	-	▶ Donald F. Rogers	5-31-96

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	05/31/1996	▶

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 AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY SAN DIEGO, CA	11B. DATE BURIED 6/6/96	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 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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4448

Date: 5-31, 19 96

From: Donald Rogers Address: 16461 Topaz Dr. Pollock Pines, Ca.

Two hundred Sixty nine & 26/100 Dollars ($ 269.26) 95726

In full Payment of interment of Bernice G Rogers

Lot 76 Grave 5 Row Section 17 Division 7 Block

Invoice No.

Acct. No.

W.O. E-12923

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.

13867

ISSUED BY

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	00	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	26
TOTAL PAID	$	269	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

CASE#P167814

Date 5/31/96

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

in a Liner (Vault/Liner) Funeral, date, time Tues, June 4th 1:00pm

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. S.T.

War time veteran _____.

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

Grave space & Care Fund	545.00
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 2-25-97	
Recording and filing fee	45.00
Sales taxes 6-14	14.73
Total Due	1314.73
Paid receipt number R-48314	1314.73
Balance due	0

Atty Carol Archer 550 West C. Street # 1770 San Diego 92101 Creditor Claim

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

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

Signature of recorded holder of deed

Jacqueline Thompson
Signature

14828 Logan Ave. #202
Address

S.D. 92113
City Zip Code

264-2528
Telephone

Work Order # E 12924

Invoice # _____

Acct. # _____

PY-593 (Rev. 6-92)

Bill-Elizath
Exec.

Elizabeth S Del Pozo

231-6663

350 West C Street
San Diego, CA 92101

E-12924

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ruby	-	Brown	03/20/1929	05/27/1996	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	Jackie Thompson, Niece 4828 Logan Ave. #202 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	▶ [signature]	05/30/1996

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	06/04/1996 ▶ [signature]	9608246

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/4/96	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-12924

CAROL ARCHER
Attorney at Law
State Bar No. 110742
550 West C Street, Suite 1770
San Diego, California 92101
(619) 233-8844

Attorney for Petitioner

SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF SAN DIEGO

Estate of RUBY BROWN, *Deceased.*	Case No. SATISFACTION OF CLAIM

The undersigned hereby states and declares as follows: I hereby acknowledge receipt of funds in full satisfaction of the Creditor's Claim presented herein. I hereby withdraw the Creditor's Claim presented in this matter.

I declare under penalty of perjury, under the laws of the State of California, that the foregoing is true and correct and that this declaration is executed this 25 day of February, 1997.

By: City of San Diego

Catina M. Jurgeon

OFFICIAL RECEIPT

4 314

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY
527-3400

Date: 2-25, 19 97

From: Elizabeth S. Del Pozo Address: 550 West C St. Ste 1770 S.D. 92101

One thousand three hundred fourteen and 73/100 Dollars ($ 1314.73)

In full Payment of Interment of Ruby Binion

Lot 12 Grave 4 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12924

BALANCE DUE 0

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 Surgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	545	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	$	1314	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/1/96

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

in a T.S. Vault (Vault/Liner) Funeral, date, time Wed. 6-5 11:00

Church, Chapel, Graveside Viewing / Graveside; Wilson & Graham 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. P.V.D

War time veteran _____.

Lot 3842 Grave _____ Row _____ Section _____ Division/Block 10

PAID
paid in full
JUN 05 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Grave space & Care Fund ... Free	1095.00
Additional spaces and care fund ...	
Opening/Closing & Setup ...	375.00
Burial Container ...	250.00
Handling Fees ...	185.00
Flower vases – Marker setting fee ... Temporary marker	31.55
Recording and filing fee ...	45.00
Sales taxes ...	19.38
Total Due ...	2000.93
Paid receipt number R-47469	2,000.93
Balance due	0

Vicky at 209-688-1221

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 Paula Victoria Day
Signature
X 4517 Capewood Dr
Address
X Salida Ca 95368
City Zip Code
X 209-545-5403
Telephone

Work Order # E 12925

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12925

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 74 558332

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Natalie	Martha	Conroy	01/26/1922	05/29/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Riverside	Riverside	Paula V. Day - Daughter 4517 Capewood Dr. Salida, CA 95368

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Acheson & Graham Garden of Prayer Mortuary 7944 Magnolia Ave. Riverside, CA 92504	1021	▶ [signature]	6/04/1996

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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	Herbert A. Giese, Jr. MD/ ▶ [signature]

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
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 6/5/96	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

4:469

Date: 6-5, 19 96

From: Acheson+Graham Garden of Prayer Mort. Address: 7944 Magnolia Ave. Riverside, Ca. 92504

Two Thousand and no/100 Dollars ($ 2,000.93)

In Full Payment of Interment of Natalie Conrey

Lot 3842 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12925

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
#03827577

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	1095	00
80% Sales of Lots	100 77184	375	00
Opening/ Closing	100 77181	270	00
Burial Containers	100 77182	195	00
Handling Fee	100 77185	45	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	20	93
TOTAL PAID	$	2,000	93

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/3/96

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

in a T-Vault (Vault/Liner) Funeral, date, time Thur Jun 6 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. [illegible]

War time veteran _____.

Lot 360 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	85.00
Flower vases – Marker setting fee	
Recording and filing fee	15.00
Sales taxes	19.38
Total Due	1869.38
Paid receipt number R- 47450	1869.38
Balance due	0

PAID
JUN 03 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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 Benny C Brown Sr
Signature

X 4276 Ocean View Bl
Address

X San Diego 92113
City Zip Code

X 264-2727
Telephone

Work Order # E 12926

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12926

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3-8-1995

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Benny	Charles	Brown, Jr.	03/08/1975	05/30/1996	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	Coretha Thompson, Grandmother 3541 Marlesta Dr. San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶	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	06/06/1996	9608377 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/6/96	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 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

4 450

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 6/31 19 96

From: Terriel Thompson Benny Brown Sr. Address: 4276 Oceanview Blvd S.D. 92113

One thousand eight hundred sixty nine 38/00 Dollars ($ 1869.38)

In Full Payment of Interment of Benny Brown

Lot 360 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-12926

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 Karen Bak

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	995	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	80101 78390	19	38
TOTAL PAID	$	1869	38

AC-212 (Rev. 5-94)

File

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-3-96

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

in a liner (Vault/Liner) Funeral, date, time Fri 6-7 11:30

Church, Chapel, Graveside Graveside : Lewis Colonial (Mortuary)

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 4443 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-Need C-9011 0

Additional spaces and care fund ..... " " 0

Opening/Closing & Setup ..... " " 0

Burial Container ..... " " 0

Handling Fees ..... " " 0

Flower vases – Marker setting fee ..... " " 0

Recording and filing fee ..... " " 0

Sales taxes ..... " " 0

Total Due ..... _____

Paid receipt number _____ ~~0~~

Balance due _____

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12927

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12927

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
CHARLOTTE	C.	PROFFITT	06/09/1910	05/31/1996	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	GARY L. PROFFITT - SON 812½ SOUTH SILVER FIR ROAD WALNUT, CA 91789

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD 480	▶	06/03/1996

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	06/03/1996	▶

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

- [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 MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6/7/96	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.

Pre-need
Lot + Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-3-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daniel Bauer + Carmen Y. Bauer and

in a Double Depth Crypt Funeral, date, time Daniel J. Bauer
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 14 Grave 6 Row _____ Section 5 Division/Block 6

Grave space & Care Fund	1495.00
Additional spaces and care fund	
Opening/Closing & Setup 2 at 375.00	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee 2 at 45.00	90.00
Sales taxes	29.45
Total Due	3064.45
Paid receipt number R 47452	3064.45
Balance due	0

PAID
JUN 11 32 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

Daniel C. Bauer
Signature
1754 VIA COSTINA
Address
SAN DIEGO CA 92173
City Zip Code
428-0182
Telephone

Work Order # E 12928

Invoice # _____

Acct. # _____

PY-583 (Rev. 8-92)

OFFICIAL RECEIPT

47452

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 6-3, 1996

From: Daniel & Carmen Bauer Address: 1754 Via Costina San Ysidro 92173

three thousand sixty four & 45/100 Dollars ($ 3064.45)

In full Payment of Pre Need Lot & Trust

Lot 14 Grave 6 Row Section 5 Division Block 6

Invoice No.

Acct. No.

W.O. E-12928

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

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

ISSUED BY S. Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	1495	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	1569	45
Sales Tax	60101 78390		
TOTAL PAID	$	3064	45

AC-212 (Rev. 5-94)

E-12928

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

June 3, 1996

Daniel & Carmen Bauer
1754 via Costina
San Diego, Calif. 92173

Reference: Pre-Need Lot & Trust
W. O. #E-12928

Mr. & Mrs. Bauer:

Thank you for your recent purchase of a pre-need lot and trust.

You have purchased Lot 14; Grave 6; Section 5; Division 6. Your pre-pre-need trust includes the following: Two (2) Opening/Closings of the gravesite; one (1) double depth crypt; the handling fee to install the crypt; two (2) recording/filing fees; and the tax on the crypt.

If you have any questions, or if we can be of any further assistance to you, please contact us.

Sincerely,

JoAnn Waits,
Cemetery Manager

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust

Date 6-3-96

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

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 12 Grave 13 Row _____ Section 5 Division/Block 6

Grave space & Care Fund Pre-Need D-6515 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 _____

PAID
JUN 04 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO

Total Due 769.73

Paid receipt number R-47456 769.73

Balance due 0

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

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

_____
Signature of recorded holder of deed

× Carmen G Bauer
Signature

× 1754 Via Cortina
Address

× San Ysidro CA 92173
City Zip Code

× (619) 428-0182
Telephone

Work Order # E 12929

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

4456

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-3, 1996

From: Carmen Bauer Address: 1754 Via Costeria San Ysidro 92173

Seven hundred Sixty Nine & 73/100 Dollars ($ 769.73)

In full Payment of Pre-Need trust
Arthur Bauer

Lot 12 Grave 13 Row Section 5 Division Block 6

Invoice No.

Acct. No.

W.O. 0

BALANCE DUE E-12929

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 7543

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	769	73
Sales Tax	80101 78390		
TOTAL PAID	$	769	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/3/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jeong Hom PA 1198246

in a Liner (Vault/Liner) Funeral, date, time Wed June 5, 1996 1000

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 72 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 PD 7-15-96	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number _____	
Balance due	

Katherine Haubard

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 12930

Invoice # 270854

Acct. # 000952

PY-593 (Rev. 8-92)

E-12930

											BALANCE
270856	06/21/96	000952	COUNTY OF SAN DIEGO			07/15/96	CK	122548	386.00	386.00	0.00
	E - 12930	KOH	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		

E-12930

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JEONG	-	HOM	08/19/1915	05/28/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KATHERINE 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	▶ [signature]	06/03/1996

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	06/03/1996 T.C. MITCHELL	9608212 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/5/96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/3/96

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

in a Liner (Vault/Liner) Funeral, date, time Wed Jun 5, 11:00

Church, Chapel, Graveside Chapel/Graveside Ragsdale Mortuary.

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

will be applied and billed to undersigned. XB

War time veteran _____.

Lot 3797 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	14.73
Total Due	1764.73
Paid receipt number R 47457	1764.73
Balance due	0

PAID
JUN 04 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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 Angelo Barth
Signature

x 6551 Utica Ct.
Address

x San Diego 92139
City Zip Code

x 470-5078
Telephone

Work Order # E 12931

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

47457

Date: 6-4, 19 96

From: Darian Battle Address: 6551 Vista Ct. SD 92139

One Thousand Seven Hundred Sixty four & 73/100 Dollars ($ 1764.73)

In full Payment of Interment of Margaret Myers

Lot 3797 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E-12931

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. Shelton

CREDIT	67007		
20% Sales Care	77184	995	00
80% Sales of Lots	100 77184	375	00
Opening/ Closing	100 77181	190	00
Burial Containers	100 77182	145	00
Handling Fee	100 77185	45	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1764	73

E-12931

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	-	Myers	02/22/1913	05/31/1996	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	Gloria Battle, Daughter 6551 Utica Ct. 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	▶ Debbie Wallace	05/03/1996

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	06/05/1996	9608304

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/5/96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-4-96

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

in a liner (Vault/Liner) Funeral, date, time Fri 6-7 1:00

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

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

War time veteran _____.

Lot 87 Grave 5 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container PAID IN	190.00
Handling Fees FULL	145.00
Flower vases – Marker setting fee 7-2-96	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-47492	391.00
Balance due	1173.73

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

+ Althea Hanley
Signature

+ 5218 J Street
Address

+ San Diego CA 92102
City Zip Code

+ 233-4079
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 12932

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12932

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Kimberly	-	Bosley	09/23/1972	06/01/1996	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF.,	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Othree Hendrix-mother 3218 J 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
California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	06/05/1996

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.

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/05/1996	9608317 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 6/7/96	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.

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

E-12932

STATEMENT

TELEPHONE: 527-3400

DATE	YOUR ORDER NO.
June 13, 1996	

TO:
CALIFORNIA BURIAL
5880 EL CAJON BLVD.
SAN DIEGO, CA 92115

DESCRIPTION OF CHARGE	AMOUNT
Kimberley Bosley Services	
Lot 87 Gr 5 Sec 3 Div 12	$ 795.00
Opening/Closing	375.00
Liner	190.00
Handling Fee	145.00
Recording Fee	45.00
Tax on liner	14.73
	1,564.73
Less Payment Receipt 47492	391.00-
Balance Due	$1,173.73

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47432

Date: 11-7, 19 96

From: CA Burial Address: 5880 El Cajon Blvd San Diego CA. 92115

Three hundred ninety one and no/100 Dollars ($ 391.00)

In PART Payment of Interment of Kimberly Brown

Lot 87 Grave 5 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12938

BALANCE DUE 1173.73

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

#21646

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Wright

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47553

Date: 7/2, 19 96

From: Ca Burial Address: 5880 El Cajon Blvd SD 92115

One Thousand One Hundred Seventy Three & 73/00 Dollars ($ 1173.73)

In full Payment of Interment of Kimberley Bailey

Lot 87 Grave 5 Row Section 3 Division Block R

Invoice No.

Acct. No.

W.O. E-12932

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2691

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	404	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	48	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1173	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/4/96

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

in a ~~TS Vault~~ #7 liner Funeral, date, time Thur. June 6, 11:00
Vault/Liner

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. AYR

War time veteran _____.

Lot 58 Grave 12 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	Pre Need E 9479	Ø
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	220.00	~~250.00~~
Handling Fees	145.00	~~185.00~~
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes	17.05	~~19.38~~
Total Due	802.05	~~874.38~~
Paid receipt number	R-47480	219.00
Balance due		583.05
Aux. Copy		583.05

PAID
JUL 02 1996
paid in full.
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

CA Burial will bring 2 50% down

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 Angela J. Rozas
Signature

x 348 Agua Vista Way
Address

x San Diego CA 92114
City Zip Code

x 2629787
Telephone

Work Order # E 12933

Invoice # 270657

Acct. # 089317

PY-593 (Rev. 8-92)

E-12933

270657	06/14/96	089317	ANGELA ROZAR			07/02/96	CK 149	583.05	583.05	0.00
	E-12933		100	072	77181	000072		156.00		PAID IN FULL
			100	072	77182	000072		220.00		
			100	072	77183	000072		45.00		
			100	072	77185	000072		145.00		
			60101		78390			17.05		

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47556

Date: 7-2, 19 94

From: Angela Y. Rozar Address: 403 Aqua Vista Way S.D., Ca. 92114

One hundred thirty five and no/100 Dollars ($ 135.00)

In full Payment of Bronze Marker setting Fee for Alleta Stephens

Lot 58 Grave 12 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-12933

BALANCE DUE X

Pre-Need Lot ☐ 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 M. Wilson

CREDIT	67007		
20% Sales Cers	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	80101 78390		
TOTAL PAID	$	135	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47400

Date: 6-16, 19 96

From: Ca. Burial Address: 5580 El Cajon Blvd San Diego, Ca. 92115

Two hundred nineteen and no/100 Dollars ($ 219.00)

In Part Payment of Interment of Alberta Stephens

Lot 58 Grave 12 Row ____ Section 1 Division II Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12933

BALANCE DUE 583.05

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7633

AC-212 (Rev. 5-94)

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

ISSUED BY Celina Zuniga

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	219	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	$	219	00

MT. HOPE CEMETERY W.O. # E-12933

NOTE

$ 583.05 San Diego, California June 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 Five Hundred Eighty Three & 05/100 DOLLARS with interest from July 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 Angela Rozar SIGNATURE X Angela Rozar

ADDRESS X 403 Agua Vista Way

CALIFORNIA DRIVER LICENSE NUMBER X C3908599 SSN # X 570-37-1508

PY-1012 (11-89)

MT. HOPE CEMETERY

W.O. # E-12933

NOTE

$ 655.38 San Diego, California June 4 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 Six hundred fifty five 38/00 DOLLARS with interest from July 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.

PRINT NAME X Angela Y. Rozar SIGNATURE X Angela Y. Rozar

ADDRESS X 348 Agua Vista Way

CALIFORNIA DRIVER LICENSE NUMBER X C3908599 SSN # 570371508

PY-1012 (11-89)

E-12933

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ALBERTA	CORINNE	STEPHENS	08/29/1936	06/02/1996	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	ANGELA ROZAR-DAUGHTER 403 AGUA VISTA 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ M. Mitchell	06/05/1996

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7117(f) of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/05/1996 M. MITCHELL	9608341 ▶

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 TO BE HELD AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

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

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-4-96

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

in a liner Funeral, date, time 6/7 FRI. 10:30

Vault/Liner

(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

War time veteran _____

Lot 194 Grave 9 Row _____ Section 2 Division/~~Block~~ 12

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		
Recording and filing fee		45.00
Sales taxes		14.73
Total Due		1,664.73
Paid receipt number R-47470		416.00
Balance due		1248.73

PAID
paid in full
JUL 26 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 day note

1248.73

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

X Luther Shaw
Signature

X 745 Dominion St.
Address

X San Diego 92113
City Zip Code

X 262-7014
Telephone

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

_____
Signature of recorded holder of deed

Invoice # 270855

Work Order # E 12934

Acct. # ~~089~~ 089301

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12934

NOTE

$ 1,248.73 San Diego, California June 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 forty eight 73/100 DOLLARS with interest from July 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 Luther SHAW SIGNATURE X Luther Shaw

ADDRESS X 745 Dominion St San Diego Ca 92113

CALIFORNIA DRIVER LICENSE NUMBER X E0101196 SSN # X 430-88-8480

PY-1012 (11-89)

E-12934

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Millie	Ophelia	Shaw	02/15/1912	06/01/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	Luther Shaw, Son 745 Dominion 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	▶ Robert Williams	06/06/1996

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	06/07/1996	9608461

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/7/96	11C. SIGNATURE OF PERSON IN CHARGE OF BU ▶ Walt	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

E-12934

MAKE REMITTANCE PAYABLE TO CITY TREASURER.
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

LUTHER SHAW
745 DOMINION STREET
SAN DIEGO CA 92113

ACCT NO
089301

TREASURERS USE ONLY

PAYMENT DATE 7-26-96
BY: CA CK IF #709 and
PAYMENT REF NO #983 | AMT PAID: 1248.73

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
06/21/96	07/21/96	MAY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-12934
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
MILLIE OPHELIA SHAW SERVICES	
LOT 194 GR 9 SEC 2 DIVN 12	895.00
OPENING/CLOSING	375.00
LINER	190.00
HANDLING FEE	145.00
TAX ON LINER	14.73
RECORDING FEE	45.00
LESS PAYMENT R-47470	416.00-
TOTAL DUE	1,248.73

PAID
JUL 26 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

AC-22 (REV 10/95)

RETURN WITH PAYMENT INV NO. 270855

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47470

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

MOUNT HOPE CEMETERY
527-3400

Date: 6-5 19 96

From: Luther Shaw Address: 745 Dominion St. San Diego, Ca. 92113

Four hundred sixteen and no/100 Dollars ($ 416.00)

In part Payment of Interment of Millie Ophelia Shaw

Lot 194 Grave 9 Row ____ Section 2 Division 12 Block

Invoice No. ____

Acct. No. ____

W.O. E-12934

BALANCE DUE 1,248.73

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

#529

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	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	60101 78390		
TOTAL PAID	$	416	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-4-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Rosalind Hill~~ Rosalind Renee Hill

in a liner Funeral, date, time 6-7 FRI. 1:00

(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

War time veteran _____.

✓ Lot 964 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	554	995.00
Additional spaces and care fund		
Opening/Closing & Setup	PAID in Full 7-2-96	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
30 day note	Total Due	1,764.73
	Paid receipt number R-47467 pd 5/13/96	441.00
	Balance due	1,323.73

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 Sonseahray Henry
Signature
X 911 Kelton Rd
Address
X San Diego, CA 92114
City Zip Code
X 263 7318
Telephone

Invoice # 270515

Work Order # E 12935

Acct. # 089374

PY-593 (Rev. 8-92)

6-10

MT. HOPE CEMETERY

W.O. # E-12935

NOTE

1,323.73 San Diego, California June 5 19 94

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 three & 73/100 DOLLARS with interest from July 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 Sonseeahray Henry SIGNATURE X Sonseeahray Henry

ADDRESS X 911 Kelton Rd S.D. CA 92114

CALIFORNIA DRIVER LICENSE NUMBER X C5652940 SSN # X 553 08 8880

PY-1012 (11-89)

47709

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-12, 19 96

From: Tracy Helvig Address: 3450 37th St #F SD, CA 92105

Dollars ($)

In full Payment of installation of galvanized flower vase for Rosalind Hill.

Lot 964 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12935

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 Jurgen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	10	00
	100	13	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		78
TOTAL PAID	$	23	78

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

4:467

Date: 6-5, 19 96

From: Sonseeahray Henry Address: 711 Kelton Rd. San Diego, Ca. 92114

Four hundred Forty One & 10/100 Dollars ($ 441.00)

In Part Payment of Interment of Rosalind Renee Hill

Lot 964 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12935

BALANCE DUE 1,373.73

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 Catina M. Durant

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	441	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	441	00

E-12935

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 47

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Rosalind	Renee	Hill	01/27/1949	05/31/1996	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	Rodney Hill, Son 911 Kelton 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	▶ Debbie Wallin	06/06/1996

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	06/06/1996	9608429

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/11/96	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.

1295

					07/02/96 CK 102		1,323.73	1,323.73	0.00
270515	06/10/96	089274	SONSEEAHRAY HENRY						PAID IN FULL
			100	072	77181	000072	1,323.73		
			100	072	77182	000072	375.00		
			100	072	77183	000072	190.00		
			100	072	77184	000072	45.00		
			100	072	77185	000072	554.00		
			60101		78390		145.00		
							14.73		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-4-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Ernest Henry~~ Ernest Evans Henry

in a liner (Vault/Liner) Funeral, date, time 6-7 Fri. 1:00

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 SH

War time veteran _____.

Lot 963 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund 554	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	1,764.73
Paid receipt number R-47468	441.00
Balance due	1,323.73

PAID IN FULL 7-2-96

30 day note

Paid 7/2/96

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 Donsellahray Henry
Signature

x 911 Kelton Rd
Address

x San Diego, CA 92114
City Zip Code

x 263-7318
Telephone

Work Order # E 12936

Invoice # 270514

Acct. # 089273

PY-593 (Rev. 8-92)

6-10

12436

270514	06/10/96	089273	SONSEEAHRAY HENRY			07/02/96	CK	101	1,323.73	1,323.73	0.00
			F-W936 Henry	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		554.00		
				100	072	77185	000072		145.00		
				60101		78390			14.73		

MT. HOPE CEMETERY

W.O. # E-12936

NOTE

$ 1,323.73 San Diego, California June 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 three hundred twenty three + 73/100 DOLLARS with interest from July 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 Sonseeahray Henry SIGNATURE Sonseeahray Henry

ADDRESS 911 Kelton Rd S.D. CA 92114

CALIFORNIA DRIVER LICENSE NUMBER C5605294D SSN # 553 08 8880

PY-1012 (11-89)

E-12936

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 53 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
Ernest	Evans	Henry	04/25/1943	05/31/1996	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	Rodney Hill, Son 911 Kettner 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	▶ [signature]	06/06/1996

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	06/06/1996	9608428 ▶ [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 6/7/96	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

4:468

Date: 6-5 19 96

From: Sunseeahray Henry Address: 911 Kelton Rd. San Diego, Ca. 92114

Four hundred forty one & 00/100 Dollars ($ 441.00)

In part Payment of Interment of Ernest Henry

Lot 963 Grave Row Section Division ID Block

Invoice No.

Acct. No.

W.O. E-129316

BALANCE DUE 1,323.73

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 Catrina M. Wright

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	441	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	441	00

Mock set up 11:30

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/5/96

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

in a _____ Vault/Liner Funeral, date, time Thu 10:00

Church, Chapel, Graveside Church 10:00 Ragsdale Debbie Mortuary.

All Funeral cars must arrive before 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 Mock Set-up	50.00
Sales taxes	
Total Due	50.00
Paid receipt number R-47475	50.00
Balance due	0

PAID
JUN 06 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CAL.

Veteran Area

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 12937

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47475

Date: 5-6, 1996

From: Ragsdale Address: 5050 Federal Blvd SD 92102

Fifty Dollars ($ 50.00)

In full Payment of mock set-up

Dennis Freeman

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-12937

BALANCE DUE 0

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	50	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 5-94)

Pre-need
~~at HUST~~

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-5-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Gail Brown Devron~~ Eugene ~~Fuess~~ Fuess

in a liner Vault/Liner Funeral, date, time Tues 6-25 2:00

Church, Chapel, Graveside direct burial : Mayer John Mortuary

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

War time veteran _____.

Lot 137 Grave 5 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,564.73
Paid receipt number R-47537	1,564.73
Balance due	0

PAID
paid in full
JUN 25 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

281-7055
John from mayer requested us to pick out the lot

See fax copy for signature

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 12938

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12938

INTERMENT ORDER

10-5-96

Lot 132 Space 5 Tier Section 11

795.00

375.00
140.00
145.00

45.00
14.73

1,524.73

12938

E-12938

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 78

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Eugene	-	Fuess	02/03/1918	06/17/1996	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Funeral director's permit	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶	06/24/1996

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	06/24/1996 James Hale	9609163 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/28	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

4-537

Date: 6-25 19 94

From: Mayer Mortuary Address: 2859 Adams Ave. San Diego, CA. 92116

One thousand five hundred sixty four & 73/100 Dollars ($ 1,564.73)

In full Payment of Government of Eugene Fueff

Lot 132 Grave 5 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. C-12938 &

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #5284

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgens

CREDIT	67007		
20% Sales Cars	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		$ 1,564	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Double Depth crypt

Date 6-6-96

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

in a ~~F.S. Vault~~ Vault/Liner Funeral, date, time TUES. 6-11 10:30

Church, Chapel, ~~Graveside~~ graveside only ; Mayer Jim Mortuary.

All Funeral cars must 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 Eddy

War time veteran _____.

✓ Lot 88 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre-need 12904 ~~0~~

Additional spaces and care fund .....

Opening/Closing & Setup..... 375.00

Burial Container..... 250.00

Handling Fees 185.00

Flower vases – Marker setting fee ..... JUN 06 1996

Recording and filing fee 45.00

Sales taxes..... MT. HOPE CEMETERY CITY of SAN DIEGO 19.38

Total Due 874.38

Paid receipt number VISA 874.38

Balance due ~~0~~

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

X Carl G. Halonen
Signature

X 2621 ARNOTT ST.
Address

X SAN DIEGO 92110
City Zip Code

X 276-5983
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 12939

Invoice # _____

Acct. # _____

PY-583 (Rev. 8-92)

E-12939

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 79

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Eunice	Vivian	Halonen	05/13/1917	06/06/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Carl A. Halonen-Husband 2621 Arnott 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 acting as permit	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶ [signature]	06/07/1996

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	06/10/1996 James Hale	9608522 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 6/11/96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-96

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

In a Liner (Vault/Liner) Funeral, date, time Mon. 6-10 2:30

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 77 Grave 5 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	129.00
Burial Container	100.00
Handling Fees	100.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	500.00
Paid receipt number R-47630	500.00
Balance due	0

PAID 7-23-96

Public Administrator John Edwards creditors claim 6-13

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 12940

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12940

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
ARTHUR	UNK	SCHENK	01/21/1919	06/02/1996	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	JOHN EDWARDS, 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	▶	06/07/1996

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	06/07/1996 T.C. MITCHELL	9608502 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/10/96	11C. SIGNATURE OF PERSON IN CHARGE OF BUR ▶	
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

47630

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

MOUNT HOPE CEMETERY

527-3400

Date: 7-23 19 96

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

Five Hundred Dollars ($ 500.00)

In full Payment of Interment of Arthur Schenk

Lot 77 Grave 5 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. F-12990

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 142725

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	126	00
Opening/ Closing	100 77181	129	00
Burial Containers	100 77182	100	00
	100	100	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 75390		
TOTAL PAID	$	500	00

LOT OWNER E-12904

HALONEN, CARL A. 2621 Arnott St. San Diego, CA 92110

NAME ADDRESS

LOT 88 GR. 5 ROW ____ SEC 3 BLK ____ DIV 12

05-20-96 Lot paid in full on E-12904.

06-06-96 Paid for T.S. Vault and all other services on E-12939 for Eunice Halonen.

06-11-96 Mr. Halonen came into office upset. He was under the impression he had paid for a Double Depth Crypt.

OVER

There seemed to be a misunderstanding between office staff and Mr. Halonen. The cemetery replaced the T.S. Vault with a Double Depth Crypt at cemetery expense for good public relations.

Mr. Halonen will owe opening/closing and recording upon his death.

E 12904

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Todd ~~Mor~~ Eric Morrow

in a # T.S. vault Funeral, date, time Tues. 6-11 11:00

Church Chapel Graveside Vault Liner chapel & graveside Ragsdale. Mortuary.

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

War time veteran _____.

✓ Lot 5030 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	003	1095.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container		250.00
Handling Fees		185.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		19.38
Total Due		1,969.38
Paid receipt number	R-47483	492.00
Balance due		1,477.38

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

X Eric E. Morrow
Signature

X 6333 Tooley St.
Address

San Diego, Ca. 92114
City Zip Code

X 264-4517
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 12941

Invoice # 270658

Acct. # 089316

PY-593 (Rev. 8-92)

E-12941

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 32

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Todd	Eric	Morrow	07/11/1963	06/04/1996	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	Willie Morrow, Father 6332 Tooley 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]	06/07/1996

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	06/10/1996	9608528 ▶ [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 6/10/96	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 W.O. # E-12941

NOTE

$ 1,477.38 San Diego, California June 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 seventy seven 38/100 DOLLARS with interest from July 11, 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 Maria E. Morrow SIGNATURE Maria E. Morrow

ADDRESS 6333 Tooley St. San Diego, Ca. 92114

CALIFORNIA DRIVER LICENSE NUMBER S0789265 SSN # 564-80-8646

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4743

Date: 4-6, 19 96

From: Willie & Gloria Morrow Address: 6333 Tooley St. San Diego, Ca. 92114

Four hundred ninety two and no/100 Dollars ($ 492.00)

In part Payment of Interment of Todd Eric Morrow

Lot 5030 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-12941

BALANCE DUE 1477.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 6908

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Surgeon

CREDIT	67007		
20% Sales Care	77184	492	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	80101 78390		
TOTAL PAID	$	492	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-96

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

in a liner (Vault/Liner) Funeral, date, time Mon 6-10 11:00

Church, Chapel, Graveside Graveside : Cypress View Mortuary Eric

All Funeral cars must 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 S. M.

War time veteran _____.

✓ Lot 114 Grave 5 Row _____ Section 9 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-47489	1664.73
Balance due	0

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

I hereby certify I am the X Great 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.

X Susie Davenport
Signature
X 7453 Gutheria Way
Address
X San Diego, Calif 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 12942

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12942

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3 06-05

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH	3. DATE OF DEATH	4. SEX
Shane	Michael	Fletcher 05-91	05/01/1993	06/05/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Tanisha L. Goodwin-Mother 10892 "C" Camino Ruiz 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
Cypress View / Bonham Brothers 3953 Imperial Ave, San Diego CA 92113	670	▶	06/07/1996

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	06/07/1996 E. Reyes	▶ 9608464

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92102	11B. DATE BURIED 6/10/96	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

4749

Date: 6-7 19 96

From: Charles Flowers Address: 1390 Cordova St SD 92114

One Thousand Six Hundred Sixty Four & 73/100 Dollars ($ 1664.73)

In full Payment of Interment of Shane Fletcher

Lot 114 Grave 5T Row ____ Section 2 Division - Block 12

Invoice No. ____

Acct. No. E-12942

W.O. ____

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 161

AC-212 (Rev. 5-94)

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

ISSUED BY D. Shelton

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	195	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1664	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-7-96

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

in a ~~T.S. Vault~~ Double Depth Crypt Funeral, date, time Tues 6-11 1:30
Vault/Liner

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. [signature]

War time veteran _____.

Lot 161 Grave 11 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	free 459	995.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	In 380.00	~~250.00~~
Handling Fees	In 320.00	~~185.00~~
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes	In 29.45	~~19.38~~
30 day note	Total Due	2,144.45
	Paid receipt number R-47490	536.00
	Balance due	1,608.45

7-10-96 PAID IN FULL

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

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

_____
Signature of recorded holder of deed

[signature]
Signature

4245 Norfolk Ave
Address

San Diego 92113
City Zip Code

263-1005
Telephone

Invoice # 270664

Acct. # 089315

Work Order # E 12943

PY-593 (Rev. 8-92)

E-12943

270664	06/14/96	089315	LINDA B. NELSON			07/10/96	E-12943	1,608.45	1,608.45	0.00
	E-12943		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		459.00		
			100	072	77185	000072		320.00		
			60101		78390			29.45		

MT. HOPE CEMETERY

W.O. # E-12943

NOTE

$ 1,008.45 San Diego, California June 7 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 six hundred eight and 45/100 DOLLARS with interest from July 11, 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 LINDA B. NELSON SIGNATURE [signature]

ADDRESS X 4245 Nordica Ave San Diego 92113

CALIFORNIA DRIVER LICENSE NUMBER X N9843234 SSN # X 169-32-6043

PY-1012 (11-89)

E-12943

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Phyllis	"B"	Murphy	05/09/1938	06/05/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Linda Nelson, Sister 4245 Nordica Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	Debbie Nelson	06/07/1996

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7054 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/11/1996	9608607

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/11/96	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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47430

Date: 6-7, 19 96

From: Louise R. Butler Address: 4345 Nordica St. San Diego, CA. 92113-4338

Five hundred thirty six and no/100 Dollars ($ 536.00)

In part Payment of interment of Phyllis Murphy

Lot 101 Grave 11 Row _____ Section 2 Division/Block 12

Invoice No. _____

Acct. No. _____

W.O. E-10943

BALANCE DUE 1,608.45

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒ 249

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgens

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	536	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	$	536	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/7/96

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

in a Liner (Vault/Liner) Funeral, date, time Thur, June 13, 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 CWms

War time veteran _____.

✓ Lot 135 Grave 6 Row ____ Section 3 Division ~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number 1154	1564.73
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 Charles N. Williams
Signature

X 568 Jewell, Ave
Address

X San Diego Ca. 92109
City Zip Code

X (619) 2640680
Telephone

Work Order # E 12944

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12944

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1888 108

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Laura	Elizabeth	Williams	01/09/1898	06/05/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Charles N. Williams, Son 568 Jewell Dr. 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 Williams	06/07/1996

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	06/12/1996	9608703

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/13/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J Wade	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-10-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mollie Rabb-Bowens

in a liner (Vault/Liner) Funeral, date, time Wed. 6-12 1:00

Church, Chapel, Graveside Church / Graveside Ca Burial Mortuary Martin

All Funeral cars must 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 90 Grave 3 Row _____ Section 3 Division/Block 17

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-47533	391.00
R-47697 Balance due	1,173.73
	1173.73

PAID
AUG 09 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Ca Burial
25% down
bill to Ca Burial 6-28-96

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 Russell Bowens
Signature
X 6140 Wunderlin Ave.
Address
X San Diego CA 92114
City Zip Code
X 263-2670
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 12945

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E- 12945

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 62

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Mollie	-	Rabb-Bowens	09/01/1933	06/06/1996	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Rumell Bowens--husband 6140 Wunderlin 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	▶ [signature]	06/10/1996

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	06/10/1996	9608545 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 6/11/96	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

4:533

Date: 6-21, 1996

From: Ca. Burial Address: 5880 El Cajon Blvd San Diego, Ca. 92115

Three hundred ninety one and no/100 Dollars ($ 391.00)

In part Payment of Interment of Mollie Rabb-Bowens

Lot 90 Grave 13 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12945

BALANCE DUE 1,173.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
#2671

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	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

47607

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-9 , 1996

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

One thousand One Hundred Seventy Three & 73/100 Dollars ($ 1173.73)

In full Payment of Interment of Mollie Ruth - Brown

Lot 90 Grave 3 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12945

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2792

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	404	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	$	1173	73

set up extra chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-10-96

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

in a liner (Vault/Liner) Funeral, date, time Wed. 6-12 2:00

Church, Chapel, Graveside Graveside : Humphrey Mortuary

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

War time veteran _____.

✓ Lot 481 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Re-Deed D-4194 -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 VISA 769.73

Balance due -0-

Mike Robert

I hereby certify I am the [illegible] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 [illegible]

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

Signature of recorded holder of deed

Address 420 Magnolia

City Chula Vista, Ca Zip Code 92010

Telephone 4270294

Work Order # E 12946

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12946

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DELPHIA	MAE	ROBERTS	02/16/1913	06/07/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Coffeyville	Kansas	Michael L. Roberts - Son 120 Mankato Street Chula Vista CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	Judith E King	06/11/1996

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	06/11/1996 J.E. King	9608594 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 6/12/96	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 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/12/96

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

in a Liner Funeral, date, time Tri 6-14 11:00

Church, Chapel, Graveside (Vault/Liner) chapel & graveside; Ca Burial Jeannette Mortuary.

All Funeral cars must 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 CS

War time veteran _____.

✓ Lot 261 Grave 6 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund 404	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-47510	391.00
Balance due	1,173.73

30-Day note

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

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

_____
Signature of recorded holder of deed

X Cynthia Smith
Signature

X 1364 South 50th st.
Address

X San Diego 92113
City Zip Code

X 578-3318 - 263-7604
Telephone

Work Order # E 12947

Invoice # 270851

Acct. # 089369

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12947

NOTE

$ 1,173.73 San Diego, California June 12 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 three and 73/100 DOLLARS with interest from July 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 X Cynthia Smith SIGNATURE X Cynthia Smith

ADDRESS X 1364 South 50th st.

CALIFORNIA DRIVER LICENSE NUMBER X C0940777 SSN # X554-17-0670

PY-1012 (11-89)

E-12947

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS AHS 33

1A. NAME OF 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	Dewayne	Smith	09/28/1963	06/09/1996	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	Cynthia D. Smith-wife 10267 Black Mountian Rd. #18 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
California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ Mark Mitchell	06/11/1996

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	06/11/1996 M. Mitchell	9608586 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/14/96	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

47510

Date: 6-12 19 94

From: Emma J. Shearer Address: Bldg S. 50th St. San Diego, Ca. 92113

Three hundred ninety one and no/100 Dollars ($ 391.00)

In Part Payment of Interrment of Michael D. Smith

Lot 201 Grave 6 Row ____ Section 2 Division 17 Block

Invoice No. ____

Acct. No. ____

W.O. E-12947

BALANCE DUE 1,173.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #103

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Surgeon

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 78390		
TOTAL PAID	$	391	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-11-96

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 Fri 6-14 9:00

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 B.B.

War time veteran _____.

✓ Lot 400 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-Need D 4712	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup ..... Pre-Need E-12886	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 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.

P.O.A.

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

_____
Signature of recorded holder of deed

X Babette Burns
Signature

X 1147 Cotton St.
Address

X San Diego CA 92102
City Zip Code

(619) 264-4591
Telephone

Work Order # E 12948

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12948

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

93

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EDNA	-	CHENAULT	07/13/1902	06/10/1996	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	BABETTE BERIONES: GRANDDAUGHTER 1147 COTTON STREET SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ Victoria Meza	06/13/1996

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	06/13/1996	Victoria Meza 9608756 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/14/96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-11-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Ludwick ~~PA # 1198505~~

in a Liner (Vault/Liner) Funeral, date, time Thurs 6-20 10:00A

Church, Chapel, Graveside Daly ; Mortuary. Merkley Mitchell

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 82 Grave 4 Row _____ Section 1 Division/~~Block~~ 17

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container PAID 6-27-96	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes * SEE E-13254	
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 12949

Invoice # 270999

Acct. # 000952

PY-593 (Rev. 8-92)

6-27

12949

270999	GE E-12947	000952	COUNTY OF SAN DIEGO	06/27/96	07/27/96	386.00	ISSUED

E-12949

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 07

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DAVID	-	LUDWICK	07/15/1933	06/04/1996	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	KATHERINE 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 charge	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ [signature]	06/19/1996

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	06/19/1996 T.C. MITCHELL	9608998 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/12/96	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.

CITY OF SAN DIEGO, CALIFORNIA

E-12949

GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 8-21-96
BY: CA (CK) IF
PAYMENT REF NO 151429
AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
06/27/96	07/27/96	MAY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-12949
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
DAVID LUDWICK SERVICES	
LOT 82 GR 4 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

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

RETURN WITH PAYMENT

INV NO. 270999

C-22 (REV. 10/85)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-12-96

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

of Maybelle Haase

in a Ash Vault (Vault/Liner) Funeral, date, time Tues 7-9 AM

Church, Chapel, Graveside Delivery Only : Greenwood Mortuary Roz

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

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 221 Grave 2 Row _____ Section 4 Division/~~Block~~ 6

Grave space & Care Fund ..... Pre-Need C-3900	-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-47582	269.26
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 Walter E Haase
Signature

X 3333-5th ave
Address

X San Diego 92103
City Zip Code

X 297-2949
Telephone

Work Order # E 12950

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

Name of Cemetery/Funeral Home GREENWOOD MEMORIAL PARK & MORTUARY E-12950 #52999

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: HAASE, MAYBELLE

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 _____
Street City State Zip

Signature: _____ _____
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 12/01

E-12950

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
MAYBELLE	-	HAASE (R)	12/25/1907	06/10/1996	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	WALTER HAASE: SON 3333 5TH AVENUE SAN DIEGO, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ [signature]	06/13/1996

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	Victoria Meza 06/13/1996	9608734 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 6/17/96	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 6-17-96	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.

will body and
1 set of axles
already in
vault
E-12950

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47552

Date: 7-8 19 96

From: Walter Haase Address: 2255 Pine St. SD 92103

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Interment of Maybelle Haase

Lot 221 Grave 2 Row Section 4 Division 6 Block

Invoice No.

Acct. No.

W.O. F-12950

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3144

AC-212 (Rev. 5-94)

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

ISSUED BY L. Hutchison

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/12/96

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

in a T3 Vault (Vault/Crypt) Funeral, date, time Frid. June 14, 11:00 am

Church, Chapel, Graveside Chapel/Graveside; Lewis 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. X (LS)

War time veteran _____.

Lot 161 Grave 1 Row _____ Section 11 Division/Block 7

Grave space & Care Fund ..... Pre Need A-278	Ø
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees ..... (7%)	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number R-47509	874.38
Balance due	Ø

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 Lillian Yamaguchi
Signature

X 10616 Cascaden Ave.
Address

X Downey, Calif. 90241
City Zip Code

X (310) 923-4784
Telephone

Work Order # E 12951

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12951

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
Toshiyo	-	Segawa	09/28/1910	06/10/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Downey	Los Angeles	Lillian Yanagihara, Daughter, 10616 Casanes Avenue, Downey, CA 90241

7A. TYPED NAME AND ADDRESS OF 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 Mort.,3051 El Cajon, San Diego,CA 92104	FD 480	▶ Julia Amon	06/13/1996

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	06/13/1996	Mark

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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.,L.A., CA 90012	1700 Pacific Coast Highway, San Diego,CA 92101

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mount Hope Cemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED: 6/14/96	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

47509

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6/12, 19 96

From: Lillian Yanagihara Tashiyo Segawa Address:

Eight hundred seventy four 38/00 Dollars ($ 874.38)

In Full Payment of Interment of Tashiyo Segawa

Lot 161 Grave 1 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. E-12951

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 0040

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

ISSUED BY Karyn Beck

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	325	00
Burial Containers	100 77182	250	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	19	38
TOTAL PAID	$	874	38

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-12-90

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

in a _____ Funeral, date, time Fri. 6-14 11:00

Church, Chapel, Graveside (Vault Liner) Chapel + graveside : Cr. Burial Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

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

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

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12952

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/12/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of X Lars E Larsen

In a Liner (Vault/Liner) Funeral, date, time Mon 6-17 1:00

Church, Chapel, Graveside Chapel/graveside X Park Crest (260-1280) 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 17 Grave 2 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre Need D-7907	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-47525	769.73
Balance due	0

PAID
JUN 17 1996
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Frances 274-9828 Mortuary will bring check day of service

see attached for signature

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 12953

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

ORIGINAL DOCUMENT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/12/96

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

of X Mr. Lars Edward LARSEN

in a _____ Funeral, date, time _____

Vault, Liner

Church, Chapel, Graveside _____ X Park Crest 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 _____ Grave _____ Row _____ Section _____ Division/Block _____

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

I hereby certify I am the 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 P.K.L. Larsen
Signature

X 3218 Ogalala Avenue
Address

X San Diego, CA 92117
City Zip Code

X 274-9028
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Acct. # _____

Work Order # E 12953

PY-580 (Rev. 8-92)

E-12953

Park Crest Funeral Home

Phone: (619) 260-1280 • Facsimile (619) 297-5901

Friday June 14, 1996

CONFIRMATION

To: Mt Hope Cemetery

Fm: Kevin Smith

Re: Mr. Lars Edward LARSEN - Deceased

Mr. Larsen passed away Friday 6/7/96. His funeral is scheduled for Monday 06/17/1996 @ 1 pm at the funeral home with a committal service following at graveside. I estimate our time of arrival to your location to be 1:45.

Attached is a photocopy of the deed, a copy of the receipt dtd 1977 and a signed interment order.

Additionally a certified check in the amount of $769.73 , issued by his brother, as attached.

Thanks.

Note: Could you please prepare paperwork for a VA marker. If you need any military data please let me know.

2441 University Avenue • San Diego, California 92104

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-12953

8843

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Lars E. Larsen for the sum of $ 180.00 (DOLLARS)

LEGAL DESCRIPTION Lot 17 Gr 2 Sec 3 Div 12

AS DESCRIBED ON PURCHASE ORDER NUMBER D-7907

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

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

Flush Marker only

R. W. Debone
Cemetery Manager DEB

W. L. MacFarlane
Property Director

PY-584

E-12953

OFFICIAL RECEIPT

WHITE TO CUSTOMER
BLUE CEMETERY
PINK AUDITOR
YELLOW RETAIN

CITY OF SAN DIEGO, CALIFORNIA
PUBLIC WORKS DEPARTMENT
MOUNT HOPE CEMETERY

Nº 24506

DATE Mar. 18, 1977

FROM Lars E. Larsen ADDRESS 3218 Ogalala Ave, S.D. (17)

One Hundred & Eighty Dollars & 00 CENTS DOLLARS ($ 180.00

IN Full PAYMENT OF Pre-Need Lot

LOT 17 GRAVE 2 ROW SECTION 3 DIVISION 12

INVOICE NO. Cash

W.O. D-7907

UNPAID BALANCE AFTER THIS PAYMENT 0

FORM AC-212

NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID BELOW

PAID
MAR 18 1977
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY D. E. Buford

CREDIT SALES CARE	306 951	36 00
HALF SALES OF LOTS	100 7784	144 00
OPENINGS	100 7781	
BOXES	100 7782	
REMOVALS FOUNDATIONS	100 7783	
TOTAL PAID $		180 00

NOT ISSUED FOR OVER $250.00
CUSTOMER'S RECORD COPY OF PERSONAL MONEY ORDER

90-2067
1211

3-17-77 No. 1-80673576

MT Hope CEMETERY

4322

CENTRAL BANK

NON NEGOTIABLE

Lars E Larsen
3218 Ogalala Ave
San Diego
CA. 92117

12953

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
Lars	Edward	LARSEN	12/14/1918	06/07/1996	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	Gustav R Larsen-Brother 3645 Park Boulevard San Diego, CA 92103

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Park Crest Funeral Home 2441 University Ave San Diego, CA 92104	FD-1507		06/17/1996

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	RK Smith 06/17/1996	9608839

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/17/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J Watt
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

47525

Date: 6-17, 1996

From: ~~Gustav R.~~ F.K.L. Larsen Address: 3218 Ogalala Ave. San Diego, Ca. 92117

Seven hundred sixty nine and 73/100 Dollars ($ 769.73)

In full Payment of Interment of Cars E. Larsen

Lot 17 Grave 2 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12953

BALANCE DUE X

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

#8026240650

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		
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	$	769	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/12/96

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

in a _____ Funeral, date, time Mon June 17, 11:00 AM
Vault/Liner

Church, Chapel, Graveside Graveside Only; 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. _____

War time veteran _____

Lot 902 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-47511	68.00
Balance due	202.00

30 day Note Casket size

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 James E. Davis
Signature

X 3419 Washington St. #48
Address

X Lemon Grove, CA 91945
City Zip Code

X (619) 668-0420
Telephone

Work Order # E 12954

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12954

NOTE

$ 202.00 San Diego, California June 12 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 Two hundred two 00/00 DOLLARS with interest from July 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.

X PRINT NAME James Davis X SIGNATURE James Davis

X ADDRESS 3419 Washington St. #48

X CALIFORNIA DRIVER LICENSE NUMBER C0824006 X SSN # 554-17-0152

PY-1012 (11-89)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-13-90

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

In a liner Vault/Liner Funeral, date, time Tues 6-18 1:00

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

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

War time veteran _____.

Lot 50 Grave 5 Row _____ Section 2 Division/Block 17

Grave space & Care Fund 479	895.00
Additional spaces and care fund	
Opening/Closing & Setup	275.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee OVER	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-47513	416.00
Balance due	1248.73

Nathon Smith
266-1360

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

X [signature]
Signature

X 4934 MANOMET ST.
Address

X S.D. CALIF. 92113
City Zip Code

X 266-1360
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 12955

Invoice # 271048

Acct. # 089436

PY-593 (Rev. 8-92)

7-1

8-6-98 paid 60.00 each on outstanding invoice

1248.73
- 60.00
1188.73

MT. HOPE CEMETERY W.O. # F-12955

NOTE

$ 1248.73 San Diego, California June 14 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 forty eight + 73/100 DOLLARS with interest from July 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 LATHAN SMITH JR SIGNATURE X [redacted]

ADDRESS X 4934 MANOMET St.

CALIFORNIA DRIVER LICENSE NUMBER X [redacted] A0215147 SSN # X 552-82-6136

PY-1012 (11-89)

E-12955

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
EDDIE	LEE	SMITH	11/25/1931	06/11/1996	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	NATHAN SMITH, SR.-HUSBAND 4934 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
CALIFORNIA CREMATION AND BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	06/14/1996

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	06/14/1996	▶ [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 LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6/18/96	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

47513

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-14, 1996

From: Nathan Smith Jr Address: 4934 Monroe St SD 92113

Four Hundred Sixteen Dollars ($ 416.00)

In part Payment of Interment of Eddie Lee Smith

Lot 50 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E- 12955

BALANCE DUE 1248.73

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 L. Hamilton

CREDIT	57007		
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	60033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	416	00

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE : PAYMENT FORM

CUSTOMER ACCOUNT NO. 089436

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 8-6-98

PAID BY (CIRCLE ONE): (CA) H.D. CK NF

PAYMENT REFERENCE NUMBER E-12955

AMOUNT PAID 60.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Eddie Lee Smith

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS Nathan Smith

073
J. Mitchell

REMARKS

CASHIER

INV. NO. 271048

TR-1361 (2-82)

CITY OF SAN DIEGO
TREASURER'S DEPARTMENT
REG-RECEIPT:01-0017740 C:08-11-1998
CASHIER ID:M 03:33 pm A:08-12-1998

5000 INVOICE $60.00
271048

E-1295

TOTAL DUE $60.00

RECEIVED FROM:
CASH PAYER

E 10-155

CASH: $60.00

TOTAL TENDERED $60.00

CHANGE DUE $0.00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Trust

Date 6-13-96

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

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 1297 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund ..... Pre-Need D-1624	~~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-47593	769.73
Balance due	~~0~~

PAID
JUL 09 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Mary 707-263-6614

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 Mary C. Mockbower
Signature
X 545 - 16th. St.
Address
X Lakeport, Ca. 95453
City Zip Code
X 1-707-263-6614
Telephone

Work Order # E 12956

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

47593

Date: 7-9, 1996

From: Mary Hockbourn Address: 845 16th St. Lakeport 95453

Seven Hundred Sixty Nine & 73/100 Dollars ($ 769.73)

In full Payment of Pre-Need Trust

Lot 1297 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-12956

BALANCE DUE 0

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

1521

AC-212 (Rev. 5-94)

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	63033 9022	769	73
Sales Tax	60101 78390		
TOTAL PAID	$	769	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/14/96

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

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

Church, Chapel, Graveside _____ : Lewis Memorial Chapel 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 860 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number _____	
Balance due	

I hereby certify I am the 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 12957

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-14-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William G. Wright 12:30 Wed 6-19

in a _____ Funeral, date, time ~~Tues 6-18 2:00~~

Vault/Liner

Church, Chapel, Graveside Delivery Only : Ca Burial Martin 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 ACW

War time veteran _____.

Lot 1827 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		
Recording and filing fee		45.00
Sales taxes		
Total Due		270.00
Paid receipt number R-47528		70.00
Balance due		200.00

eighteen weeks justification no permit

30-Day note 22" Long 11" wide 8" high

mortuary to call w/time of delivery

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 4356 37TH
Address

X SANDIEGO CA 92105
City Zip Code

X (619) 282-3414
Telephone

Invoice # 271047

Acct. # 089437

Work Order # E 12958

PY-593 (Rev. 8-92)

7-1

E-12958

UCSD MEDICAL CENTER
UNIVERSITY OF CALIFORNIA, SAN DIEGO

UCSD MEDICAL CENTER – HILLCREST
200 WEST ARBOR DRIVE
SAN DIEGO, CA 92103-8433

DEPARTMENT OF REPRODUCTIVE MEDICINE

UCSD
MEDICAL CENTER
HILLCREST

MEDICAL CENTER

THEODORE GILDRED
CANCER FACILITY

AMBULATORY
CARE CENTER

OUTPATIENT
CENTER

BANNISTER
FAMILY HOUSE

CENTER FOR
WOMEN'S HEALTH

UCSD
MEDICAL CENTER
LA JOLLA

THE JOHN M. AND
SALLY B. THORNTON
HOSPITAL

EDITH AND WILLIAM M.
PERLMAN AMBULATORY
CARE CENTER

DONALD P. AND
DARLENE V. SHILEY
EYE CENTER

UCSD
HEALTHCARE
NETWORK

UCSD
HOME CARE

June 14, 1996

Martin Mitchell, Director
California Burial & Cremation Chapel
5880 El Cajon Blvd.
San Diego, CA 92115

Re: Joellen Martin-Wright
Baby Martin-Wright

Dear Mr. Mitchell:

This pregnancy was a lethal fetal condition (Trisomy 18). An induced termination was done on 6/10/96.

If any further information is needed please feel free to call my office at (629)543-6390.

Sincerely,

Charles Nager, MD

Charles Nager, M.D.
Associate Clinical Professor
Department of Reproductive Medicine
Division of Obstetrics & Gynecology

CN:dr

OFFICIAL RECEIPT

4 528

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-18, 19 96

From: Kevin L Warren Address: 4375 37th St. No. 5 S.D. Ca 92105

Seventy and no/100 Dollars ($ 70.00)

In part Payment of Interment of William G. Wright

Lot 1827 Grave 1 Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-12958

BALANCE DUE 200.00

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

#933

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	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	80101 78390		
TOTAL PAID	$	70	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-14-96

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

In a Liner Funeral, date, time Mon. 6-17 1:00

Vault/Liner

Church Chapel Graveside Chapel & graveside Park Crest Mortuary

320-1380 Marilyn

All Funeral cars must 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 17 Grave 2 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... pre-need D-7907 8

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

Frances 274-9028 mortuary to bring check on day of services Total Due 769.73

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 12959

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/17/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria I Armando Magdaleno

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 38 Grave 5/6 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	2 @ 795.00	1590.00
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 375	750.00
Burial Container	2 @ 190	380.00
Handling Fees	2 @ 145	290.00
Flower vases – Marker setting fee		
Recording and filing fee	2 @ 45	90.00
Sales taxes	2 @ 14.73	29.46
Total Due		3129.46
Paid receipt number R-47518		3129.46
Balance due		0

PAID
JUN 17 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

× Armando R Magdaleno
Signature
✓ 3745 Lindbergh St
Address
✓ San Diego CA 92154-1654
City Zip Code
✓ (619) 424-9878
Telephone

Work Order # E 12960

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

47518

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 6/17 , 19 96

From: Armando R. Magdaleno Address: 3745 Lindbergh St San Diego Ca 92154

Maria T. Magdaleno
3745 Lindbergh St San Diego Ca 92154

Dollars ($ 3129.46)

In full Payment of Pre Need Lot & Trust

Lot 38 Grave 5/6 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12960

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94) 0991

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

ISSUED BY Kelly Baker

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184	1590	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	1539	46
Sales Tax	60101 78390		
TOTAL PAID	$	3129	46

File

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-17-96

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

in a T. S. Vault (Vault/Liner) Funeral, date, time Tues 6-18 11:00

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 119 Grave 7 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ... Pre Need E-8691	0
Additional spaces and care fund	
Opening/Closing & Setup	0
Burial Container	0
Handling Fees	0
Flower vases – Marker setting fee	
Recording and filing fee	0
Sales taxes	0
Total Due	0
Paid receipt number _____	
Balance due _____	

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12961

Invoice #_____

Acct. # _____

PY-593 (Rev. 8-92)

E-12961

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
LUELLA	ROBERTS	SIMS	05/05/1905	06/11/1996	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	MAGGIE M. REEVES - FRIEND 2801 BROSMAN STREET SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	F-1329	▶ Yvonne Davis	06/17/1996

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	Y. Davis ▶	9608853

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/18/96	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

Transfer of Pre-Need Lot

Date 6-17-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To: Barbara Diamond

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 30 Grave 2 Row _____ Section 17 Division/Block 7

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

PAID
JUN 17 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 Willie E. Hardy
Signature

X 2957 Meadow Lane N.
Address

X North Port Ala 35476
City Zip Code

X 205-339-5369
Telephone

Work Order # E 12962

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12962

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 Willie Hardy

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Barbara Diamond

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 30 Grave 2 Row _____ Section 17 Division/~~Block~~ 17

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

WITNESS my/our hand this 17th day of June 19 96

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESSES:

Witnesses

Barbara A. Diamond
839 Leppert Street
San Diego Ca 92114

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-17-96

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

In a Liner (Vault/Liner) Funeral, date, time Wed 6/19 10:00AM

Church, Chapel, Graveside Direct Burial Witness Colonial Lewis Benbow (Reginald) Mortuary.

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

will be applied and billed to undersigned. Elizabeth C. Rollins

War time veteran _____.

Lot 860 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund Pre-Need D-2063 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 47521 769.73

Balance due 0

PAID
JUN 17 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Legal Guardian & 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

Elizabeth C. Rollins
Signature

260 Cedar Circle
Address

Fayetteville, GA 30214
City Zip Code

770-461-6888
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12963

PY-593 (Rev. 8-92)

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E-12963

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
ELVA	ALLISON	CONVILLE	08/25/1906	06/13/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EAST POINT	GEORGIA	ELIZABETH C. ROLLINS - GUARDIAN 260 CEDAR CIRCLE FAYETTEVILLE, GEORGIA 30214

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD SAN DIEGO, CA 92104	FD-480	▶ [signature]	06/17/1996

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	06/17/1996	▶ [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
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 6/19/96	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

47521

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-17, 19 96

From: Elizabeth Rollins Address: 260 Cedar Cir, Fayetteville GA 30214

Seven Hundred Sixty-Nine 73/100 Dollars ($ 769.73)

In Payment of Interment of Edna Conille

Lot 860 Grave — Row — Section — Division — Block 10

Invoice No.

Acct. No.

W.O. E-12563

BALANCE DUE 0

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

AC-212 (Rev. 5-94) 1180

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

ISSUED BY

CREDIT 20% Sales Cars	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	14	73
TOTAL PAID	$	769	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

center right

Date 6-17-96

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

in a Ash Vault (Vault/Liner) Funeral, date, time 8-7 Wed. AYD

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 16 Grave 11 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need D-7888	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-47530	269.26
Balance due	0

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

Cassandra Southern
673-1855

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

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

_____
Signature of recorded holder of deed

X Cassandra Southern
Signature

X 2287 Axon St.
Address

X Spring Valley CA 91977
City Zip Code

X hm-472-1959 pgr 982-7224
Telephone

Work Order # E 12964

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

California Cremation and Burial Chapel, Inc.

5880 El Cajon Blvd, San Diego, CA 92115
(619) 234-3272 Fax (619) 286-2674

E-12964

I/We received from California Cremation & Burial Chapel, Inc.

The cremated remains of: Ellen Lucynthia Collier

I/We the undersigned hereby certifies, under penalty of perjury, to be lawfully designated and entitled to receive said remains and hereby release and will hold harmless California Cremation & Burial Chapel, Inc., its Officers and Employees of *any loss, liability or cost they may sustain or encounter by reason of such delivery to* the undersigned(s).

_____ Date: _____

Person(s) Having The Right to Control Disposition

Release by: _____

California Cremation & Burial Chapel, Inc. Representative

Type of Disposition: Cremation / Residence

E-12964

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 45

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ellen	Lucythia	Collier	06/03/1951	06/12/1996	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	Cassandra Southern-niece 228 Faxon St. 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
California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ Mark Mitchell	06/18/1996

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	06 / 18 / 1996	▶ R. Rivera LH

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/21/96	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 6.25.96	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

47530

Date: 6-19-96, 19

From: Casandra Southern Address: 228 Lapon St Spring Valley 91977

Two Hundred Sixty Nine & 76/100 Dollars ($ 269.76)

In full Payment of Interment of Ellen Collier

Lot 16 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12964

BALANCE DUE 0

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

751
1410

AC-212 (Rev. 5-94)

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

ISSUED BY L. Hudelson

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	76
TOTAL PAID	$	269	76

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-17-96

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

in a Liner (Vault/Liner) Funeral, date, time Wed 6-19 11:00

Church, Chapel, Graveside Chapel/Graveside: Ca Burial Mortuary.

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

War time veteran _____.

Lot 63 Grave 12 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 404	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-47522	391.00
Balance due	1179.73 1173.73

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 512 Encanto Ave.
Address

X San Diego 92114
City Zip Code

X 619-589-6036
Telephone

Work Order # E 12965

Invoice # 271836

Acct. # 089452

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12965

NOTE

$ 1174.73 San Diego, California June 17 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-four 100 DOLLARS with interest from July 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 X Humphrey Brown SIGNATURE X

ADDRESS X512 Encinitas Ave San Diego, CA 92114

CALIFORNIA DRIVER LICENSE NUMBER X A1262866 SSN # X 562061925

PY-1012 (11-89)

E-12965

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 53

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Helen	Marie	Brown	10/10/1942	06/12/1996	Female

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Humphrey Brown-son 9233 Kenwood Dr. 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
California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ Martin Mosher	06/19/1996

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	06/19/1996	▶ [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 LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 6/19/96	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.

47522

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 6-17, 1996

From: Humphrey Brown Address: 512 Encinitas Ave SD 92114

Three Hundred Ninety One Dollars ($ 391.00)

In part Payment of Interment of Helen Brown

Lot 63 Grave 12 Row ____ Section 3 Division 11 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-12965

BALANCE DUE 1174.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1006

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	391	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	$	391	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-17-96

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 Thur. 6-20 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. BR

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 368.30

Burial Container pre-need E-4299 0

Handling Fees pre-need E-4299 0

Flower vases – Marker setting fee _____

Recording and filing fee E-4299 0

Sales taxes pre-need E-4299 0

PAID
JUN 17 1996
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 368.30

Paid receipt number R-47524 368.30

Balance due 0

Brian Ringfield 264-4494

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

Signature

4416 BOSTON AVE
Address

SAN DIEGO CA 92113
City Zip Code

(619) 264-4429
Telephone

Work Order # E 12966

Invoice # _____

Acct. # _____

PY-593 (Rev. 9-92)

E-12966

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
JAMES	OSCAR	HAYDEN	06/19/1922	06/15/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	BRIAN RINGFIELD - NEPHEW 4416 BOSTON 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
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	F-1329	▶ Yvonne Davis	06/18/1996

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	06/18/1996 Y. Davis	9608911 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/21/96	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 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 2 IS RETAINED BY 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

47524

Date: 6-17, 1996

From: Brian D. Ringfield Address: 4416 Boston Ave. San Diego, Ca. 92113

Three hundred sixty eight and 30/100 Dollars ($ 368.30)

In Full Payment of Interrment of James O. Hayden

Lot 1550 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-12966

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
#R8438076

AC-212 (Rev. 5-94)

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

14379

ISSUED BY Carina Burgess

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	368	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	$	368	30

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47 45

Date: 9-23, 19 90

From: Brian D. Ringfield Address: 4411 Boston Ave. S.D. Ca. 92113

One Hundred twenty five and no/100 Dollars ($ 125.00)

In full Payment of government marker setting fee for James Hayden

Lot 1550 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-129166

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 Tuigon

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

#9 done
Top of Double Depth

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/18/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lida V. Idlebird

in a Top of Double Depth Crypt (Vault/Liner) Funeral, date, time 6/19/96 Wed 10:00 Am

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

War time veteran _____.

✓ Lot 84 Grave 3 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	Pre Need E-9093	Ø
Additional spaces and care fund		
Opening/Closing & Setup	Pre Need E-9206	Ø
Burial Container	Pre Need E 9093	Ø
Handling Fees	Pre Need E-9093	Ø
Flower vases – Marker setting fee		
Recording and filing fee	Pre Need E 9206	Ø
Sales taxes	Pre Need E-9093	Ø
	Total Due	Ø
	Paid receipt number	
	Balance due	

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 4985 FEDERAL BLVD Address
X SAN DIEGO CA 92102 City Zip Code
X (619) ~~264-5097~~ Telephone
993-6369 (cell)

Invoice # * 527-3793 *

Work Order # E 12967

Acct. # _____

PY-593 (Rev. 8-92)

In ledfund transfer
on E 9206

E-12967

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LINDA	VIRGINIA	IDLEBIRD	04/10/1930	06/16/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	8. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LORI PATTERSON-DAUGHTER 4985 FEDERAL BLVD. 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-1339	▶ Steve Arbuckle	06/18/1996

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	6/18/96	9608940

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/19/96	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.

#9 done
top of 2D
crypt

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-18-96

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

in a Double Depth Crypt Funeral, date, time Fri 6-21 1:00

Church, Chapel, Graveside only ; Rosedale Mortuary. Allen

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. Allen

War time veteran _____.

Lot 4906 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-Need E-7421	0
Additional spaces and care fund	
Opening/Closing & Setup ..... Pre-Need E-6382	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 Next of Kin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 McKeller
Signature

2956 C St #6
Address

San Diego CA 92102
City Zip Code

2370600
Telephone

Work Order # E 12968

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12968

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
Hazel	Manning	McKeller	04/20/1911	06/16/1996	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	Harold McKeller, Son 2956 "C" 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	▶ Debra Williams	06/19/1996

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	06/20/1996	9609044 ▶ 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 6/21/96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-18-96

Bottom

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

in a Double Dept Crypt (Vault/Liner) Funeral, date, time Wed. 6-26 10:30

Church, Chapel, Graveside Graveside ; Featherington Wally Mortuary.

All Funeral cars must 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.E.A.

War time veteran _____.

Lot 65 Grave 8 Row _____ Section 2 Division/Block 12

Grave space & Care Fund Tree	995.00
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	2144.45
Paid receipt number M/C	2144.45
Balance due	0

PAID
JUN 24 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Delores Anderson

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

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

_____
Signature of recorded holder of deed

X Delores E. Anderson
Signature

> 2115 Clematis St
Address

> San Diego 92105
City Zip Code

X 264-8483
Telephone

Work Order # E 12969

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12969

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ROBERT	EARL	ANDERSON	12/07/1912	06/22/1996	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	Delores Anderson, wife 2115 Clematis 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
Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115	FD1083	▶ Delores Anderson	06/25/1996

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	06/25/1996	9609230 Edward Feazell ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/26/96	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 6-18-96

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

in a liner (Vault/Liner) Funeral, date, time Thur 6-20 2:00

Church, Chapel, Graveside Church / Graveside to Burial Mortuary. mortic

All Funeral cars must 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 99 Grave 4 Row _____ Section 2 Division/Block 17

Grave space & Care Fund Re-Dug E-6733 0

Additional spaces and care fund _____

Opening/Closing & Setup 175 375.00

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-47526 200.00

Balance due 569.73

5.8.96 $569.73 AS 3/26

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 Linda Gibson
Signature
X 3824 Birch St.
Address
X San Diego 92113
City Zip Code
X 619 234-2943
Telephone

Invoice # 271838

Work Order # E 12970

Acct. # 089451

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E- 12970

NOTE

$ 569.73 San Diego, California June 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 Five Hundred Sixty Nine & 73/100 DOLLARS with interest from July 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.

PRINT NAME X LINDA GIBSON SIGNATURE X Linda Gibson

ADDRESS X 3824 Birch St.

CALIFORNIA DRIVER LICENSE NUMBER X N5395887 SSN # X 556-88-9205

PY-1012 (11-88)

E-12970

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
Willie	-	Gibson	09/25/1907	06/12/1996	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Linda Gibson-wife 3824 Birch Street San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ Mark Mitchell	06/19/1996

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	06/19/1996	▶ [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 LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 6/21	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
[X] 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

4526

Date: 6-18, 1996

From: Linda Gibson Address: 3824 Birch St SD 92113

Two Hundred Dollars ($ 200.00)

In part Payment of Interment of Willie Gibson

Lot 99 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12970

BALANCE DUE 569.73

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

596

AC-212 (Rev. 5-94)

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

ISSUED BY L. Hutchison

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	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	$	200	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-18-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Cooney PA#1198599

in a Liner (Vault/Liner) Funeral, date, time Thurs 6/20 10:00AM

Church, Chapel, Graveside Del Cerro Meeklay-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 88 Grave 4 Row _____ Section 1 Division/~~Block~~ 12

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

PAID 7-2-96

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

Work Order # E 12971 ✓

Invoice # 270998

Acct. # 000952

PY-593 (Rev. 8-92)

6-27

12471

270998	GE [illegible]	000952	COUNTY OF SAN DIEGO	06/27/96	07/27/96	386.00 ISSUED

E-12971

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	S.	COONEY	07/16/1952	06/04/1996	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	LEE JAINE, 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
HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶	06/19/1996

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	06/19/1996 T.C. MITCHELL	9609012 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

E-12971

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 8-21-96
BY: CA (CK) IF
PAYMENT REF NO 151429
AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
06/27/96	07/27/96	MAY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-12971
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
GEORGE COONEY SERVICES	
LOT 88 GR 4 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

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

RETURN WITH PAYMENT

AC-22 (REV. 10-94)

INV NO. 270998

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

D.I.P.

Date 6-18-96

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

in a liner (Vault/Liner) Funeral, date, time Thur 6-20 11:00

Church, Chapel, Graveside Delivery Only ; Heath Mortuary. 427-4139

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 77 Grave 7 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... Pre-Need D-7097	~~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	~~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 12972

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12972

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 99

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ETHEL	FRANCES	HALVORSON	08/13/1896	06/17/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	SanbDiego	Margaret Glenn - Daughter 3637 Snell Ave., # 141 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
Heath Funeral Home, 611 Highland Ave., National City CA 91950	FD 807	Howard Heath	06/18/1996

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	06/19/1996	[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
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 6/20/96	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 6/18/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cletis C. Charles

in a T5 Vault (Vault/Liner) Funeral, date, time Fri 6/21 11:00AM

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 will be applied and billed to undersigned. X AC

War time veteran X.

Lot 15 Grave 7 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund 378	795.00
Additional spaces and care fund	
Opening/Closing & Setup PAID IN FULL 7-15-96	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. 47587	417.00
Balance due	1252.38

30 days to 100

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 Anthony Charles (Signature)

X 5127 LOS AN AVE (Address)

X SAN DIEGO CA 92114 (City, Zip Code)

264-9764 (Telephone)

Work Order # E 12973

Invoice # 271835

Acct. # D89449

PY-593 (Rev. 8-92)

12973

271825 07/15/96 089449 ANTHONY CHARLES 07/15/96 CK E12973 1,252.38 1,252.38 0.00
E-12973 PAID IN FULL

100	072	77181	000072	375.00	
100	072	77182	000072	250.00	
100	072	77183	000072	45.00	
100	072	77184	000072	378.00	
100	072	77185	000072	185.00	
60101		78390		19.38	

MT. HOPE CEMETERY

W.O. # E-12973

NOTE

$ 125238 — San Diego, California June 18 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-fifty two 38/00 DOLLARS with interest from July 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.

PRINT NAME X ANTHONY W CHARLES SIGNATURE X Anthony W Charles

ADDRESS X 5127 LOGAN AVE SAN DIEGO CA 92114

CALIFORNIA DRIVER LICENSE NUMBER X SSN # 561-25-3099

PY-1012 (11-89)

OFFICIAL RECEIPT

48756

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-8, 19 97

From: Eunice Charles Address: 5127 Logan Ave SD 92114

Twenty three and 78/100 Dollars ($ 23.78)

In full Payment of galvanized flower vase for Cletis Charles

Lot 15 Grave 7 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-12973

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 Emma Avalos

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	10	00
	100	13	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		78
TOTAL PAID	$	23	78

OFFICIAL RECEIPT

4 135

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 12/27, 1996

From: Tony Charles & Eunice Charles Address: 3127 Logan Ave, San Diego

One hundred twenty-five 00/100 Dollars ($ 125.00)

In Full Payment of Installation of Marker for Cletis Charles

Lot 15 Grave 7 Row ____ Section 2 Division ~~Block~~ 11

Invoice No. ____

Acct. No. ____

W.O. E-12973

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		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	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

47527

Date: 6/18, 1996

From: Arrell & Brenda Charles Address: 3722 50th St E Palmdale CA 93552

Four hundred seventeen 00/00 Dollars ($ 417.00)

In _____ Payment of Interment of Chetis C. Charles

Lot 15 Grave 7 Row _____ Section 2 Division Block 11

Invoice No. _____

Acct. No. _____

W.O. E-12973

BALANCE DUE 125238

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1587

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

ISSUED BY Kim Bak

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	417	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	417	00

AC-212 (Rev. 5-94)

E-12973

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 167

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CLETIS	C.	CHARLES	07/23/1928	06/16/1996	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	ANTHONY CHARLES-SON 5127 LOGAN AVE. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking charge	8B. DATE SIGNED
CALIFORNIA CREMATION AND BURIAL CHAPEL 5880 EL CAJON BLVD, SAN DIEGO, CA 92115	F-1357	▶	06/20/1996

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	06/20/1996	▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-20-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnnie Palmer PA # 1199064

in a liner (Vault/Liner) Funeral, date, time Fri 6-21 10:00

Church, Chapel, Graveside Delivery Only ; ca Burial Mortuary Marsh

All Funeral cars must arrive before 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 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 PAID 8-27-96	45.00
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	386.00
Paid receipt number _____	
Balance due	

J. 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 12974

Invoice # 271839

Acct. # 009 000 952

PY-593 (Rev. 8-92)

E-1297A

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
JOHNNIE	-	PALMER	03/03/1924	06/08/1996	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	BETTY COLEMAN--FRIEND 4575 62ND STREET SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION AND BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	06/20/1996

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	06/20/1996 ▶	[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 LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6/21/96	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.

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E-12974

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 8-21-96
BY: CA (CK) IF
PAYMENT REF NO 151429
AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/15/96	08/14/96	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-12974
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHNNIE PALMER SERVICES	
LOT 94 GR 8 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE. RETURN WITH PAYMENT INV NO. 271839

AC-22 (REV. 10/95)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-21-96

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

In a Liner Funeral, date, time Tues 6-25 11:00

Church, Chapel, Vault/Liner Graveside church+graveside: Fatheringill Mortuary.

All Funeral cars must 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 L.E.

War time veteran _____

✓ Lot 71 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	pre-need D-5847	0
Additional spaces and care fund		
Opening/Closing & Setup	Pre-need D-5847	0
Burial Container	pre-need D-5847	0
Handling Fees	pre-need D-5847	0
Flower vases – Marker setting fee		
Recording and filing fee	pre-need D-5847	0
Sales taxes	pre-need D-5847	0
Total Due		0
Paid receipt number		
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 Linda Endicott
Signature
X 358 Dorado Lane
Address
X El Cajon, CA 92019
City Zip Code
X 5881499
Telephone

Work Order # E 12975

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12975

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Minnie	Ann	Burbank	09/16/1912	06/20/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking control	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	[signature]	06/21/1996

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	Edward Feezell	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/25/96	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 10-21-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Neah~~ Naasona Kitiona Mon.

in a Liner (Vault/Liner) Funeral, date, time ~~Wed~~ 7-31 10:00

Church, (Chapel) (Graveside) chapel + 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. X T.K.

War time veteran _____.

✓ Lot 280 Grave 1 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
+0 call w date & time — Total Due	1,564.73
Paid receipt number R-47534 R-47549	391.00
Balance due	1173.73 1173.73

PAID
paid in full
JUL 01 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

I hereby authorize the interment in lot I hold under deed. 1773 Barrie #45 SDCa 92105

Signature of recorded holder of deed

X Temukisa Kitiona (Signature)
X Temukisa Kitiona (Address)
X Temukisa Kitiona (City)
X ~~Neah~~ 262-3998 (Zip Code / Telephone #)

Work Order # E 12976

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E- 12976

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
NAASONA	-	KITIONA	10/10/1961	06/19/1996	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	TEMUKISA KITIONS-WIFE 1737 BAYVIEW HEIGHTS DR. #45 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 AND BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Mara A Mitchell	06/27/1996

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	06/27/1996	▶

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 MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7/1/96	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

W.O. # E-129716

NOTE

$ 1,564.73 San Diego, California June 21 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 sixty four 73/100 DOLLARS

with interest from _____ on the unpaid principal

at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME X Temukisa Kitiona SIGNATURE X Temukisa Kitiona

ADDRESS X1737 Bayview Hyts #45

CALIFORNIA DRIVER LICENSE NUMBER X A5077684 SSN # X 586-22-8984

PY-1012 (11-89)

OFFICIAL RECEIPT

4-534

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-24, 1996

From: Temukira Kitiong Address: 1737 Bayview Hts #45 SD 92105

Three Hundred Ninety One Dollars ($ 391.00)

In part Payment of Interment of Naasong Kitiong

Lot 280 Grave 1 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12976

BALANCE DUE 1173.73

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. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47549

Date: 7-1, 19 96

From: Temukisa Kitiona Address: 1773 Bayview Heights Dr. #45 S.D. Ca.

One thousand one hundred seventy three & 73/100 Dollars ($ 1173.73) 93105

In full Payment of Interment of Naasona Kitiona

Lot 280 Grave 1 Row ____ Section 2 Division-Block 12

Invoice No. ____

Acct. No. ____

W.O. E-12976

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 Surgeon

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184	404	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	$	1,173	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinterment & Reinterment and Burial

Date 6-24-96

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

in a Double Dept. Crypt Funeral, date, time _____
Vault/Liner

Church, Chapel, Graveside _____ ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 88 Grave 5 Row _____ Section 3 Division/Block 12

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

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12977

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-96

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

In a T. S. Vault (Vault/Liner) Funeral, date, time TUES. 6-11 10:30

Church, Chapel, Graveside graveside only ; Mayer Jim Mortuary.

All Funeral cars must 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 Eddy

War time veteran _____.

✓ Lot 88 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund Re-Used 12904 ~~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

PAID
JUN 06 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO

Total Due 874.38

Paid receipt number VISA 874.38

Balance due ~~0~~

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

X Carl G. Halonen
Signature

X 2621 ARNOTT ST.
Address

X SAN DIEGO 92110
City Zip Code

X 276-5983
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 12939

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12977

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

6-19-96
MONTH YEAR

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

_____

from Lot 88 Grave 5 Section 3 Row ____ Block ____

Division 13 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.

X Carla A. Halone	X husband	Y 2621 Arnott St. San Diego, CA 92110
Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

_____ _____
(Lot owner must sign if not legal custodian) Date

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/24/96

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

in a Top Seal Vault Vault/Liner Funeral, date, time Wed Jun 26, 11:00

Church, Chapel, Graveside Church/Graveside Goodbody Mortuary.

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

War time veteran _____.

Lot 2956 Grave _____ Row _____ Section _____ Division 10

Grave space & Care Fund ..... Pre Need C-6112	Ø
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	
Sales taxes	19.38
Total Due	829.38
Paid receipt number R-47545	829.38
Balance due	-0-

FAX 582 7740

see fax copy for signature

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 12978

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12978

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
EDNA	MAY	HAGAN	11/09/1901	06/23/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	WILLIAM H. HAGAN: SON 5387 [redacted] STREET SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY: 5027 EL CAJON BLVD., SAN DIEGO, CA 92115	F-790	▶ Victoria Meza	06/25/1996

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	06/25/1996	Victoria Meza 9609270 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/26/96	11C. SIGNATURE OF PERSON IN CHARGE OF BUT ▶ [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.

FAXED

#382 P02 TEL NO: MT HOPE CEMETERY ID: JUN-24-'96 MON 08:33

1996-06-24 09:58 PAGE = 02

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/24/96

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

In a Top Seal Vault Vault/Liner Funeral, date, time Wed Jun 26, 11:00

Church, Chapel, Graveside Church/Graveside Goodbody Bill Mortuary.

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

War time veteran _____.

Lot 2956 Grave _____ Row _____ Section _____ Division 10

Grave space & Care Fund Pre Need C-6112	ø
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	
Sales taxes	19.38
Total Due	829.38
Paid receipt number _____	
Balance due	

Fax 582 7140

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 William H Hagan

X Address 5387 Saxon St.

X City San Diego CA 92115 Zip Code

X Telephone (619) 583-0388

Work Order # E 12978

Invoice # _____

Acct. # _____

PY-593 (Rev. 9-92)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

41545

Date: 6-26, 1996

From: Goodboy Mortuary Address: 5027 El Cajon Blvd. SD 92115-3385

Eight Hundred Twenty Nine & 38/100 Dollars ($ 829.38)

In full Payment of Interment of Edna Hagan

Lot 2956 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. F-12978

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2380913

AC-212 (Rev. 5-94)

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

ISSUED BY J. Hutchison

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
	100	185	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380	19	38
TOTAL PAID	$	829	38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10-24-96

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

in a LINER Funeral, date, time Wed. 10/30 1:00

Vault/Liner

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 BL

War time veteran _____.

✓ Lot 82 Grave 11 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	PRE-NEED E-10982	0
Additional spaces and care fund		
Opening/Closing & Setup	PRE-NEED E-10982	0
Burial Container	PRE-NEED E-10982	0
Handling Fees	PRE-NEED E-10982	0
Flower vases – Marker setting fee		
Recording and filing fee	PRE-NEED E-10982	0
Sales taxes	PRE-NEED E-10982	0
	Total Due	0
	Paid receipt number	
	Balance due	0

Brenda Allen
292-7014

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 [signature]
Signature

X 2445 W Ingraham St
Address

X S.D. Ca 92111
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 12979

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12979

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

77

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

1A. NAME OF 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	JEAN	BRADFORD	05/12/1919	06/19/1996	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	BRENDA ALLEN-DAUGHTER 2445 W. INGERSOLL ST. SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION AND BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Mary L Allen	06/25/1996

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	06/25/1996	▶

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 MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 6/26/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY 0	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-24-96

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

in a liner Vault/Liner Funeral, date, time Thur. 6-27 2:00

Church, Chapel, (Graveside) Graveside ; Lakeside-Santee Mortuary.

Military Detail Michael Durfee

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

War time veteran _____.

✓ Lot 7 Grave 2 Row _____ Section 2 Division/~~Block~~ 5

Grave space & Care Fund Pre-need E-12851 0

Additional spaces and care fund PAID _____

Opening/Closing & Setup 375.00

Burial Container JUN 26 1996 190.00

Handling Fees 145.00

Flower vases – Marker setting fee MT. HOPE CEME CITY of SAN DIEGO _____

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-47541 769.73

Balance due -0-

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

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

_____
Signature of recorded holder of deed

x Linda Oslie
Signature

x 11550 Oak Creek Dr.
Address

x Lakeside 92040
City Zip Code

x 561-0797
Telephone

Work Order # E 12980

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

4541

Date: 6-26, 1996

From: Linda Dilie Address: 11550 Oak Creek Rd Lakeside

Seven Hundred Sixty Nine & 73/100 Dollars ($ 769.73)

In full Payment of Interment of Charles Mason

Lot 7 Grave 2 Row Section 3 Division Block 5

Invoice No.

Acct. No.

W.O. E-12980

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1041

AC-212 (Rev. 5-94)

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

ISSUED BY L. Hamilton

CREDIT		
20% Sales Care	87007 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 76390	14 73
TOTAL PAID	$	769 73

E-12980

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	WILLIAM	NIMON	06/05/1929	06/22/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SANTEE	SAN DIEGO	FRED OSLIE (STEP-SON) 11550 OAK CREEK DR. LAKESIDE, CA. 92040

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LAKESIDE-SANTEE F.C. 9840 MAINE AVE. LAKESIDE, CA.	FD-997	Mae Houston	06/26/1996

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	MAE HOUSTON 06/26/1996	9609286

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA.	11B. DATE BURIED 6/26/96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/25/96

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

in a Liner (Vault/Liner), Funeral, date, time Tues 7-2 2:00 ~~10:00~~

Church, Chapel, Graveside Delivery Only : 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 101 Grave 10 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	54.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	600.00
Paid receipt number R-47714	600.12
Balance due	0

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

Katherine A. Howard
Cashier Clerk
7-8-96

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 12981

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OVER →

6-28-96 1:48 pm
Jim from Mayer changed delivery time to 2:00 pm.

E-12981

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
Frank	-	Galindo	04/03/1908	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
Santee	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 listed in item 6	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶ [signature]	06/27/1996

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/01/1996	▶ [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
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
- [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	11B. DATE BURIED 7/2/96	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

47714

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-13, 1996

From: County Public Administrator Address: 5201 A Ruffin Rd. San Diego, CA 92123

Six hundred ~~[illegible]~~ six & 12/100 Dollars ($ 606.12)

In full Payment of interment of Frank Galindo

Lot 101 Grave 10 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12981

BALANCE DUE Ø

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

143821

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Surgeon

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	126	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	54	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	~~[illegible]~~ 51.12	
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	606	12

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/25/96

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

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 141 Grave 8/9/10 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	30 795.00
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	2385.00
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 12982

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6/25/96

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

in a _____ Vault/Liner Funeral, date, time Fnd, June 28, 3:00pm

Church, Chapel, Graveside Graveside Only : Mayer 281-7055 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 J. M.

War time veteran _____.

Lot 3591 Grave _____ Row _____ Section 1 Division/~~Block~~ 9

PAID
JUN 26 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Grave space & Care Fund	100.00
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
~~Flower vases~~ ~~Marker~~ setting fee Temporary Marker	31.55
Recording and filing fee	4.50
Sales taxes	
Total Due	301.55
Paid receipt number R 47540	301.55
Balance due	0

casket size L 31 3/4 W 15 3/4 # 10 "

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 Joseph J. Malina
Signature
X 3583 Island Ave #10
Address
X San Diego 92102
City Zip Code
X 595-2404
Telephone

Work Order # E 12983

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12983

8404 Phyllis Place, San Diego, CA 92123
Telephone: (619) 560-1870

FIRST ASSEMBLY of GOD

Gary L. Jones
ASSOCIATE PASTOR

MT. HOPE CEMETERY W.O. # E-12983

NOTE

$301.55 San Diego, California June 25 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 Three hundred one and 55/100 DOLLARS with interest from July 28, 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 JOSEPH J. MALINA SIGNATURE X Joseph J. Malina

ADDRESS X 3583 Island Ave #10 San Diego CA 92102

CALIFORNIA DRIVER LICENSE NUMBER X C4752733 SSN # X 335-48-2335

PY-1012 (11-89)

E-12983

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3 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
Luke	John	Malina	03/05/1996	06/19/1996	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	Joseph J. Malina-Father 3583 Island Ave., #10, 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
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	[signature]	06/27/1996

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	06/27/1996 James Hale	9609379

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA	11B. DATE BURIED 6/26/96	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

47540

Date: 6-26, 1996

From: First Assembly God Address: 8404 Phyllis Pl SD 92123

Three Hundred One 55/100 Dollars ($ 301.55)

In full Payment of Interment of Luke Molina

Lot 3597 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-12983

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

024099

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

26

ISSUED BY S Shrichelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	76	55
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	301	55

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

CHILD 4 YRS OLD

Date 6-25-96

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

in a LINER (Vault/Liner) Funeral, date, time FRI. 6-28 11:00

Church, Chapel, Graveside Chapel / Graveside : FEATHERINGILL WALLY Mortuary.

All Funeral cars must 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 277 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 * paid in full	50.00
Flower vases – Marker setting fee 10-9-96	
Recording and filing fee	45.00
Sales taxes	7.36
Total Due	587.36
Paid receipt number	
Balance due	0

CHE LESEUR / Public Guardian
495-5249

Outside Length "4" FEET

I hereby certify I am the X 14." wide of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

~~[illegible]~~ 7-29-96

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 12984

Invoice # 272917

Acct. # 089873

PY-593 (Rev. 8-92)

over

8-13-96 per Wally at Feathering ill
invoice feathering ill and
they are paying for the
service.

E-12984

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Arielle	Ann	Allen	12/30/1991	06/21/1996	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	Betty Green, Grandmother 3030 Suncrest Dr. #107 San Diego, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶ Candice Maggard	06/27/1996

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	06/27/1996 Candice Maggard	9609374 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 6/28/96	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

4 247

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-31 , 19 97

From: Featheringill Mortuary Address: 6322 El Cajon Blvd San Diego 92115

Eighty Dollars ($ 80.00)

In Full Payment of marker installation fee for Arielle Allen

Lot 277 Grave Row Section 2 Division 9 Block

Invoice No.

Acct. No.

W.O. E-12934

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 9570

AC-212 (Rev. 5-94)

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

ISSUED BY S Hamilton

CREDIT			
20% Sales Care	57007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	80	00
Pre-Need Trust	53033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	80	00

Pre-need

Original Lost

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-26-96

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

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 50 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup SEE E-15550	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	~~150.00~~ ~~224.00~~
Total Due	
Paid receipt number R-47970	
Balance due	~~671.00~~ 745.00

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 Nathan Smith
Signature

X _____
Address

X 4934 Monomit
City Zip Code

X Santiago Calif ~~91~~ 92113
Telephone

Work Order # E 12985

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12985

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

NOTICE OF CANCELLATION AND FORFEITURE

TO: Nathan Smith

ADDRESS 4934 Manomet St. San Diego Ca. 92113

You and are hereby notified that because of default in payments on the Agreement for the purchase of a pre need Lot 50, Grave 4, Row _____, Section 2, Block/Division 12 in Mt. Hope Cemetery, entered into on November 4,1996, 19 96 by and between Mt. Hope Cemetery and Nathan Smith, that at the end of 30 days from the date below, all rights you may have thereunder will be and are by this notice cancelled and forfeited. If you wish to keep this pre need in force, we must receive payment within our office within 30 days.

Balance remaining as of July 14, 1998 is $ 595.00

Dated this 14 Day of July, 1998.

City of San Diego
Mt. Hope Cemetery

By: Karyn Baker
Administrative Aide

E-12985

E-12985

SMITH, NATHAN 4934 Manomet St. San Diego, 92113

		DEBIT	CREDIT	BALANCE
11-04-96	Pre-need Lot opened: Lot 50, Gr 4, Sec 2, Div 12	895.00		
11-04-96	Receipt #R-47970		150.00	745.00
1-13 97	" 48202		150 00	595 00

SMITH, NATHAN Pre-Need Lot

E-12985

Pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-26-96

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

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 50 Grave 4 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	~~150.00~~ ~~254.00~~
Total Due	
Paid receipt number R-47970	
Balance due	~~671.00~~ 745.00

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 Nathan Smith
Signature

X
Address 4934 Monomet

X
City Santee Zip Code ~~92113~~ 92113
Telephone

Work Order # E 12985

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12985

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 26th day of JUNE, 19 96, between NATHAN 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 50, Grave 4, 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~~ 50.00 cash herewith, the receipt of which is hereby acknowledged; ~~$ 28.00~~ 31.00 on the 10th day of ~~August~~ Dec, 19 96; and the balance in installments of ~~$ 28.00~~ 31.00 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

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

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

E-12989

WITNESS our hands this day and year above written.

Deed to be issued to:

NATHAN SMITH

Pre-need Lot $895.00
Down-payment ~~of 25%~~ $50.00
~~224.00~~
Balance ~~$671.00~~ 745.00

23 payments at ~~$28.00~~ 31.00
1 payment at ~~$27.00~~ 32.00

SEE BELOW
Name

Address

PURCHASER

X NATHAN SMITH
Print Name

X Nathan Smith
Signature

X 4934 Manomet Street
Street Address (Mail)

X
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sue Marshall

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

E-12985

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

June 26, 1996

Nathan Smith
4934 Manomet St.
San Diego, CA 92113

Re: Pre-need Lot
Lot 50, Grave 4, Section 2, Division 12

Dear Mr. Smith:

Per our conversation enclosed is the Purchase Order and the Contract for the purchase of your Pre-need Lot.

Please sign both the Interment/Purchase Order and the last page of the contract by the red "x's". Return both the Interment/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. I will be sending you a coupon book for your payments and a copy of the contract. Your payments will start August 10, 1996. 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,

Sue Shackelton

Sue Shackelton
Clerical Assistant II

Enclosures

DIVERSITY
BRINGS US ALL TOGETHER

Printed on recycled paper

E-1295

MT. HOPE CEMETERY
3751 MARKET STREET
SAN DIEGO, CA 92102
264-3151

Date

Lot	Gr.	Row	Sec.	Blk/Div	
50	4		2	12	$ 895.00

Opening and Closing	$
Vault/Liner/Double Crypt/Ash Vault	$
Recording and Filing Fee	$
Marker Setting Fee	$
Flower Vase and Installation	$
Miscellaneous Charges	$
25% down 1x 224.00	$
	$
TOTAL	$

Estimate Given By:

**The above charges are an estimate only. The figures shown reflect the current prices and are subject to change without notice.

Nathan Smith
4934 Manomet St
SD 92113
266-1360

letter etc

E-12985

Is your RETURN ADDRESS completed on the reverse side?

SENDER:
- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "*Return Receipt Requested*" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Nathan Smith
4934 Manomet St
San Diego CA 92113

USPS SAN DIEGO, CA SOUTHEASTERN STA. AUG 1998

4a. Article Number

Z 294 074 355

4b. Service Type

☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: *(Print Name)*

8. Addressee's Address *(Only if requested and fee is paid)*

6. Signature: *(Addressee or Agent)*

X Nathan Smith

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

UNITED STATES POSTAL SERVICE

SAN DIEGO CA 921
PM
04 AUG

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

ALWAYS
USE ZIP CODE

• Print your name, address, and ZIP Code in this box •

Mt Hope Cemetery
3751 Market St
San Diego Ca 92102

LOT OWNER E-12985

SMITH, NATHAN 4934 Manomet St. San Diego, 92113

NAME ADDRESS

LOT 50 GR. 4 ROW SEC 2 BLK DIV 12

11-04-96 Pre-need Lot opened.

See Ledger Card.

PR-961 (REV. 1-83) **TAYLOR SYSTEM OF CEMETERY RECORDING**

E-12985

Z 294 074 355

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to Nathan Smith	
Street & Number 4934 Manomet St	
Post Office, State, & ZIP Code San Diego Ca 92113	
Postage	$ 32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	1.10
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.77
Postmark or Date	

PS Form 3800, April 1995

WILLIAM TAFT STA
SAN DIEGO USPS

E-12985

SMITH, NATHAN 4934 Manomet St. San Diego, 92113

	DEBIT	CREDIT	BALANCE
11-04-96 Pre-need Lot opened: Lot 50, Gr 4, Sec 2, Div 12	895.00		
11-04-96 Receipt #R-47970		150.00	745.00
1-13 97. " 48202		150 00	595 00

SMITH, NATHAN Pre-Need Lot

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

42202

Date: 1-13, 1997

From: Nathan Smith Address: 4934 Maroma St San Diego 92113

One Hundred Fifty Dollars ($ 150.00)

In part Payment of Pre-Need Lot

Lot 50 Grave 4 Row Section 2 Division Block 13

Invoice No.

Acct. No.

W.O. F-12985

BALANCE DUE 595.00

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		
20% Sales Care	77184		
80% Sales of Lots	100 77184	150	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	00

OFFICIAL RECEIPT

47070

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 11-4, 1996

From: Nathan Smith Address: 4934 Manomet St. San Diego 92113

One Hundred Fifty Dollars ($ 150.00)

In part Payment of Pre-Need Lot

Lot 50 Grave 14 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12985

BALANCE DUE

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

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

ISSUED BY S. Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	150	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer of Lot

Date 6-26-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To: Ruth Shinno

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 1241 Grave _____ Row _____ Section 1 Division/Block 8

PAID

JUN 26 1996

MT. HO[illegible]

CITY [illegible]

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee Transfer Fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number R-47542	45.00
Balance due	-0-

Ruth Shinno
15435 Caldas De Reyes
SD 92128

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

X 15602 Senda Acantilada
Address

X San Diego, Ca. 92129
City Zip Code

X 485-6984
Telephone

Invoice # _____

Acct. # _____

Work Order # E 12986

PY-593 (Rev. 8-92)

E - 12986

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 Adelaide Skier

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Ruth Shinno

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 1241 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 26th day of June 1996

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

x Adelaide M. Skier
x
x

S. Shackelton
Catina M. Surgeon
Witnesses

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

4542

Date: 6-26, 1996

From: Adelaide Shier Address: 12602 Santa Acantilada

Forty Five Dollars ($ 45.00)

In full Payment of transfer 1/2 Lot to Ruth Sturro

Lot 1241 Grave ____ Row ____ Section 1 Division Block 8

Invoice No. ____

Acct. No. ____

W.O. E-12986

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2034

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		
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 6-26-96

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

in a Liner Funeral, date, time MON 7-1 3:00

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 A.R.

War time veteran _____.

Lot 87 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	14.73
Total Due	1,564.73
Paid receipt number R-47543	~~1,501.00~~
Balance due	1564.73 ~~63.73~~

PAID
paid in full
JUN 26 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 Alisa F. Ross
Signature

X 335 South 36th St.
Address

X San Diego CA. 92113
City Zip Code

X (619) 527-8305
Telephone

Work Order # E 12987

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12987

see the family members and the funeral director from Ragsdale. I made a copy of the original Internment Order so that we could explain to the family that no one had called us to notify Mt. Hope Cemetery of the funeral date and time for Gloria Chizer. JoAnn had spoken to Leon, the funeral director in charge from Ragsdale. She explained that no one from the family had called to notify us of the funeral date and time. He responded thathe had explained to the family that no one had called to notify the cemetery with the funeral date and time. The fam had told Leon that they were aware of that they did not call to notify us of the funeral date and time. They had the graveside service up front by the veteran's section by the flag. Leon took the body back to Ragsdale Mortuary until we had dug the grave for Gloria Chizer, and they would return to the cemetery as soon as we had notified then that the grave was ready for Gloria Chizer. On the burial permit it states that Gloria Chizer's name is Gloria Nell Brunson, which should be her correct name for the Internment paperwork.

The entire scenerio consist of Alisa Ross, her family members, and Ragsdale Mortuary failing to notify Mt. Hope Cemetery of the specific date for the burial date and time for Gloria Brunson. The Gloria Brunson family neglected to notify Mt. Hope Cemetery of the funeral date and time, after repeatedly being reminded to do so after the family had decided on one.

Refer to Internment/Work Order # E-12987.

Catina M. Turgeon

Catina M. Turgeon
Clerical Asst. II
July 1, 1996
1:20 P.M.

Gloria Chizer/Brunson Burial Incident E-12987

Gloria Chizer Burial:

On Monday June 24, 1996, the Gloria Chizer family came to Mt. Hope Cemetery for estimates on burial costs. I gave them two written estimates on $795.00 Lots one with the burial container being a Liner, and the second being a double depth crypt. When I took the family members out to show them property, I had asked them if they had any idea to as when the date and time of the burial services were going to occur? They replied with Gloria Chizer had just passed away today and they were just getting some estimates. When we returned to the office, I gave them the estimate sheets with our phone number along with my name. They in return asked if they could call ahead to as when they are to come in and make the arrangements and if we could start the necessary paper work with the required burial information including the deceased's name, what type of burial container was going to used, the mortuary's name, the funeral date and time, along with what type of service they were going to be having as far as church, chapel, graveside. I told them that would be just fine. I reminded them just to call me at 527-3400 and my name is Catina and if there was any other questions I could assist them with. The family thanked me for taking the time to show them the property and for giving them the estimates.

June 26, 1996
approximately 2:00 P.M.

The Gloria Chizer family returned to Mt. Hope Cemetery to make the burial arrangements. Alisa Ross is the daughter of Gloria Chizer who was in charge of making the burial arrangements came into the office at Mt. Hope Cemetery to make the burial arrangements for Gloria Chizer, who is her mother. Alisa Ross came with other family members. When I took the family out to look at propery again, I asked them if they have decided on a funeral date and time, the family had told me that "NO" they have not decided on a funeral date and time, but that they were thinking about either Monday or Tuesday of this upcoming week, which would be July 1 or 2. I reminded them that as soon as they decide on a funeral date and time that it is very important that they call and let us know. The family members said that one of the relatives would call us with the funeral date and time that they had chosen. After they had chosen a lot and we got in the family car, oh the way back to the office I again reminded them that they need to call us with the funeral date and time for Gloria Chizer. The family again assurred me that they would call when they had decided on a funeral date and time. When we returned to the office to finalize the paperwork on the Gloria Chizer burial, the funeral date and time line was left open. I explained to Alisa Ross and the other family members that were present, that the funeral date and time line was going to be left opened because they had not yet chos or decided on a funeral date and time for Gloria Chizer and would not be filled in with a funeral date and time until Alisa Ross or one of the other family members calls to notify us of a definite funeral date and time. The family was fully aware that they needed to call us with the definite date and time of the funeral. After the paperwork was finalized, I gave Alisa Ross her copy of the Internment Order, along with our business card with our phone number on it, so if they had any questions they could call us. One of the other family members also took our business card. I thanked them for coming in, and they also thanked me. On their way out the front door, I again reminded Alisa Ross and her family that they need to notify us as soon as they decide on a funeral date and time for the burail services for Gloria Chizer.

July 1, 1996
approximately 1:00 P.M.

Ragsdale Mortuary came into our cemetery along with a procession of cars for a funeral service. On our burial schedule for Monday July 1, 1996, there was only one burial scheduled for today. Immediately Karyn and I (Catina) called over to Ragsdale Mortuary, inquiring about the burial service that had just arrived at our cemetery. Karyn had spoken to Mark at Ragsdale, and the only burail they had listed for today was for a Gloria Brunson, which we did not have an Internment Order with that specific name on it. I in return found an Internment Order with the name Gloria Chizer listed on it, and when I called Ragsdale to inquire about the Gloria Chizer burial services, Mark replied with that they are at your cemetery now for the services. I told him that no one had called to notify us with the funeral date and time, and he in return said oh well, like it was no big deal to him. JoAnn, the cemetery manager and I went out to

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47543

Date: 6-26, 1996

From: Alisa Ross Address: 335 So. 36th St. S.D., Ca. 92113

One thousand five hundred one and 00/100 Dollars ($ 1564 73)

In Part Payment of Interment of Gloria Chizer

Lot 87 Grave 1 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12987

BALANCE DUE ~~62.73~~ 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 Carina Dragon

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	80101 78390	14	73
TOTAL PAID	$	~~1501~~	~~00~~
		1564.	73

145.00
~~141.00~~

E-12986

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
Gloria	Nell	Brunson	11/18/1944	06/25/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Alisa F. Ross - Daughter 335 S. 36th St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	06/27/1996

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	06/28/1996	9609436 ▶ [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 7/1/96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-27-96

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

in a _____ Vault/Liner Funeral, date, time Wed. 7-3 10:00

Church, Chapel, Graveside Witness burial ; Humphrey - Ray Mortuary

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

will be applied and billed to undersigned X

War time veteran _____.

Lot _____ Grave _____ Row _____ Section 1 Division/~~Block~~ 9

Grave space & Care Fund ..... 2:50 pm

Additional spaces and care fund ..... Humphrey -

Opening/Closing & Setup ..... 7/2/96 - Per Ray as

Burial Container ..... to go to burial.

Handling Fees ..... Family decided

Flower vases – Marker setting fee ..... Holy Cross Cemetery for

Recording and filing fee .....

Sales taxes .....

Total Due .....

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 12988

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OVER →

6-27-96
family came in at 4:05 pm to pick a lot, 4:30 pm changed their minds will come back 6-28-96 in morning.

7-1-96
called Humprey mortuary spoke to janet, family has not come in to cemetery to pick lot or to pay. she said the family is still going to use our cemetery, she will call them.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-28-96

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

in a _____ Funeral, date, time Wed. ~~7-3~~ 7-3 1:00

Church, Chapel, Vault/Liner Graveside 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. _____

War time veteran _____.

Lot 3350 Grave _____ Row _____ Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional spaces and care fund	~~125.00~~
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

PAID
Paid in full
JUN 28 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

29 cents
11 wide
8 high

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

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

_____
Signature of recorded holder of deed

× [signature]
Signature

× 8914 Del Rose #24
Address

× Spring Valley Ca 91977
City Zip Code

× ~~619~~ 466-7843
Telephone

Work Order # E 12989

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

1-28 Eva Diaz -
Paid for Interment $270.00
Visa 4387 2112 7055 6275 Exp 4/99

E-12987

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 28 days

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Areli	Ruth	Valerio	06/04/1996	06/27/1996	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	Dora Diaz-mother 8914 Delrose Ave #24 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
CALIFORNIA CREMATION AND BURIAL CHAPEL 5880 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	07/01/1996

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	07/01/1996 ▶	[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 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 7/3/96	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.

Top left

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-28-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Harold W. Dill Jr.

In a Oak Vault (Vault/Liner) Funeral, date, time Tues 7-9 11:00

Church, Chapel, Graveside Witness : Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 33 Grave 8 Row _____ Section GAR Division/Block 1

Grave space & Care Fund Pre-Need A-5606	-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-47592	269.26
Balance due	-0-

PAID
JUL 09 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 Elaine Dill
Signature
X 7664 GRANGER ST.
Address
X San Diego CA 92107
City Zip Code
X 619-224-1551
Telephone

Work Order # E 12990

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12990

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
HAROLD	WILLIAMS	DILL, JR.	01/13/1923	06/27/1996	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	ELAINE DILL: DAUGHTER 4664 GRANGER STREET SAN DIEGO, CA 92107

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶	06/28/1996

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	Victoria Meza 07/01/1996	9609468 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 7/2/96	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 7-2-96	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

47502

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-9, 1996

From: Elaine Dill Address: 4664 Granger St. San Diego 92107

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Interment of Harold W. Dill Jr.

Lot 33 Grave 18 Row Section GAR Division Block 1

Invoice No.

Acct. No.

W.O. E - 12990

BALANCE DUE 0

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

3040

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shuchillon

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-28-96

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

in a _____ Funeral, date, time Wed 7-3 11:00

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 $ 50.00 will be applied and billed to undersigned X C D

War time veteran _____.

Lot 1573 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-47552	270.00
Balance due	0

PAID
paid in full
JUL 02 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

L=26
W=13
H=10 1/2

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 Connie Delatorre
Signature
X 4076 Via del Bardo
Address
X San Ysidro CA. 92173
City Zip Code
X (619) 690-1469
Telephone

Work Order # E 12991

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E12991

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
DESAVORIA	LENA	DELATORRE	04/14/1996	06/26/1996	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	CONNIE DELATORRE-MOTHER 4076 VIA DEL BARDO SAN YSIDRO, CA 92173

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION AND BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Manuel Montiel	06/01/1996

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	07/01/1996 ▶	

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
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION 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 7/3/96	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.

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47552

Date: 7-2, 19 96

From: Connie Delatore Address: 4076 Via Del Bardo San Ysidro, Ca. 92173

Two hundred seventy ~~five~~ and no/100 Dollars ($ 270.00)

In full Payment of Interment of Desaviona Lena Delatore

Lot 1573 Grave _____ Row _____ Section 1 Division 9 Block

Invoice No. _____

Acct. No. _____

W.O. E-12991

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 Surgon

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

47758

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9-6 19 96

From: Connie Delatorre Address: 4076 Via Del Rancho San Ysidro CA 92173

Thirty one and Dollars ($ 31.55)

In full Payment of temporary Marker for Desaveria Delatorre

Lot 1573 Grave 1 Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E-12991

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 Owens

CREDIT	67007		
20% Sales Cars	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-1-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emma Stitler (X)

in a Ash Vault (Vault/Liner) Funeral, date, time Wed, 7/31 AYD

Church, Chapel, Graveside Del. Only ; Conrad (Donna) Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 660 Grave _____ Row _____ Section 5 Division/~~Block~~ 8

Grave space & Care Fund Pre-Need B-4719 Ø

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 269.26

Paid receipt number R-47643 269.26

Balance due Ø

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

Mortuary to Brens 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 12992

PY-593 (Rev. 8-92)

E-12992

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EMMA	O.	STITELER	10/03/1911	05/29/1995	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ENCINITAS	SAN DIEGO	JACK T. STITELER - SON 1753 LAKE DRIVE CARDIFF, CA 92007

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	▶ Karen Warnant	05/31/1995

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Karen Warnant 06/01/1995	9507349 ▶

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)
- [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 [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 6/1/95	11C. SIGNATURE OF PERSON IN CHARGE OF [redacted] ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC. 571-J CRANE STREET LAKE ELSINORE, CA 92530	12B. DATE CREMATED 6/5/95	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47643

Date: 7-30, 1996

From: Conrad Address: 7387 Broadway Lemon Grove 91945

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Interment of Emma Stitler

Lot 660 Grave Row Section 5 Division Block 8

Invoice No.

Acct. No.

W.O. E- 12992

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

27480

AC-212 (Rev. 5-94)

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

ISSUED BY S Shichillos

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

Pre-need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-1-96

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

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 61 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	Paid in full 7-20-98
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	795.00
Paid receipt number R-47547	200.00
Balance due	595.00

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

X _____
Signature

X 858 OFO
Address

X EL CAJON 92021
City Zip Code

X 619-441-9851
Telephone

Work Order # E 12993

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12993

ACEBEDO, DANIEL 858 Oro, El Cajon, 92021

					DEBIT	CREDIT	BALANCE
07-01-96	Opened Pre-Need Lot:						
	Lot 61 Gr 11 Sec 3 Div 12				795.00		
07-01-96	Receipt #R-47547			80=03601		200.00	595.00
8-6 96	"	#R-47678	CPN #1	✓		25.00	570.00
9-10 96	"	R-47806		✓		25.00	545.00
10-8 96	"	R-47883	CPN #2	✓		25.00	520.00
11-5 96	"	R-47938	CPN #4	✓		25.00	495.00
12-9 96	"	R-48092	" 5	✓		25.00	470.00
1-7 97	"	R-48183	" 6	✓		25.00	445.00
2-10 97	"	R-48284	" 7	✓		25.00	420.00
3-10 97	"	R-48308	" 8	✓		25.00	396.00
4-7 97	"	R-48442	" 9			25.00	370.00
5-7 97	"	R-48543	" 10	✓		25.00	345.00
6-4 97	"	R-48654	" 11	✓		25.00	320.00
7-[redacted] 97	"	R-48779	# 12	✓		25.00	295.00
8-6 97	"	R-48852	13	✓		25.00	270.00
9-8 97		48948	14	✓		25.00	245.00
10/6 97		49051	15	✓		25.00	220.00
	ACEBEDO, DANIEL			Pre-need Lot			

61-11-3-12 Pre need lot E-12993 (220.00)

11/6	97	R-49151 CPN 16	✓	25.00	195.00
12/5	97	R-49244 CPN 17	✓	25.00	170.00
1/5	98	R-49348 CPN 18	✓	25.00	145.00
2-4	98	R-49604 CPN 19	✓	25.00	120.00
3-6	98	R-49725 CPN 20	✓	25.00	95.00
4-6	98	R-49822 CPN 21	✓	25.00	70.00
5-7	98	R-49929 CPN 22		25.00	45.00
6-3	98	R-50043 CPN 23		25.00	20.00
7-6	98	R 50137 CPN 24		20.00	0

PAID IN FULL

7-6-98

12312

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

mailed
7-8-98
E-12993.

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO DANIEL ACEBEDO for the sum of $ 795.00 (DOLLARS)

LEGAL DESCRIPTION Lot 61; Grave 11; Section 3; Division 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-12993

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:

Jo Ann Waits
Cemetery Manager

J. T. Spotten
Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

E-12993
7

Pre-Need
Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-1-96

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

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 61 Grave 11 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	795.00
Paid receipt number R-47547	200.00
Balance due	595.00

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

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

_____
Signature of recorded holder of deed

x [signature]
Signature

x 858 OFO
Address

x FL Calif 92021
City Zip Code

x 619-4419831
Telephone

Work Order # E 12993

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12993

AGREEMENT FOR BEFORE-NEED CREDIT LOT SALE

This Agreement entered into this 1st day of July, 1996, between Daniel Acebedo, 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 61, Grave 11, Row ____, Section 3, Block/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $795.00, payable as follows: $200.00 cash herewith, the receipt of which is hereby acknowledged; $25.00 on the 10th day of August, 1996; and the balance in installments of $25.00 or more, payable at the office of Mt. Hope Cemetery, on the 10th day of each month thereafter until the total sum of said purchase price is fully paid in cash. YOU, THE PURCHASER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE FIFTH CALENDAR DAY AFTER THE DATE OF THIS TRANSACTION, PROVIDED NO INTERMENT OR SUBSTANTIAL SERVICE OR MERCHANDISE HAS BEEN PROVIDED HEREUNDER. TO CANCEL, DELIVER OR MAIL WRITTEN NOTICE OF YOUR INTENT TO "MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CALIFORNIA 92102." THE ABOVE-STATED PRICE CONVEYS INTERMENT FEES IN THE ABOVE-DESCRIBED PROPERTY. COST OF BURIAL SERVICES - OPENINGS AND CLOSINGS OF THE GRAVE, CEMENT BURIAL LINER, CRYPT OR VAULT, AND RECORDING FEE - WILL BE CHARGED AT THE TIME OF BURIAL AND ARE NOT INCLUDED IN THE ABOVE-STATED PRICE. SEPARATE TRUST ARRANGEMENTS CAN BE MADE BEFORE NEED FOR SERVICE CHARGES TO OPEN AND CLOSE GRAVE, CONCRETE BURIAL CONTAINERS, RECORDING FEE, ETC.

Twenty percent (20%) of all money received for the grave will be deposited into Cemetery's Perpetuity Fund. This Perpetuity Fund provides income for the care and maintenance of all portions of the Cemetery.

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

At the time the purchase price is fully paid, Seller agrees to execute and deliver to Purchaser, or party designated as shown herein by Purchaser, a Deed evidencing said exclusive right of interment.

Time is expressly made of the essence of this Agreement, and if the Purchaser fails to pay any one installment when due, the Seller, by giving thirty (30) days' written notice by deposit of a letter in the United States mail addressed to the Purchaser, or to his heirs or executors or administrators or assigns at the address stated above, or as stated on the books of the Cemetery, or at any other address requested in writing by the Purchaser, may declare this Agreement cancelled and all rights of Purchaser in and to the interment space herein described forfeited. Upon such

E-12993

WITNESS our hands this day and year above written.

Deed to be issued to:

Total Price 795.00
25% Down 200.00
595.00

23 payments at 25.00
1 payment at 20.00

See Below
Name

Address

PURCHASER

X Daniel Acebedo
Print Name

X
Signature

X 858 Ofo
Street Address (Mail)

X El Cajon Ca. 92021
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: Sue Mullin

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

43443

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY
527-3400

Date: 4-7, 19 97

From: Daniel Acebedo Address: 858 010 El Cajon 92021

twenty five and no/100 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 101 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 370.00

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 Jurgen

CREDIT	57007		
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

50043

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 6-3, 1998

From: Daniel Acebedo Address: 858 ON El Cajon 92021

twenty five & no/100 Dollars ($ 25.00)

In part Payment of pre need lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 20.00

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 Catina Avallone

CREDIT 20% Sales Care	67007 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	63033 9022		
Sales Tax	60101 78290		
TOTAL PAID	$	25	00

AC-212 (Rev. 5-94) Money order

OFFICIAL RECEIPT

50137

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-6 19 98

From Daniel Acebedo Address: 858 Ohio El Cajon 92021

Twenty + no/100 Dollars ($ 20.00)

full In ~~part~~ Payment of pre need lot

Lot 61 Grave 11 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 0

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

AC-212 (Rev. 5/94) 02-1620442

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

ISSUED BY Laura Avalos

CREDIT	67007	
20% Sales Care	77184	20 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	$	20 00

OFFICIAL RECEIPT

49929

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-7 1998

From: Daniel Acebedo Address: 858 Oro El Cajon 92021

twenty five and no/100 — Dollars ($ 25.00)

In part Payment of pre need lot

Lot 61 Grave 11 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 45.00

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

AC-212 (Rev. 5-94) money order

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

ISSUED BY Catlina Avallone

CREDIT	67007	25	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	$	25	00

OFFICIAL RECEIPT

49051

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10/6, 19 97

From: Daniel Accbrdo Address: 858 Old El Cajon 92021

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Purchase of

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 220.00

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

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

ISSUED BY (Jurgen Avallone)

CREDIT	67007		
20% Sales Care	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	53033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49151

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 11/6, 1997

From: Daniel Acebedo Address: 858 Oro El Cajon 92021

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Pre-need Lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 195.00

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

Money Order

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

ISSUED BY Cabana, Avalone

CREDIT 20% Sales Care	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 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 5-94)

48948

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9-8, 19 97

From: Daniel Accbedo Address: 858 010 El Cajon 92021

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of prepaid lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 245.00

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 C Duran-Avallone

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

48852

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-6, 1997

From: Daniel Acebedo Address: 858 010 El Cajon 92021

Twenty five and no/100 Dollars ($ 25 00)

In part Payment of Pre-need lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 270.00

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 Gregory Avalone

CREDIT 20% Sales Care	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 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	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

49193

Date: 1-7, 19 97

From: Daniel Acebedo Address: 858 010 El Cajon, CA 92021

Twenty Five and no/100 Dollars ($ 25 00)

In Cash Payment of Pre-need lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 445.00

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 Dillon

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

4[illegible]234

Date: 2-10, 1997

From: Daniel Acebedo Address: 858 010 El Cajon 92021

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of pre-need lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 420.00

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 Catina Duggan

CREDIT 20% Sales Care	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 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	25	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

47983

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11-5, 19 96

From: Daniel Acevedo Address: 858 ORO El Cajon 92021

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 61 Grave 11 Row ____ Section 3 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-12993

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 Catina Duncan

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

47883

Date: 10-8, 19 96

From: Daniel Acebedo Address: 858 Dro El Cajon

Twenty five and 00/100 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 161 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 520.00

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 Jurgens

CREDIT 20% Sales Care	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 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	00

49348

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E 12993

Date: 1-5, 1998

From: Daniel Acebedo Address: 858 Oro El Cajon 92021

twenty five and no/100 Dollars ($ 25 00)

In part Payment of pre need lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. 145 00

BALANCE DUE E-12993

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

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	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

40244

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12/5, 19 97

From: Daniel Acevedo Address: 858 Old El Cajon 92021

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Burial Lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 170.00

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

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	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 76390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

49322

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-6 19 98

From: Daniel Acebedo Address: 858 ORO EL Cajon 92021

Twenty five and no/100 — Dollars ($ 25.00)

In part Payment of pre need lot

Lot 101 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 70.00

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

CREDIT		
20% Sales Care	57007 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	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

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

AC-212 (Rev. 5-84) money order

ISSUED BY Catina Avalos

47506

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-10 , 19 91

From: Daniel Acebedo Address: 858 Old El Cajon, CA 92021

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Pre-need lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 545.00

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 Cynthia Duggan

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

47678

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-6, 19 96

From: Daniel acebedo Address: 858 Oro El Cajon Ca. 92021

twenty five and no/100 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 570.00

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 Turgeon

CREDIT 20% Sales Care	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 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

4 547

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-1, 1996

From: Daniel Acebedo Address: 858 Oro El Cajon 92021

Two Hundred Dollars ($ 200.00)

In part Payment of Pre-Need Lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E- 12993

BALANCE DUE 595.00

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

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

ISSUED BY S Michelle

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 76390		
TOTAL PAID	$	200	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

48092

Date: 12-9, 1996

From: Daniel Acebedo Address: 858 Ono El Cajon 92021

Twenty five Dollars ($ 25.00)

In part Payment of Pre-Need Lot

Lot 61 Grave 11 Row Section 3 Division 17 Block

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 470.00

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	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

49604

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-4 , 19 98

From: Daniel Accardo Address: 858 Ord El Cajon 92021

twenty five & no/10 Dollars ($ 25 00)

In part Payment of Pre Need Lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 120.00

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

CREDIT	67007	25	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	$	25	00

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

ISSUED BY Calina Avallone

AC-212 (Rev. 5-94) 02-1159429G0

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49725

Date: 3-6, 1998

From: Daniel Acebedo Address: 858 010 El Cajon 92021

twenty five and no/100 Dollars ($ 25 00)

In part Payment of Pre need lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 95 00

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

02-1159 52007

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

Catina Avallone

ISSUED BY

CREDIT	67007	25	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	$	25	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 3 3 0 3

Date: 3-10, 19 97

From: Daniel Acebedo Address: 858 Oro El Cajon 92021

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12293

BALANCE DUE 395.00

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 Catina Turgeon

CREDIT 20% Sales Care	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 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	25	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

43543

Date: 5-7, 1997

From: Daniel Acebedo Address: 858 Oro Ct Cajon 92021

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of Pre-need lot

Lot 61 Grave 11 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 345.00

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 Durgom

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

45779

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-11 , 19 97

From: Daniel Acebedo Address: 858 Oro Ed Cajon 92021

Twenty five Dollars ($ 25.00)

In part Payment of Pre-Need Lot

Lot 61 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12993

BALANCE DUE 295.00

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 A. Sheldon

CREDIT	67007	25 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	80101 78390	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45651

Date: 6-4, 19 97

From: Daniel Acebedo Address: 858 Oro, El Cajon 92021

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 61 Grave 11 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-12993

BALANCE DUE 320.00

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 Durgan

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

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

DO NOT MAIL ENTIRE BOOK E-12993

ACCOUNT No. Pre-need Lot

Daniel Acebedo
858 Oro
El Cajon, CA 92021
Lot 61, Gr 11, 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** **2**

DO NOT MAIL ENTIRE BOOK E-12993

ACCOUNT No. Pre-need Lot

Daniel Acebedo
858 Oro
El Cajon, CA 92021
Lot 61 Gr 11 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 Daniel Acebedo

ADDRESS 858 Oro

CITY El Cajon STATE CA ZIP 92021

☐ 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 E12993

Daniel Acebedo
858 Oro
El Cajon, CA 92021
Lot 61, Gr 11, 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 Daniel Acebedo

ADDRESS 858 Oro

CITY El Cajon STATE Ca. ZIP 92021

☐ 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 E12993

Daniel Acabedo
858 Oro
El Cajon, CA 92021
Lot 61 Gr 11 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 Daniel Acabedo

ADDRESS 858 Oro

CITY El Cajon STATE Ca. ZIP 92021

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Irrigation Mgt

Daniel Acabedo E12993
858 Oro
El Cajon, CA 92021
Lot 61, Gr 11, 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** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot ET 2943

Daniel Acebedo
858 Oro
El Cajon, CA 92021
Lot 61 Gr 11 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 Daniel Acebedo

ADDRESS 858 Oro

CITY El Cajon STATE Cal. ZIP 92021

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 5

Daniel Acebedo
658 Oro
El Cajon, CA 92021
Lot 61, Gr 11, Sec 3 Div 12

E12993

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: $ 5.00

Amount due if paid more than _____ days after due 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-used Lot

Daniel Acebedo

858 Oro

El Cajon, CA 92021

Lot 61 Gr 11 Sec 3 Div 12

E12993

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

Daniel Acebedo

856 Oro

El Cajon, CA 92021

Lot 61, Gr 11, Sec 3 Div 11

E12993

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E12793

Daniel Acebedo E12793

858 Oro

El Cajon, CA 92021

Lot 61 Gr 11 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 Daniel Acebedo

ADDRESS 858 Oro

CITY El Cajon STATE Ca. ZIP 92021

☐ 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

Daniel Arabedo
856 Oro
El Cajon, Ca 92021
Lot 61, Gr 11, Sec 3 Div 12

E12993

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

Daniel Acebedo

858 Oro

El Cajon, CA 92021

Lot 61 Gr 11 Sec 3 Div 11

E/2023

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. ▶ $ 35.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Daniel Acebedo
858 Oro
El Cajon, CA 92021
Lot 61, Gr 11, Sec 3 Div 11

E12993

E12993

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 Daniel Acebedo

ADDRESS 858 Oro

CITY El Cajon STATE Ca. ZIP 92021

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid Lot

Daniel Acevedo

858 Ora

El Cajon, CA 92021

Lot 61 Gr 11 Sec 3 Div 12

E12993

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

...e coupon with each remittance **COUPON** **15**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-sated Lot

Daniel Acebedo

838 Oro

El Cajon, Ca 92021

Lot 61, Gr 11, Sec 3 Div 12

E12993

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ 33.00

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

$ _____

Amount Received $ _____

NAME Daniel Acebedo

ADDRESS 838 Oro

CITY El Cajon Ca. STATE _____ ZIP 92021

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							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 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

ED 823

Month and Day Due Indicated Below

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

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

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

$

Amount Received $

NAME

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.

E12993

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. $ 25.00

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

$ _____

Amount Received $ _____

NAME Daniel Acebedo

ADDRESS 858 Oro

CITY El Cajon STATE Ca. ZIP 92021

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

E12993

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 ▶ $ 15.00

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

$ _____

Amount Received $ _____

NAME Daniel Acebedo

ADDRESS B 58 Oro

CITY El Cajon STATE Ca. ZIP 92021

☐ check (✓) if this is new address

E12993

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

E12993

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. $ 35.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

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: $ 23.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E 12993

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 ▶ $ 32.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E12993

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.

E 12993

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]~~ 20.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-1-96

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

in a Top of Double Depth Crypt (Vault/Liner) Funeral, date, time FRI. July 5 1:00

Church, Chapel, Graveside Chapel + graveside Lewis Colonial (Reginald) Mortuary.

All Funeral cars must 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. Kresan

War time veteran _____.

✓ Lot — Grave 3 Row 16 Section 8 Division/Block 7

Grave space & Care Fund Pre Need E-5629	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container "	0
Handling Fees "	0
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	420.00
Paid receipt number R-47548	420.00
Balance due	0

PAID
paid M. Hill
JUL 01 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 Joanne A. Kresan
Signature
X 8975-378 4. Week Dr.
Address
X Escondido, Ca. 92026
City Zip Code
X (619) 749-8405
Telephone

✓

Work Order # E 12994

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12994

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
ESSIE	MAE	BUNKER	05/30/1911	06/30/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	JOANNE A. KROON - DAUGHTER 8975-378 LAWRENCE WELK DR. ESCONDIDO, CA 92026

7A. TYPED NAME AND ADDRESS OF 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]	07/02/1996

▶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	07/03/1996	▶ [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	--

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7/5/96	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

47548

Date: 7-1, 19 96

From: JoAnne A. Kilpin Address: 2975-378 Lawrence Welk Dr. Escondido, CA 92026

Four hundred twenty dollars & no/100 Dollars ($ 420.00)

In full Payment of Interment of Kenny Bunker

Lot — Grave 3 Row 16 Section 8 Division Block 7

Invoice No.

Acct. No.

W.O. E-12994

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #38108

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgen

CREDIT	57007		
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-12994

April 2, 2004

Mt. Hope Cemetery
City of San Diego
3751 Market Street
San Diego, CA 92102

Gentlemen:

I am the daughter, and only surviving relative of Walter E. Bunker Jr. & Essie Mae (Penny) Bunker who are interred in Grave 3, Row 16, Section 8, Division/Block 7. If the event you need to contact anyone concerning their site please mark their records as follows:

Daughter: Joanne A. Kroon
Address: 10637 No. Friar Rd. - #23
Hayden Lake, ID 83835

The above will be my address as of May 1, 2004. If you have any questions you may reach me at (760) 787-0554 until that date. Thank you for your assistance.

Very truly yours,

Joanne A. Kroon

family will call with the funeral date and time and with type of service

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-2-96

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

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

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

All Funeral cars must 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 Jm N

War time veteran Jm N.

✓ Lot 264 Grave ~~1210~~ 12 Row _____ Section 2 Division/Block 13

Grave space & Care Fund 378	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-47554	417.00
Balance due	1,252.38

PAID

JUN 08 2004

MOUNT HOPE CEMETERY

paid in full
Acct. #194257
$ 2546.96

30-Day note

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

X _____
Signature

4084 48th St
Address

X San Diego 92105
City Zip Code

X 584-8584
Telephone

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

_____
Signature of recorded holder of deed

Work Order # E 12995

Invoice # 271943

Acct. # 089022

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-12995

NOTE

$ 1,252.38 San Diego, California July 2 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 fifty two and 38/100 DOLLARS with interest from August 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.

PRINT NAME JOHN NEWTON SIGNATURE [redacted]

ADDRESS [redacted] 48th SAN Diego Calif 92105

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

PY-1012 (11-89)

E-12995

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 74

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ESTELLA	-	NEWTON	06/30/1922	07/01/1996	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	NITA STEELE-DAUGHTER 3340 DEL SOL BLVD. #48 SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION AND BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	07/03/1996

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	07/03/1996	▶ [signature] GH

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION 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 7/11/96	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

47554

Date: 7-2, 19 96

From: John Newton Address: 4084 48 St San Diego, CA. 92105

Four hundred seventeen and no/100 Dollars ($ 417 00)

In part Payment of Interrment of Estella Newton

Lot 204 Grave 10 Row _____ Section 2 Division 12 Block

Invoice No. _____

Acct. No. _____

W.O. E-12995

BALANCE DUE 1,252.38

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

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Surgeon

CREDIT 20% Sales Care	57007 77184		
80% Sales of Lots	100 77184	417	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	417	00

E-12995

THE CITY OF SAN DIEGO

****
* Account ID No.
* 942057
****

JUNE 8, 2004

RE: NAME : JOHN NEWTON
VICKIE NEWTON
4084 48 STREET
SAN DIEGO CA 92105

SOC. SEC. NO: 567-06-1957

TO WHOM IT MAY CONCERN:

THIS LETTER WILL CONFIRM THE ACCOUNT(S) DESCRIBED BELOW WAS/WERE PAID IN FULL ON 6-8-04.

ACCOUNT NUMBER(S)

942057*****

IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE FEEL FREE TO CONTACT ME DIRECTLY AT THE NUMBER BELOW.

K. ALEXANDER

RT: M

Collection Division • Office of the City Treasurer
1010 Second Avenue, Sixth Floor, West Wing • San Diego, CA 92101-4904
P.O. Box 129039 • San Diego, CA 92112-9039
Tel (619) 744-3100 Fax (619) 533-3840
email: Collections@sandiego.gov Internet: www.sandiego.gov/treasurer/collections

E-12995



Treasurer Collections
Web: www.sandiego.gov
(619)744-3100

06/08/2004 9:17AM 04
000000#1025 BST

#942057
MT HOPE $2546.96

ITEMS 10
***TOTAL
$2546.96
CASH $2600.00
CHANGE $53.04

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-2-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zelma Hunter (x)

in a _____ Funeral, date, time Fri 7-5 11:00

Church, Chapel, Vault/Liner Graveside church & graveside ca Burial Jeannette Mortuary.

All Funeral cars must 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 Thelma Stan

War time veteran _____.

✓ Lot 353 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container Temporary marker	20.00
Handling Fees	10.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	1.55
Total Due	481.55
Paid receipt number R-47555	481.55
Balance due	0

PAID
JUL 02 1996
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Sister

I hereby certify I am the x Thelma Stan of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability 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 Stan
Signature
x 24058 PARK CASINO
Address
x CALABASAS 91302
City Zip Code
x (818) 591-0619
Telephone

Work Order # E 12996

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12996

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ZELMA	REE	HUNTER	11/23/1935	06/26/1996	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	NEATRA MOORE-DAUGHTER 1010 NORTH 33RD ST. #307 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 A Mitchell	07/01/1996

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

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/01/1996	[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 7/5/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, INC. 571-J CRANE ST. LAKE ELSINORE, CA 92530	12B. DATE CREMATED 7.2.96	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 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

47555

Date: 7-2, 19 96

From: Thelma Starr Address: 24058 Park Casino Calabasas Park, Ca. 91302

Four hundred eighty one and 55/100 Dollars ($ 481.55)

In Full Payment of Interment of Zelma Hunter and Temporary Marker for Zelma Hunter

Lot 353 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E-12996

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #2177

AC-212 (Rev. 5-94)

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

ISSUED BY Thelma Swigert

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	300	00
Opening/ Closing	100 77181	165	00
Burial Containers	100 77182	36	00
	100	10	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	1	55
TOTAL PAID	$	481	55

MT. HOPE CEMETERY*

INTERMENT ORDER

City of San Diego

Date 7-3-96

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

in a liner Funeral, date, time Mon 7-8 11:00

Church, Chapel, Graveside (Vault/Liner) Chapel / Graveside : Ragsdale Mortuary.

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

will be applied and billed to undersigned. X [signature]

War time veteran _____.

Lot 225 Grave 11 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	554.00	995.00
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	1-17-97	
Recording and filing fee	per Greg Woods	45.00
Sales taxes		14.73
Total Due		1764.73
Paid receipt number	R-47557	441.00
Balance due		1323.73

1323.73

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 Leona Molden
Signature

X 3690 Summer Lane
Address

X Baldwin Park, CA 91706
City Zip Code

X 818 337-9561
Telephone

Work Order # E 12997

Invoice # 271911

Acct. # 0891003

PY-593 (Rev. 8-92)

12997

271911 07/17/96 089603 LEVORA MOLDEN 08/20/96 CK 1681 1,323.73 1,073.73

E - 12997

100	072	77181	000072	250.00
100	072	77182	000072	70.82
100	072	77183	000072	35.88
100	072	77184	000072	8.50
100	072	77185	000072	104.63
60101		78390		27.38
				2.79

PARTIAL PAYMENT

MT. HOPE CEMETERY

W.O. # E-12997

NOTE

$ 1323.73 San Diego, California July 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 three hundred twenty three & 73/100 DOLLARS with interest from August 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 Levora Molden SIGNATURE X Levora Molden

ADDRESS X 3690 Summer Lane Baldwin Park Ct 91706

CALIFORNIA DRIVER LICENSE NUMBER X N9127487 SSN # X 555-11-9588

PY-1012 (11-89)

E-12997

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Martha	Jane	Burton	06/28/1938	07/01/1996	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	Levora Molden, Daughter 3690 Summer Lane Baldwin Park, CA 91706

7A. TYPED NAME AND ADDRESS OF 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	Levora Molden	07/03/1996

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	07/03/1996	9609677

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7/8/96	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

47557

Date: 7-3, 1996

From: Tevora Molden Address: 3690 Sumner Ln Baldwin Park 91706

Four hundred forty one Dollars ($ 441.00)

In part Payment of Interment of Martha Burton

Lot 225 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-12997

BALANCE DUE 1323.73

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

1635

AC-212 (Rev. 5-94)

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	441	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	$	441	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-3-96

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

In a Liner (Vault/Liner) Funeral, date, time Wed. 7-10 9:00

(Church) Chapel, Graveside Church/Graveside: Paris Funeral Mortuary: Harold

All Funeral cars must 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 Dan

War time veteran _____.

✓ Lot 2960 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-Need C-7167 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 4.50

Sales taxes 14.23

Total Due 769.73

Paid receipt number R-47566 ..... 769.73

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 Dan Jr. A. McNea
Signature

X 389 Brookmere Dr.
Address

X San Jose, CA 95123
City Zip Code

X (408) 972-5906
Telephone

Work Order # E 12998

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-12998

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
DOROTHY	ELINOR	McNEA	05/22/1923	07/03/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EL CAJON	SAN DIEGO	CHRISTOPHER McNEA - SON 619 N. CITRUS AVENUE ESCONDIDO, CA 92027

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PARIS-FREDERICK MORTUARY 374 N. MAGNOLIA AVENUE, EL CAJON, CA 92020	fd-795	▶ [signature]	07/05/1996

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	07/05/1996 SANDRA HEATH	9609735 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 SAN DIEGO, CA 92102	11B. DATE BURIED 7/10/96	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

47566

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7/5, 19 96

From: Douglas McNea Address: 450 E. Bradley Ave El Cajon Ca 92021

Seven hundred sixty nine 73/100 Dollars ($ 769.73)

In Full Payment of Interment of Dorothy McNea

Lot 2960 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E-12998

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 Kenya Baker

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	14	73
TOTAL PAID	$	769	73

AC-212 (Rev. 5-94)

~~Temp Marker~~ + galvanized flower vase

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-3-96

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

in a LINER Funeral, date, time MON. JULY 8, 96 1:00

Church, Chapel, Graveside (Vault/Liner) CHAPEL & GRAVESIDE LAKESIDE-SANTEE Mortuary.

All Funeral cars must 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 OM

War time veteran _____.

✓ Lot 69 Grave 12 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	166 49	795.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container galvanized FLOWER VASE	(OM) 200.00	~~190.00~~
Handling Fees		158.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		15.51
Total Due		1,588.51
Paid receipt number R-475604		688.51
Balance due		900.00

paid in full 7-22-96

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

x Orie Mullins
Signature
x 8513 Flanders Dr.
Address
x S.D. CA 92126
City Zip Code
x 619-271-0592
Telephone

Work Order # E 12999

Invoice # 271912

Acct. # 0891604

PY-593 (Rev. 8-92)

129-6-100
BLK-93

Haynes family to come in to make plans for services they will pay 25% down. Please send copy of interment order to Shirley Thomas of Grossmont Hospice. They will pay part of balance. Mortuary is Lakeside/Santee

FAX# 462-5383

E-12999

Mathew Haynes

E-12999

271912 07/17/96 089604 ORIE MULLINS

E-12999

100	072	77181	000072	900.00	
100	072	77182	000072	375.00	
100	072	77183	000072	200.00	
100	072	77184	000072	45.00	
100	072	77185	000072	106.49	
60101		78390		158.00	
				15.51	

07/19/96 CK E-12999

900.00

0.00

PAID IN FULL

MT. HOPE CEMETERY

W.O. # E-12999

NOTE

$ 900.00 San Diego, California July 3 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 Nine hundred and no/100 DOLLARS with interest from August 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 KORIE Mullins SIGNATURE Korie Mullins

ADDRESS 8513 ~~FLANDERS~~ Flanders Dr S.D. CA 92124

CALIFORNIA DRIVER LICENSE NUMBER C6134371 SSN # 500-76-5920

PY-1012 (11-89)

E-12999

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 57

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ORIE	M.	HAYNES	07/13/1938	07/02/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LAKESIDE	SAN DIEGO	ORIE M. MULLINS (DAUGHTER) 8513 FLANDERS DRIVE 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
9640 MAINE AVENUE LAKESIDE, CA. LAKESIDE-SANTEE FUNERAL CHAPEL	FD-997	▶ Mae Houston	07/05/1996

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	MAE HOUSTON 07/05/1996 ▶	9609721

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 92126 3751. MARKET STREET SAN DIEGO, CA.	11B. DATE BURIED 7/8/96	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

47565

Date: 7-3, 19 90

From: Eric Mullins Address: 8513 Flandus Dr. S.D. Ca. 92126

Thirty One and 55/100 Dollars ($ 31.55)

In full Payment of #1 Temporary Marker for Ollie Haynes

Lot 69 Grave 12 Row Section 3 Division 12 Block

*Invoice No.

Acct. No.

W.O. E-12999

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

#2318

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

ISSUED BY Catarina Jurgron

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45179

Date: 1/7, 1997

From: Orie M. Mullins Address: 8513 Flanders Dr. SD. Ca 92126

One hundred twenty five 00/00 Dollars ($ 125.00)

In Full Payment of Installation Fee of Marker for

Orie M. Haynes

Lot 69 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12999

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 Valentyn K

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	50101 78380		
TOTAL PAID	$	125	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4:564

Date: 7-3 19 96

From: ORIE MULLINS Address: 8513 Flinders Dr. S.D., Ca. 92126

Six hundred eighty eight and 51/100 Dollars ($ 688.51)

In Full Payment of Interinment of Orce Haynes and galvanized flower vase.

Lot 69 Grave 12 Row 1 Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-12999

BALANCE DUE 000.00

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 Jungori

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	688	51
Opening/ 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	$	688	51

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/5/96

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

in a Ash Vault (Vault/Liner) Funeral, date, time Wed, July 10. 11:00

Church, Chapel, Graveside ~~Graveside Only~~ Delivery Only : Curing Cremation Mortuary.

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

will be applied and billed to undersigned. X JRA.

War time veteran _____.

✓ Lot 65 Grave 6 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... Pre Need D-2601	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-47579	269.26
Balance due	0

PAID
JUL 05 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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 John R. Andrews
Signature

X 4726-49 St
Address

X San Diego 92115
City Zip Code

X 582-7761
Telephone

Work Order # E 13000

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47579

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

MOUNT HOPE CEMETERY
527-3400

Date: 7/5, 19 96

From: John Andrews Address: 4226 49th Street. SD CA 92115

Two hundred sixty nine 26/00 Dollars ($ 269.26)

In Full Payment of Interment of Mildred Andrews

Lot 65 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-13000

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 Tanya Baker

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 75380	4.	26
TOTAL PAID	$	269	26

Caring Cremation
70065 / 6123
E-13000

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MILDRED	AVIS	ANDREWS	12/16/1912	07/01/1996	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	JOHN R ANDREWS-HUSBAND 4726-49TH 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
CARING CREMATION SERVICES OF S.D. P.O.BOX 711036 S.D. CA 92171-9972	FD-1516	▶ Rosa Nava	07/03/1996

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	07/03/1996	9609676 ROSA NAVA ▶

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

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7/10/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Waits	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE S.D., CA 92113	12B. DATE CREMATED 7-06-96	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 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 7-5-96

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

In a liner Funeral, date, time Wed. 12:00 7-10

Church, Chapel, Vault/Liner Graveside Graveside only; Featherhill Steve Mortuary.

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

War time veteran _____.

Lot 117 Grave 9 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	488	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 R-47572		407.00
Balance due		1,257.73
		1,257.73

PAID
paid in full
JUL 25 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.

Emma Smith
Signature

5411 Imperial Ave. A P. 4
Address

City Zip Code

ph. 263.0473
Telephone

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

_____
Signature of recorded holder of deed

Invoice # 271935

Work Order # E 13001

Acct. # 089021

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-13001

NOTE

$ 1257.73 San Diego, California July 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 Fifty Seven & 73/100 DOLLARS with interest from August 11, 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 EMMA SMITH SIGNATURE X

ADDRESS X 5411. IMPERIAL AVE. APT 4

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X 430-31-6768

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

47572

MOUNT HOPE CEMETERY

527-3400

Date: 7-5, 1996

From: Emma Smith Address: 5411 Imperial Ave Apt 4 SD

Four hundred Seven Dollars ($ 407.00)

In part Payment of Interment of Sherman Smith

Lot 117 Grave 9 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E- 13001

BALANCE DUE 1257.73

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

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

ISSUED BY S. Shechtler

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	407	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	$	407	00

AC-212 (Rev. 5-94)

E-13001

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SHARMAN	-	SMITH, JR.	08/05/1933	07/02/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chula Vista	San Diego	Diane Smith, daughter 6194 Wunderlin 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
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115	FD 1083	▶ B. Hannsud	07/08/1996

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	07/08/1996 Cindy Haggard	9609760 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 7/10/96	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.

E-13001

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 089621

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE July 25, 1996 (Hand Delivered to Mt. Hope)

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

PAYMENT REFERENCE NUMBER _____

AMOUNT PAID 1257.73

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Emma Smith

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) _____

CUSTOMER (PAYOR) ADDRESS _____

REMARKS Calma Jürgen
MS#72

CASHIER _____

INV. NO. 271935

TR-1961 (2-82)

E-13001

271935	07/18/96	089621	EMMA SMITH						1,257.73	0.00
	E-13001					07/25/96	CA	DELIVERED	1,257.73	PAID IN FULL
			100	072	77181	000072			375.00	
			100	072	77182	000072			190.00	
			100	072	77183	000072			45.00	
			100	072	77184	000072			488.00	
			100	072	77185	000072			145.00	
			60101		78390				14.73	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-5-96

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

In a Liner Vault/Liner Funeral, date, time TUES. 7/9 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. Lakette Jones

War time veteran _____.

Lot 2510 Grave 3 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,564.73
Paid receipt number R-47580	1,564.73
Balance due	0

PAID
JUL 05 1996
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

X Lakette Jones
Signature
X 2934 Hollywood Way
Address
X Spring Valley
City
X Ca, 660-8593 Zip Code
Telephone
262-4546 mom

Invoice # _____

Work Order # E 13002

Accl. # _____

PY-593 (Rev. 8-92)

E-13002

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 17

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Damian	LaMont	Briscoe 10-24-78	08/08/1978	07/02/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Lavette Jones, Mother 2934 Anawood Way Spring Valley, CA 91978

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Lavette Jones	07/08/1996

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	07/08/1996	9609767

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7/10/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J. Watt	
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
527-3480

47500
000383

Date: 7-5 19 96

From: Lavette Jones / Ella Jones Address: 2934 Ana Wood Way Spring Valley, Ca 91978

One thousand five hundred sixty four and 73/100 Dollars ($ 1,564.73)

In full Payment of Interment of Damian Briscoe

E 13002

Lot 256 Grave B Row Section 2 Division 12

Invoice No.

Acct. No.

W.O. E-13002

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 105

AC-212 (Rev. 5-96)

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

ISSUED BY Carina M. Jurgon

CREDIT 20% Sales Care	87007 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	83033 9022		
Sales Tax	80101 78300	14	73
TOTAL PAID	$	1,564	73

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47501

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

MOUNT HOPE CEMETERY
527-3400

Date: 7-5 19 96

From: LaVette Jones Address: 2934 Anawood Way Spring Valley, Ca. 91978

Thirty One and 55/100 Dollars ($ 31.55)

in Full Payment of Temporary Marker for Damian Briscoe

Lot 256 Grave 3 Row Section 2 Division Block 12

E 13002

Invoice No.

Acct. No.

W.O. E-13002

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 Jurgen

CREDIT 20% Sales Care	67007 77184		
60% 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~~ 20	00
Pre-Need Trust	69033 9022		
Sales Tax	60101 76360	1	55
TOTAL PAID	$	31	55

center right

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-8-96

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

in a ash Vault (Vault/Liner) Funeral, date, time Thursday AYD 7-18

Church, Chapel, Graveside delivery only : Family Mortuary.

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

will be applied and billed to undersigned. X

War time veteran _____.

Lot 36 Grave 8 Row _____ Section MAS. Division/~~Block~~ T

Grave space & Care Fund	Pre-Need C-3491	~~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-47021	269.26
	Balance due	Ø

PAID
JUL 17 1996
paid in full.
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Charles Sundberg
916-243-0732

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 Charles H Sundberg
Signature
X 3775 YULETIDE AVE
Address
X REDDING CA 96003
City Zip Code
X (916) 243-0732
Telephone

Invoice # _____

Work Order # E 13003

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

47621

Date: 7-17 19 96

From: Charles Sundberg Address: 3775 Yuletide Ave. Redding, Ca. 96003

Two hundred sixty nine & 26/100 Dollars ($ 269.26)

In full Payment of Interrment of George Sundberg

Lot 34 Grave 8 Row Section MAS Division Block T

Invoice No.

Acct. No.

W.O. E-13003

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☒ 4102

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Surgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	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 9222		
Sales Tax	60101 76360	4	26
TOTAL PAID	$	269	26

E-18003

83

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	Edward	Sundberg	11/16/1912	06/30/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Sheridan	Wyoming	Lena M. Sundberg, Wife 1270 Sugarview Dr. #126 Sheridan, WY 82801

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
McDonald's Chapel Redding, CA	FD-177	▶ Laura E. Wilson	7/16/96

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/17/1996	▶ [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
–	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
- [X] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-8-96

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

In a Liner (Vault/Liner) Funeral, date, time TUES. 7/9 2:00 PM

Church, Chapel, Graveside Chapel & Graveside; Rappaport (HARTWELL) Mortuary.

All Funeral cars must 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 12 Grave 3 Row _____ Section 17 Division/Block 7

Grave space & Care Fund ..... Pre-Need D-8735 0

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes 14.73

PAID
Paid in full
JUL 09 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mortuary will bill for full amount

Total Due 769.73

Paid receipt number R-47594 769.73

Balance due 0

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 13004 ✓

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

47594

Date: 7-9, 19 96

From: Anderson-Ragsdale Mort. Address: 5050 Federal Blvd. San Diego, Ca. 92102

Seven hundred sixty nine and 73/100 Dollars ($ 769.73)

In full Payment of Interment of Alice Bell

Lot 12 Grave 3 Row Section 17 Division Block 7

Invoice No.

Acct. No.

W.O. E-13004

BALANCE DUE

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

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 73090	14	73
TOTAL PAID	$	769	73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 8536

ISSUED BY Catina Turgeon

AC-212 (Rev. 5-94)

E-13004

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Alice	-	Bell	04/11/1906	07/06/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Emma Moring - Daughter 5290 Prosperity Lane 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 Mortuary; 5050 Federal Blvd San Diego, CA 92102	F-1329	▶ [signature]	07/08/1996

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	07/09/1996	9609846 ▶ [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	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION 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 7/12/96	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.

D.I.P. 1984

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-8-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Victor Popov 1:00

In a Liner Funeral, date, time Tues, 7/9.

Church, Chapel, Graveside (Vault/Liner) Chapel/Graveside ; PARKCREST Mortuary.

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

will be applied and billed to undersigned. X

War time veteran _____

Lot 4942 Grave _____ Row _____ Section _____ Division/[redacted] 10

Grave space & Care Fund	Pre-Need E-4614	Ø
Additional spaces and care fund		
Opening/Closing & Setup	183	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-47586	192.00
Balance due		577.73

4 Shovels

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.

MARGARITA POPOVA

Signature

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

Signature of recorded holder of deed

1695 18TH ST. #309

Address

SAN FRANCISCO, CA. 94303

City Zip Code

(619) 295-9967

Telephone

MOM'S PH. #

Invoice # 271936

Acct. # 0891020

Work Order # E 13005

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-13005

NOTE

$ 577.73 San Diego, California July 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 Five hundred seventy seven + 73/100 DOLLARS with interest from August 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 MARGARITA POPOVA SIGNATURE X

ADDRESS X 1695 18TH ST. #309 SAN FRANCISCO, CA 94303

CALIFORNIA DRIVER LICENSE NUMBER X E0865145 SSN # X 550-11-2661

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47506

Date: 7-8 19 96

From: Margarita Popova Address: 1695 18th St # 309 San Francisco 94303

One Hundred Ninety Two Dollars ($ 192.00)

in part Payment of Interment of Victor Popov

Lot 4942 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E- 13005

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 L. Hulitt

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184	192	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	89033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	192	00

E-13005

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 39

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Victor	Hermann	POPOV	12/09/1956	FOUND 07/02/1996	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	Helen POPOV-Mother 3960 Utah Street San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Park Crest Funeral Home 2441 University Ave. San Diego, CA 92104	FD1507		07/09/1996

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	KK Smith 07/09/1996	9609864

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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, S.D., 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 Street San Diego CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-8-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ~~Teresa Cuevas~~ Maria Teresa Cuevas G.

In a T.S. Vault Funeral, date, time Tues. 7-9 9:00

Vault/Liner

Church, Chapel, Graveside church+graveside ; Guadalupana Martha Mortuary.

All Funeral cars must 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 Ja C M.

War time veteran _____.

✓ Lot 70 Grave 8 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	0	795.00
Additional spaces and care fund		
Opening/Closing & Setup	320.00	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
30 day note	Total Due	1,669.38
	Paid receipt number R-47590	850.00
	Balance due	819.38

I hereby certify I am the x youngest 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 Jaime C Montoya
Signature

x 713 Colorado Ave
Address

x Chula Vista 91910
City Zip Code

x 425-6842
Telephone

Invoice # 271937

Acct. # 089619

Work Order # E 13006

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-13006

NOTE

$ 819.38 San Diego, California July 9 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 Eight Hundred Nineteen & 38/100 DOLLARS with interest from August 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 Jaime Cuevas Montoya SIGNATURE Jaime C. Montoya

ADDRESS 713 Colorado Ave Chula Vista CA. 91910

CALIFORNIA DRIVER LICENSE NUMBER U1062298 SSN # 568-73-3819

PY-1012 (11-89)

E-13006 47500

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-9, 1996

From: Jaime Montoya Address: 713 Colorado Ave Chula Vista 91910

Eight Hundred Fifty Dollars ($850.00)

In part Payment of Interment of Maria Cuevas

Lot 70 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13006

BALANCE DUE 819.38

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

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

ISSUED BY S. Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	795	00
Opening/ Closing	100 77181	55	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	$	850	00

AC-212 (Rev. 5-94)

E-13006

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 605

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
TERESA	-	CUEVAS-GUTIERREZ	01/12/1931	07/03/1996	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	GUADALUPE CANTERO-SON 2240 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
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA. 92102	FD-1425		07/08/1996

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	ROCIO MARTINEZ 07/09/1996	9609836

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 7/9/96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-8-96

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

of Jacob McClellan Garcia

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

Church, Chapel, Graveside graveside : Featherngill Mortuary.

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

will be applied and billed to undersigned. X MJ

War time veteran _____.

Lot 1497 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-47589	270.00
Balance due	0

PAID
JUL 08 1996
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mary Garcia
421-4384

12 " W
20 " L

casket size

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 Mary McClellan Garcia
Signature

X 1240 Half Moon Bay Dr
Address

X Chula Vista Ca 91915
City Zip Code

X (619) 420-4384
Telephone

Invoice # _____

Work Order # E 13007

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

47509

Date: 7-8 19 94

From: Mary + Salvador Garcia Address: 1241 Half Moon Bay Dr. Chula Vista, Ca. 91915

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

In full Payment of Interment of Jacob McClellan Garcia

Lot 1497 Grave Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E-13007

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #1001

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Surgeon

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

E-13007

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JACOB	MC CLELLAN	GARCIA	07/06/1996	07/06/1996	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	Salvador Garcia, father 1241 Half Moon Bay Dr. Chula Vista, CA 91915

7A. TYPED NAME AND ADDRESS OF 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	▶ Jesi Jeneral	07/09/1996

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	07/10/1996	9609932 Candace 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
PO Box 85222 San Diego,CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] 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 7/10/96	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 7-8-96

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

in a ~~Liner~~ T.S. Vault (Vault/Liner) Funeral, date, time Thur 7-11 11:00

Church, (Chapel) (Graveside) Chapel / Graveside : Featheringill Mortuary.

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

War time veteran _____.

Lot 1816 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund Pre-Need C-9741 ~~0~~

Additional spaces and care fund .....

Opening/Closing & Setup 156. 375.00

Burial Container ..... JJ7 250.00 ~~190.00~~

Handling Fees ..... JJ7 185.00 ~~145.00~~

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes ..... JJ7 19.38 ~~14.73~~

JJ7 Total Due 874.38 ~~769.73~~

Paid receipt number R-47595/47596 219.00

Balance due 655.38 ~~655.38~~ 0

PAID
AUG 15 1996
in full
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 Joan L. Fellows
Signature

X 2014 Leigh Dr.
Address

X Lemon Grove 91945
City Zip Code

X 463-2955
Telephone

Invoice # 271938

Acct. # 089024

Work Order # E 13008

PY-593 (Rev. 6-92)

MT. HOPE CEMETERY

W.O. # E-13008

NOTE

$ 655.38 San Diego, California July 9 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 six hundred fifty five and 38/100 DOLLARS with interest from August 11, 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 JOAN L. FELLOWS SIGNATURE Joan L. Fellows

ADDRESS 2014 Siegle Dr.

CALIFORNIA DRIVER LICENSE NUMBER J0870606 SSN # 569-44-1858

PY-1012 (11-89)

OFFICIAL RECEIPT

2 OF 2

47596

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-9, 19 96

From: Joan L. Fellows Address: 2014 ~~eight~~ Siegle Dr. Lemon Grove, CA. 91945

One hundred nine and 50/100 Dollars ($ 109.50)

In part Payment of interment of Alma Mussen

Lot 1876 Grave ____ Row ____ Section ____ Division/Block 10

Invoice No. ____

Acct. No. ____

W.O. E-13008

BALANCE DUE 704.88

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

AC-212 (Rev. 5-91)

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

ISSUED BY Catina Durgan

CREDIT	67007		
20% Sales Care	77184	109	50
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 8022		
Sales Tax	60101 78390		
TOTAL PAID	$	109	50

OFFICIAL RECEIPT

1 OF 2 47505

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3480

Date: 7-9 19 96

From: Carolyn Shoaff Address: 255 E. Bradley Ave #20 El Cajon, Ca. 92021

One hundred nine and 50/100 Dollars ($ 109.50

in part Payment of Installment of Alma Mussen

Lot 1811 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Invoice No. ____

Acct. No. ____

W.O. E-13008

BALANCE DUE 764.88

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 2480

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	109	50
Burial Containers	100 77182		
Handling Fee	100 77186		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 75390		
TOTAL PAID	$	109	50

E-13008

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
ALMA	ETHNA	MUSSEN	09/28/1908	07/08/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Joan Louise Fellows, daughter 2014 Siegle Dr. Lemon Grove, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
FEATHERINGILL MORTUARY 6322 El Cajon Blvd. San Diego, CA 92115	FD 1083	▶ B. Fikanurud	07/08/1996

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	07/09/1996 Candy Maggard	9609874 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 7/11/96	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.

E-13008

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
271938	07/18/96	089624	JOAN L. FELLOWS					08/08/96	CK	4417	655.38	655.38	0.00
E-13008			100	072		77181	000072				156.00		PAID IN FULL
			100	072		77182	000072				250.00		
			100	072		77183	000072				45.00		
			100	072		77185	000072				185.00		
			60101			78390					19.38		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-9-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA # 1199757/ME#95-1550

In a liner Vault/Liner Funeral, date, time Fri 7-12 2:00

Church, Chapel, Graveside _____ ; Humphrey Mortuary.

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

War time veteran _____.

Lot 108 Grave 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container PAID 8-21-96	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

John Edwards Public 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 # 271940

Work Order # E 13009 Acct. # 000952

PY-583 (Rev. 8-92)

ME # E-13009

95-1550

P.A. # 1199757

E-13009

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	06/13/1995	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Fallbrook	San Diego	John Edwards-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—Perform during phone	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	Judith E King	07/11/1996

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	07 / 11 / 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
- [X] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION 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 7/12/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J Waits	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

E-13009

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 8-21-96
BY: CA (CK) IF
PAYMENT REF NO 151429

AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/18/96	08/17/96	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13009
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#119975/ME#95-1550	
LOT 108 GR 10 SEC 1 DIVN 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. 271940

AC-22 (REV. 10-96)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-9-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA # 1199765/ME # 95-1788

in a Liner (Vault/Liner) Funeral, date, time Fri 7-12 2:00

Church, Chapel, Graveside : Humphrey Mortuary.

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

will be applied and billed to undersigned. ____

War time veteran ____.

Lot 122 Grave 10 Row ____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	PAID 8-21-96 50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

John Edwards Public 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 # 271942

Work Order # E 13010

Accl. # 000952

E-13010

ME # 95-1788

P.A.# 1199765

[redacted]

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-13010

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 8-21-96
BY: CA (CK) IF
PAYMENT REF NO 151429
AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/18/96	08/17/96	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13010
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#1199765/ME#95-1788	
LOT 122 GR 10 SEC 1 DIVN 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. 271942

-22 (REV - 10/95)

E-13010

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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
Lakeside	San Diego	John Edwards - Public Administrator 5201-A Ruffin Road San Diego CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	Judith King	07/11/1996

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	07 / 11 / 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
- [X] E. TEMPORARY 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 7/12/96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Skull Only

Date 7-9-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA # 1199749/ME # 95-0444

in a liner Vault/Liner Funeral, date, time Fri 7-12 2:00

Church, Chapel, Graveside _____ Humphrey Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____

✓ Lot ~~423~~ Grave ~~3~~ Row _____ Section 2 Division/Block ~~11~~

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup PAID 8-21-96	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	

John Edwards Public 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 # 271941

Acct. # 000952

Work Order # E 13011 ✓

PY-593 (Rev. 8-92)

ME # 95-0444

P.A.# 1199749

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-13011

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 8-21-96
BY: CA (CK) IF
PAYMENT REF NO 151429
AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/18/96	08/17/96	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13011
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#1199749/ME#95-0444	
LOT 23 GR 5 SEC 2 DIVN 11	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. 271941

AO-22 (REV - 1096)

E-1BQ11

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John/Jane	-	Doe	Unknown	03/04/1995	Unk.

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	Judith E King	07/11/1996

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	07/11/1996	

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
- [X] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION 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 7/15/96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-9-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Maria F. Garcia

in a Double Depth Crypt Funeral, date, time Thur. 7-11 2:00

Church, Chapel, Vault/Under Graveside graveside only Featheringill Mortuary.

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

will be applied and billed to undersigned. E U

War time veteran _____.

✓ Lot 5 Grave 6 Row _____ Section 7 Division/Block 5

Grave space & Care Fund	Pre-need B-2497	Ø
Additional spaces and care fund		
Opening/Closing & Setup	88	375.00
Burial Container		380.00
Handling Fees	PAID IN	320.00
Flower vases – Marker setting fee	FULL	
Recording and filing fee	7-29-96	45.00
Sales taxes		29.45
	Total Due	1,149.45
	Paid receipt number R-47602	287.00
	Balance due	862.45

30 day note.

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

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

_____
Signature of recorded holder of deed

Florence Wendell by
Signature
James A'March P.O.A.
Address
10894 CHARING CROSS RD.
City
SPRING VALLEY CA. 91978 Zip Code
Telephone 660-6975

invoice goes to name & address on 30 day note

Invoice # 271939

Work Order # E 13012

Acct. # 089623

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

W.O. # E-13012

NOTE

$ 862.45 San Diego, California July 10 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 Eight hundred sixty two and 45/100 DOLLARS with interest from August 11, 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 Elvira Vargas SIGNATURE X Elvira VARGAS

ADDRESS X 2106 Drescher st. San Diego Ca. 92111

CALIFORNIA DRIVER LICENSE NUMBER X A8701739 SSN # X 559-53-2387

PY-1012 (11-89)

OFFICIAL RECEIPT

47602

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-10, 19 96

From: Elvira Vargas Address: 2106 Prescler St. San Diego, Ca 92111

Two hundred eighty seven and no/100 Dollars ($ 287.00)

In Part Payment of Interment Of Maria F. Garcia

Lot 5 Grave 6 Row Section 7 Division Block 5

* Invoice No.

* Acct. No.

*W.O. E-13012

BALANCE DUE 862.45

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

AC-212 (Rev. 5-84)

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

ISSUED BY Catina Jurgon

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	287	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78300		
TOTAL PAID	$	287	00

E-13012

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH (MONTH, DAY, YEAR)	3. DATE OF DEATH (MONTH, DAY, YEAR)	4. SEX
Maria	F.	Garcia 10-16-16	10/16/1916	07/01/1996	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	Pedro Vargas, son-in-law 2106 Drescher St. San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT (Person taking permit)	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, C A 92115	FD1083		07/03/1996

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	08/10/1996 Candice Maggard	9609955

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 921868222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY My. Hope Cemetery San Diego, CA 92102	11B. DATE BURIED 7/11/96	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.

E-1302

271939	07/18/96	089623	ELVIRA VARGAS			07/29/96	CK	130133438	862.45	862.45	0.00
	E-1302		100 072	77181	000072				88.00		PAID IN FULL
			100 072	77182	000072				380.00		
			100 072	77183	000072				45.00		
			100 072	77185	000072				320.00		
			60101	78390					29.45		

Family will be in Thursday to make final arrangement for burial and pay balance

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/10/96

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

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

Church, Chapel, Graveside Graveside ; Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X L.2.

War time veteran _____.

Lot 41 Grave 12 Row _____ Section 2 Division/Block 11

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	14.73
Total Due	769.73
Paid receipt number _____	
Balance due _____	

VOID

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

Bidal Or

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

X [redacted] Signature

X [redacted] Address

X [redacted] City Zip Code

X [redacted] Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 13013

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-10-96

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

in a Liner Funeral, date, time Thurs. 7-18 1:00

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 (ack)

War time veteran _____.

✓ Lot 91 Grave 8 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee TRION	46.75
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	(ack) 1,611.48 ~~564.73~~
Paid receipt number VISA	1,611.48
Balance due	Ø

PAID
paid in full,
JUL 10 1996
TRION FLOWER VASE
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

X Deborah E Holmes
Signature
X 8015 ANZA DR
Address
X SAN DIEGO CA 92114
City Zip Code
X 619/460-5242
Telephone

Invoice # _____

Work Order # E 13014

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

50344

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-1 19 98

From: Deborah Holmes Address: PO Box 1397 Lemon Grove CA 91946

One hundred twenty five + 00/100 Dollars ($ 125.00)

In full Payment of Marker Setting fee for

Robert Holmes

Lot 91 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13014

BALANCE DUE 0

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

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

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 9673

ISSUED BY Catina Avalos

AC-212 (Rev. 5-94)

E-B014

55

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	Charles	Holmes	12/27/1940	07/07/1996	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	Deborah Holmes-wife 8015 Anza 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
CALIFORNIA CREMATION AND BURIAL CHAPEL 5880 El Cajon Blvd., San Diego, CA 92115	F-1357	▶ [signature]	07/11/1996

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	07/11/1996 ▶	[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 LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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 7/11/96

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

In a Liner Vault/Liner Funeral, date, time Tues 7-16 2:00

Church, Chapel, Graveside Chapel & graveside Conrad Mortuary Gray

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 1 will be applied and billed to undersigned.

War time veteran _____.

Lot 83 Grave 5 Row _____ Section 16 Division/Block 7

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

open gate on Imperial

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

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

X _____
Signature of recorded holder of deed

X Charles Lee Fritz
Signature
X 6356 Bobolink Lane
Address
X San Diego, CA 92119
City Zip Code
X 460-9765
Telephone

Work Order # E 13015

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

E-13015

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
RUTH	FRANCES	FRITZ	12/17/1899	07/10/1996	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	CHARLES W. FRITZ - SON 6385 BUDLONG LAKE AVENUE SAN DIEGO, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY — LEMON GROVE, CA 91945-1533	FD-941	Karen Warnant	07/12/1996

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	Karen Warnant 07/16/1996	9610215 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— CO. OF DEATH OCCURRING (IF OUTSIDE CALIF.)	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 [illegible] 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 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 7-11-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nancy Arnold PA # 1199986

in a Liner (Vault/Liner) Funeral, date, time Mon 7-15 2:00

Church, Chapel, Graveside _____ : Mayer Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 10 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	

VOID

Jim from Mayer canceled service at 1:05 pm on 7-15-96

Roma S. Public 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 # _____

Acct. # _____

Work Order # E 13016

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-11-96

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

in a liner (Vault/Liner) Funeral, date, time Wed 7-17 1:00

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 $ _____ will be applied and billed to undersigned. _____

War time veteran _____.

Lot 725 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	Pre-Need D-7887	0
Additional spaces and care fund		
Opening/Closing & Setup	Pre-Need E-1839	0
Burial Container	" "	0
Handling Fees	" "	0
Flower vases – Marker setting fee		
Recording and filing fee	" "	0
Sales taxes	" "	0
Total Due		0
Paid receipt number		
Balance due		

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 13017

PY-593 (Rev. 8-92)

E-13017

85

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Pearlie	Mae	Davis	09/15/1910	07/11/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Gladys Smoot, Daughter 160 Sychar 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 Mortuary; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Williams	07/12/1996

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	07/12/1996 ▶ Williams	9610059

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

Disinterment

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-11-96

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

In a _____ Vault/Liner Funeral, date, time 7-24-96 Tom

Church, Chapel, Graveside _____ ; Merkley Mitchell Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 77 Grave 5 Row _____ Section 1 Division/Block 12

PAID
JUL 17 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 Recording and filing fee	1,000.00
Sales taxes	
Total Due	1,000.00
Paid receipt number R-47619	1,000.00
Balance due	-0-

tax # 295-6039

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 _____ See attached signature
Signature
X _____
Address
X _____
City Zip Code
X _____
Telephone

Invoice # _____

Work Order # E 13018

Accl. # _____

PY-593 (Rev. 8-92)

~~MT. HOPE~~ CEMETERY

INTERMENT ORDER

City of San Diego

Date 6-6-96

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

in a Liner (Vault/Liner) Funeral, date, time MON. 6-10 2:30

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 77 Grave 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	129.00
Burial Container	100.00
Handling Fees	100.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	500.00
Paid receipt number	
Balance due	

Public Administrator
John Edwards
creditors claim 6-13

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from *any liability on account of said authorization and 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 12940

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

E-13018 47619

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-17, 1996

From: Stephen Schenck Address: 5820 Lametti Ln Shoreview Mn 55126

One Thousand Dollars ($ 1,000.00)

In full Payment of Disinterment of Arthur Schenck

Lot 77 Grave 5 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-13018

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2956

AC-212 (Rev. 5-94)

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

ISSUED BY D. Shelton

CREDIT	87007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183	1000	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1000	00

E-13018

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	GEORGE	SCHENCK	01/21/1919	06/02/1996	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	JOHN EDWARDS, 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	▶ [signature]	07/23/1996

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	07/23/1996 T.C. MITCHELL	9610529 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [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 FORT ROSECRANS NATIONAL CEMETERY, CABRILLO MONUMENT DRIVE, SAN DIEGO, CA 92106	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM, 571 J CRANE STREET, LAKE ELSINORE, CA 92530	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E-13018

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

7-11-96
MONTH YEAR

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

Arthur G. Schenck

from Lot 77 Grave 5 Section 1 Row _____ Block _____

Division 12 and to remove the same to and reinter said remains

in Lot _____ Grave _____ Section _____ Row _____ Block _____

Division _____ Cemetery To be decided by the son.

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.

SCOTT NUGENT
Notary Public
Minnesota
My Comm. Expires Jan 31, 2000

County = Ramsey

X Stephen K. Schenck	Son	5820 Lanetti Lane Shoreview MN 55126
Signature	Relation to deceased	Address

I hereby authorize the above disinterment:

X _____ _____
(Lot owner must sign if not legal custodian) Date

E13018

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinterment

Date 7-11-96

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

In a Vault Funeral, date, time

Church, Chapel, Graveside ; Mortuary.

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

War time veteran .

Lot 77 Grave 5 Row Section 1 Division/Block 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases - Marker setting fee	
Disinterment Recording and filing fee	1,000.00
Sales taxes	
Total Due	1,000.00
Paid receipt number	
Balance due	

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

X Stephen K. Schenck
Signature

X 5820 Lone Tree Lane
Address

X Shoreview MN 55126
City Zip Code

X (612) 482-0136
Telephone

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

Signature of recorded holder of deed

Invoice #

Work Order # E 13018

Acct. #

PY-593 (Rev. 8-92)

SCOTT NUGENT
Notary Public
Minnesota
My Comm. Expires Jan 31, 2000

Ramsey County

E-13018

since 1917

Merkley-Mitchell Mortuary

3655 Fifth Avenue San Diego CA 92103
Telephone (619) 295-2177
Fax (619) 295-6039

Stephen Schenck
5820 Lametti Lane
Shoreview, MN 55126

Re: Arthur G. Schenck

Stephen, per our phone conversation, please find the enclosed forms from Mount Hope Cemetery. The forms you will need to have signed and notorized. Mail either directly to the cemetery or to Merkley- Mitchell Mortuary. A check should also accompany the order for disinterment in the amount of $1,000.00.

Also enclosed, a copy of the prearrangements for cremation, with final disposition of the cremated remains being made at sea. This was obtained from Humphrey Mortuary in Chula Vista.

If you have any further questions, please, do not hesitate to call.

Tom Blakesley

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-11-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA # 119706 / ME#95-2355

in a liner (Vault/Liner) Funeral, date, time FRI 7-19 12:00.

Church, Chapel, Graveside delivery only Guadalupano Mortuary.

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

War time veteran ____

Lot H 10 Grave 102 Row ____ Section 1 Division/Block 12

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

PAID in full SEP 16 1996 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF

Jamie Public Administrator

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # 272176

Work Order # E 13019

Acct. # 000952

PY-593 (Rev. 8-92)

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

E-13019

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O. BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 9-16-96
BY: CA (CK) IF
PAYMENT REF NO 04-1065461
AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
07/29/96	08/28/96	JUNE

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13019
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#1199706/ME#95-2355	
LOT 10 GR 2 SEC 1 DIVN 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. 272176

C-22 (REV 1/96)

E-13019

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF 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	12/06/1995	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	LEE JAMES-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA. 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO CA. 92102	FD-1425	▶	07/18/1996

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	07/18/1996	▶

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-15-96

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

In a Liner Funeral, date, time Wed 7-17 11:00

Church, Chapel, Graveside Witness only : Humphrey Mortuary.

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

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 41 Grave 12 Row _____ Section 2 Division/Block 11

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	14.73
Total Due ... 769.73	
Paid receipt number VISA	769.73
Balance due	0

PAID
JUL 15 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO CALIF

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

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

_____
Signature of recorded holder of deed

Bidal Orozco
Signature

11103 ARLEE AV
Address

NORWALK CA. 90650
City Zip Code

310 868 6054
Telephone

Invoice # _____

Work Order # E 13020

Acct. # _____

PY-593 (Rev. 8-92)

E-13020

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
BIDAL	R.	OROZCO	11/03/1921	07/06/1996	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	Bidal A. Orozco - Sdn 11103 Arlee Avenue Norwalk CA 90650

7A. TYPED NAME AND ADDRESS OF 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 C King	07/15/1996

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	07/16/1996 J.E. King	9610173 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 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.

-pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/18/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rita V Marion Foster

in a Double Depth Crypt Funeral, date, time _____

Vault/Urn

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 262 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	Pre Need E 11611	0
Additional spaces and care fund		
Opening/Closing & Setup	(1)	375.00
Burial Container	paid in full	380.00
Handling Fees	7-20-98	320.00
Flower vases – Marker setting fee		
Recording and filing fee	(1)	15.00
Sales taxes		89.45
Total Due		1149.45
Paid receipt number		1149.45
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.

Rita Foster
Signature

2880 51st Street
Address

S.D. CA 92105
City Zip Code

(619) 264-3336
3336
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13021

Acct. # _____

PY-593 (Rev. 8-92)

E-13021

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OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

42282 ✓

Date: 2-10, 19 97

From: Rita + Marvin Foster Address: 2880 51st St. San Diego 92105-4811

Fifty and no/100 Dollars ($ 50.00)

In Part Payment of Pre-need trust

Lot: 262 Grave 4 Row Section 2 Division Steak 12

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 799.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4007

AC-212 (Rev. 5-96)

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

ISSUED BY Catina Dingon

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	80101 78380		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47005

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

MOUNT HOPE CEMETERY
527-3480

Date: 10 -10 19 96

From: Rita Foster Address: 2880 51st St. San Diego 92105

Dollars ($ 50.00)

In full Payment of Pre-need Trust

Lot 262 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 999.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 2928

AC-212 (Rev. 5-84)

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

ISSUED BY J. Stubbs

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77195		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

43459 ✓

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-10, 1997

From: Rita Foster Address: 2880 51st Street San Diego 92105

Fifty Dollars ($ 50.00)

In part Payment of Pre Need Trust

Lot 262 Grave 4 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E- 13021

BALANCE DUE 699.00

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

.4107

AC-212 (Rev. 6-94)

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		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50182

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

MOUNT HOPE CEMETERY
527-3400

Date: 7-14 19 98

From: Rita Foster Address: 2880 51st Street SD 92105

In full Payment of Pre Need Trust Forty nine & 45/100 Dollars ($ 49.45)

Lot 202 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 0

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	49	45
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	49	45

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐ 4825

ISSUED BY Catina Avallone

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49963

Date: 5-15 19 98

From: Rita Foster Address: 2880 51st street SD 92105

In part Payment of pre need trust Dollars ($ 50.00)

Lot 262 Grave 4 Row ____ Section 2 Division/Block 12

Invoice No. ____

Acct. No. ____

W.O. E-13021

BALANCE DUE 44.45

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 76390		
TOTAL PAID	$	50	00

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

ISSUED BY Catina Avallone

AC-212 (Rev. 5-84) 47100

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49872

Date: 4-20 19 98

From: Rita Foster Address: 2880 - 51 st Street San Diego 92105

Fifty Dollars ($ 50.00)

In part Payment of Pre-Need Trust

Lot 262 Grave 4 Row ____ Section a Division 12 Block

Invoice No. ____

Acct. No. ____

W.O. E- 13021

BALANCE DUE 99.45

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4711

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shelton

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 76390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47706

Date: 8/12, 19 96

From: Rita Foster Address: 8880 3151 San Diego Ca 92105

Fifty 00 Dollars ($ 50.00)

In Payment of Pre Need Trust

Lot 268 Grave 4 Row Section 2 Division 12

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE $1099.45

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑ 2230

AC-212 (Rev. 6-94)

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 77191		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78300		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47800 ✓

Date: 9-10 19 96

From: Rita Foster Address: 2880 - 51st St. SD 92105

Fully Dollars ($ 50.00)

In part Payment of Pre-Need Trust

Lot 262 Grave 4 Row Section 9 Division 12 Block

Invoice No.

Acct. No.

W.O. E- 13021

BALANCE DUE 1049.45

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 2381

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	50	00
Sales Tax	60101 78360		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43022 ✓

Date: 11-14, 19 96

From: Rita Foster Address: 2880 51st San Diego 92015

Fifty and no/100 Dollars ($ 50.00)

In Payment of pre-need trust for Marvin & Rita Foster

Lot 262 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 949.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 2973

AC-212 (Rev. 5-96)

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		
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 78300		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48102

Date: 12-11 19 96

From: Rita Foster Address: 2880 - 51st Street San Diego 92105

Fifty Dollars ($ 50.00)

In part Payment of Pre-Need Trust

Lot 262 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 899.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 3081

AC-212 (Rev. 5-94)

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

ISSUED BY L. 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	50	00
Sales Tax	60101 76560		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43196

Date: 1-9 19 97

From: Rita & Marvin Foster Address: 2880-51st St. San Diego 92105

Fifty and no/100 Dollars ($ 50.00)

In part Payment of Pre-Need Trust

Lot: 202 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 849.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 3044

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgon

CREDIT	67007		
20% Sales Care	77184		
80% Sales 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 78360		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49820

Date: 4-6 19 98

From: Rita Foster Address: 2880 51st San Diego 92105

In part Payment of pre need trust Dollars ($ 50.00)

Lot 262 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 149.00

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	50	00
Sales Tax	50101 78390		
TOTAL PAID	$	50	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 4093

ISSUED BY Carina Avalos

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49660 ✓

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-17, 19 98

From: Rita Foster Address: 2880 51st Street SD 92105

Fifty and no/100 Dollars ($ 50.00)

In part Payment of Pre need trust

Lot 262 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 199.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4624

AC-212 (Rev. 5-94)

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		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49388 ✓

Date: 1-13 19 98

From: Rita Foster Address: 2880 51st Street San Diego 92105

Fifty and no/100 Dollars ($ 50.00)

In part Payment of pre need trust for Rita & Malvin Foster

Lot: 262 Grave 4 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 249.45

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4589

AC-212 (Rev. 5-94)

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 8022	50	00
Sales Tax	60101 78360		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

49269 ✓

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 12/11 , 19 97

From: Rita Foster Address: 2880 51st San Diego 92105

Fifty and no/100 Dollars ($ 50.00)

In part Payment of pre need trust

Lot: 262 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 299.45

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 4545

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

ISSUED BY Catina 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		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 76390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

49160 /

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11/10 19 97

From: Rita Foster Address: 2880 51st Street San Diego 92105

Fifty and no/100 Dollars ($ 50.00)

In part Payment of pre need trust

Lot: 262 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 349.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4469

AC-212 (Rev. 5-94)

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

Latina Avallone

ISSUED BY

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	80101 76390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

49060

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10/9 , 19 97

From: Marvin & Rita Foster Address: 2880 51st San Diego 92015

Fifty and no/100 Dollars ($ 50.00)

In part Payment of pre need trust

Lot: 262 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 399.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4414

AC-212 (Rev. 5-84)

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

ISSUED BY C Jurgon-Avallone

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 8022	50	00
Sales Tax	60101 76300		
TOTAL PAID	$	50	00

48956 ✓

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-9 19 97

From: Rita Foster Address: 2880 51st Street San Diego 92105

Fifty and no/100 Dollars ($ 50.00)

In part Payment of preneed trust

Lot: 262 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 449.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4353

AC-212 (Rev. 5-94)

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

ISSUED BY C Jurgon-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	50	00
Sales Tax	60101 78360		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

48871 ✓

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3406

Date: 8-11 19 97

From: Rita Foster Address: 2880 51st Street San Diego 92105

Fifty and no/100 Dollars ($ 50.00)

In part Payment of Pre-need trust for
Marvin & Rita Foster

Lot 262 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 497.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
4284

AC-212 (Rev. 6-84)

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

ISSUED BY C. Vargas-Avallone

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	50	00
Sales Tax	80101 78380		
TOTAL PAID	$	50	00

48787 ✓

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-11-97, 19

From: Rita Fosler Address: 2880 51st St San Diego 92015

Fifty Dollars ($ 50.00)

In part Payment of Pre-Need Trust

Lot: 262 Grave 4 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 549.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
4228

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

ISSUED BY S. Shechtler

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

AC-212 (Rev. 5-84)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48675 ✓

Date: 6-7, 19 97

From: Rita & Marvin Foster Address: 2880 51st Street San Diego 92105

Fifty and no/100 Dollars ($ 50.00)

In part Payment of Pre-need trust

Lot: 262 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 597.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4322

AC-212 (Rev. 8-84)

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 8022	50	00
Sales Tax	60101 75390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3480

43506 ✓

Date: 5-12, 19 97

From: Rita + Marvin Foster Address: 2880 51st St. San Diego 92105

Fifty and no/100 Dollars ($ 50.00)

In part Payment of payment of pre-need trust

Lot: 202 Grave 4 Row Section 2 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 649.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4158

AC-212 (Rev. 5-84)

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

ISSUED BY Catina Jungem

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	50	00
Sales Tax	60101 76390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

43383 ✓

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-14 19 97

From: Rita & Marvin Fogel Address: 2880 51st St. San Diego 92105

Fifty and no/100 Dollars ($ 50.00)

In part Payment of pre-need trust

Lot: 262 Grave 4 Row Section 2 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-13021

BALANCE DUE 749.00

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

4055

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		
80% Sales 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 78380		
TOTAL PAID		$ 50	00

E-13021

Name: Foster, Rita & Marvin

Address: 2880 51st San Diego, Ca 92015

			Debit	Credit	Balance
7/18/96	Pre Need Trust				
	Lot 262, Grave 4; Section 2; Division 12				
	Trust for one (1) O/C; Double Depth Crypt				
	Handling Fee; one (1) recording fee, tax		1149.45		1149.45
8/19/96	Coupon 1	R-47706 ✓		50.00	1099.45
9-10 96	" 2	R-47800 ✓		50.00	1049.45
10-10 96	" 3	R-47905		50.00	999.00
11-14 96	" 4	R-48022 ✓		50.00	949.00
12-11 96	" 5	R-48102 ✓		50.00	899.00
1-9 97	" 6	R-48196 ✓		50.00	849.00
2-10 97	" 7	R-48282 ✓		50.00	799.00
3-14 97	" 8	R-48383 ✓		50.00	749.00
4-10 97	9	R-48459 ✓		50.00	699.00
5-12 97	" 10	R-48566 ✓		50.00	649.00
6-9 97	" 11	R-48675 ✓		50.00	599.00
7-[redacted] 97	12	R-48787 ✓		50.00	549.00
8-11 97	13	R-48871 ✓		50.00	499.00
9-9 97	14	R-48956 ✓		50.00	449.00
10/9 97	15	R-49000 ✓		50.00	399.00
11/10 97	16	R-49160 ✓		50.00	349.00

<349.45>

12/11	97	R-49269	CPN #	17	50.00	299.45
1-13	98	R-49388	CPN	18	50.00	249.45
2-17	98	R-496660	CPN	19	50.00	199.45
4-6	98	R-49820	CPN	20	50.00	149.00
4-20	98	R-49873	"	21	50.00	99.45
5-13	98	R-49963		#22	50.00	49.45
7-14	98	R-50182		#23	49.45	0

paid in full
7-14-98

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 East St.
San Diego, Ca 92105

(lot 262, gr 4, 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 ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 51st St. San Diego,
Ca 92105

(lot 262, gr 4, 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 ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 51st St.
San Diego, Ca 92105
(lot 262, gr 4, sec 2, divi12)

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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 51st St. San Diego,
Ca 92105

(lot 262, gr 4, sec 2, div 12)

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 51st St.
San Diego, Ca 92105

(lot 262, gr 4, sec 2, divi12)

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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 51st St. San Diego,
Ca 92105

(lot 262, gr 4, 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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 51st St.
San Diego, Ca 92105

(lot 262, gr 4, sec 2, divi12)

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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 51st St. San Diego,
Ca 92105

(lot 262, gr 4, 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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 51st St.
San Diego, Ca 92105

(lot 262, gr 4, sec 2, divi12)

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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 51st St. San Diego,
Ca 92105

(lot 262, gr 4, sec 2, div 12)

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 51st St.
San Diego, Ca 92105

(lot 262, gr 4, sec 2, divi12)

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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 51st St. San Diego,
Ca 92105

(lot 262, gr 4, 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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E213021

Rita & Marvin Foster
1880 51st St.
San Diego, Ca 92105

(lot 262, gr 4, sec 2, div12)

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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-[illegible]21 -

Kita & Marvin Foster
2880 51st St. San Diego,
Ca 92105

(lot 262, gr 4, 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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-[illegible]

Rita & Marvin Foster
2660 51st St.
San Diego, Ca 92105

(lot 262, gr 4, 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. $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 51st St. San Diego,
Ca 92105

(lot 262, gr 4, sec 2, div 12)

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 51st St.
San Diego, Ca 92105

(lot 262, gr 4, sec 2, div12)

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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 61st St. San Diego,
Ca 92105

(lot 262, gr 4, 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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-13021

Rita & Marvin Foster
2880 61st St.
San Diego, Ca 92105

(lot 262, gr 6, 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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-3021

Rita & Marvin Foster
2880 61st St. San Diego,
Ca 92105

(lot 362, gr 4, 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. ▶ $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13021

Rita & Marvin Foster
2880 Siat St.
San Diego, Ca 92105

(lot 262, gr 4, sec 2, div12)

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. $ 50.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13031

Rita & Marvin Foster
2880 51st St. San Diego.
Ca 92105

(lot 262, gr 9, sec 2, div 12)

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. B-13021

Rita & Marvin Foster
2850 Star St.
San Diego, Ca 92105

(Lot 262, gr 4, anc 2, divi12)

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. $ 49.45

Amount due if paid more than _____ days after due 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]

extra

[illegible]

Month and Day Due Indicated Below

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

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

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-13021

AGREEMENT FOR PRE-NEED TRUST INTERMENT SERVICE

Chelsea + subseq. child

This Agreement entered into this 18th day of July, 1996, between Rita A Malonfest, 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 862, Grave 4, Row —, Section 2, ~~Block~~/Division 12, located in Mt. Hope Cemetery, for and in consideration of a total purchase price of $ 1149.45, payable as follows: $ 50.00 cash herewith, the receipt of which is hereby acknowledged; $ 50.00 on the 10th day of August, 1996; and the balance in installments of $ 49.45 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.

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-13021

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-13021

WITNESS our hands this day and year above written.

PERSON PRE-NEED TRUST IS ESTABLISHED FOR:

Rita Foster
Name

2880 51st Street
Address

S.D., CA 92105

85 (a) 150.00
85 (a) 4945

PURCHASER

Rita Foster
Print Name

Rita Foster
Signature

2880 51st Street
Street Address (Mail)

S.D. CA 92105
City State Zip Code

CITY OF SAN DIEGO
Mt. Hope Cemetery

By: [signature]

SLM:st(62-1)
1-23-90

pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/18/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Foster, Marvin & Rita

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 267 Grave 5 Row _____ Section 2 Division/Block D

Grave space & Care Fund ..... Pre Need E-11610 0

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... PAID IN 375.00

Burial Container ..... _____

Handling Fees ..... F.H.L. ..... _____

Flower vases – Marker setting fee ..... 9-4-98 ..... _____

Recording and filing fee 45.00

Sales taxes ..... _____

Total Due 420.00

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

Rita Foster
Signature

2880 51st Street
Address

S.D. CA 92105
City Zip Code

(619) 264-3336
Telephone

Invoice # _____

Work Order # E 13022

Acct. # _____

PY-593 (Rev. 8-92)

E-13022

Name: Foster, Rita & Marvin

Address: 2880 51st San Diego, Ca 92105

(this is second O/C on previously paid trust)

7/18/96	Opened Pre-Need Trust	Debit	Credit	Balance
	Lot 262; Grave 5; Section 2; Division 12 Trust for: One (1) Opening/Closing; one (1) recording fee	420.00		420.00
8/12/96	Coupon 1 R-47706 ✓		18.00	402.00
9-10 96	" 2 R-47799 ✓		18.00	384.00
10-10 96	" 3 R-47906 ✓		18.00	366.00
11-14 96	" 4 R-48023 ✓		18.00	✓348.00
12-11 96	" 5 R-48103 ✓		18.00	✓330.00
1-9 97	" 6 R-48197 ✓		18.00	✓312.00
2-10 97	" 7 R-48283 ✓		18.00	✓294.00
3-14 97	" 8 R-48382 ✓		18.00	✓276.00
4-10 97	9 R-48458 ✓		18.00	✓258.00
5-12 97	" 10 R-48563 ✓		18.00	✓240.00
6-9 97	" 11 R-48674 ✓		18.00	✓222.00
7-11 97	12 R-48786 ✓		18.00	✓204.00
8-11 97	13 R-48872 ✓		18.00	✓186.00
9-9 97	14 R-48955 ✓		18.00	✓168.00
10/9 97	15 R-49061 ✓		16.00	152.00
	FOSTER, RITA & MARVIN Pre Need Trust	268		

202 - 5 - 2 - 12 126 E-13022

(152.00)

11/10	97	R-49159	cpn 16 ✓	18 00	134.00
12/81	97	R-49270	cpn 17 ✓	18.00	[redacted].00
1-13	98	R-49389	CPN 18 ✓	18.00	98.00
2-17	98	R-49457	cpn 19 ✓	18.00	80.00
4-6	98	R-49819	cpn 20 ✓	15.00	102.00
4-20	98	R-49073	" 21 ✓	18 00	44 00
5-15	98	R-49904	" 22 ✓	18.00	26.00
7-14	98	R-50183	" 23 ✓	18.00	8.00
9-4	98	R-50351	no cpn	8 00	0

PAID
SEP 04 1998
IN Full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13022

Rita & Marvin Foster
2880 51st St.
San Diego CA 92105
lot, 262, gr. 5, 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. ▶ $ 18.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13022

Rita & Marvin Foster
2880 51st St.
San Diego, Ca 92105
(lot 262, gt 5, Sec. 2, D 14)

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. ▶ $ 18.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13022

Rita & Marvin Foster
7810 51st St.
San Diego CA 92105
lot, 262, gr. 5, 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. $ 18.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

...to coupon with each remittance **COUPON** 4

...OT MAIL ENTIRE BOOK

ACCOUNT No. E-13022

Rita & Marvin Foster
2880 51st St.
San Diego, Ca 92105
(lot 262, gr 5, Sec. 2, D 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. ▶ $ 18.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT Mrs. Marvin Foster

2880 51st St.

San Diego CA 92105

EB022

lot, 262, gr. 5, Sec. 2, Div 12

Month and Day Due Indicated Below

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

18.00

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** **6**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 70

Rita & Martin Foster
2880 51st St.
San Diego, Ca 92105
(lot 262, gr 5, Sec. 2, D 12)

W 130 22

Month and Day Due Indicated Below

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

18.00

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** **7**

DO NOT MAKE ENTIRE BOOK

ACCOUNT Mrs Madison Foster

2880 51st St.

San Diego CA 92105

lot, 262; gr. 5, 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. $ 18.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Rita & Marvin Foster
2880 51st St.
San Diego, Ca 92105
(lot 262, gr 5, Sec. 2, D 12)

E130222

Month and Day Due Indicated Below

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

18.00

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** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Rita & Marvin Foster
2880 51st St.
San Diego CA 92105
lot, 262, gr. 5, Sec. 2, Div 12

E13022

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
							10				
								18.00			

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** **10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Rita & Nanette Foster
2880 51st St.
San Diego, Ca 92105
(lot 262, gr 5, Sec. 2, D 12)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10		13.00		

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 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Eliza & Marvin Foster
2880 51st St.
San Diego CA 92105
lot, 262, gr. 5, Sec. 2, Div 12

E1300

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN 10	JUL	AUG 10.00	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** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Rita & Maria Tester
2880 51st St.
San Diego, Ca 92105
(lot 262, gr 5, Sec. 2, D 12)

E13027

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
							10		18.00		

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 i[illegible]

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Rita & Marvin Foster
3880 51st St.
San Diego CA 92105
lot, 262, gr. 5, Sec. 2, Div 12

E13022

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
							10				
								18.00			

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** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Rita & Mandi Foster
2880 51st St.
San Diego, Ca 92105
(lot 262, gr 5, Sec. 2, D 12)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
									18.00		

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.

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

s new address

15

[illegible] & Marvin Fox
[illegible] 51st St.
San Diego CA 92105
lot, 262, gr. 5, Sec. 2, Div 12

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10		18.00		

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

ACCOUNT No.

Rita & Norman Foster
3880 51st St.
San Diego, Ca 92105
(Lot 262, pr 5, Sec. 2, D 12)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							10		18.00		

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] Foster
2880 [illegible] St.,
San Diego CA 92105
lot, 262, gr. 5, Sec. 2, Div 12

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
								18.00			

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** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Rita & Morgan Foster
2880 51st St.
San Diego, Ca 92105
(lot 262, gr 5, Sec. 2, D 12)

E13022

E13022

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
							10		18.00		

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** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

2680 51st St.
San Diego CA 92105
Lot, 262, gr. 5, Sec. 2, Div 12

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
									10.00		

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

ACCOUNT No. Rita & Manda Foster
2880 51st St.
San Diego, Ca 92105
(lot 262, gr 5, Sec. 2, D 12)

AUG 13 2022

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
							10		18.00		

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 21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

[illegible] 61st St
San Diego CA 92108
Lot, 262, gr. 5, Sec. 2, Div 12

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
									14.00		

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.

Rita & Marisa Foster
2880 Slat St.
San Diego, Ca 92105
(lot 202, gt 5, Sec. 2, D 12)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10		18.00		

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] Stat Gr.

San Diego CA 92105

Lot, 262, gr. 3, Sec. 2, Div 12

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
								16.00			

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47705 ✓

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

MOUNT HOPE CEMETERY
527-3400

Date: 8/12 19 96

From: Rita Foster Address: 2880 57th St San Diego Ca 92105

Eighteen 00/100 Dollars ($ 18.00)

In Payment of Pre Need Trust

Lot 262 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE $402

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

AC-212 (Rev. 5-84)

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

ISSUED BY Karen Bak

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	18	00
Sales Tax	60101 76390		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49964 ✓

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

MOUNT HOPE CEMETERY
527-3400

Date: 5-15 19 98

From: Rya Foster Address: 2880 51st Street SD 92105

Dollars ($ 18.00)

In: part Payment of pre need trust

eighteen and no/100

Lot 202 Grave 5 Row ____ Section 2 Division 12

Invoice No. ____

Acct. No. ____

W.O. E-13022

BALANCE DUE 26.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4700

AC-212 (Rev. 5-94)

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

ISSUED BY Catherine Vallone

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	18	00
Sales Tax	80101 78390		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49873 ✓

Date: 4-20, 1998

From: Rita Foster Address: 2880 - 51st St. San Diego 92105

Eighteen Dollars ($ 18.00)

In part Payment of Pre-Need Trust

Lot 262 Grave 5 Row Section 7 Division Block 12

Invoice No.

Acct. No.

W.O. E - 13022

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐ 1711

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	18	00
Sales Tax	60101 78390		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49819 ✓

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

MOUNT HOPE CEMETERY
527-3400

Date: 4-6 19 98

From: Rita Foster Address: 2880 51st San Diego 92105

Eighteen and no/100 Dollars ($ 18.00)

In part Payment of Pre need trust

Lot 262 Grave 5 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE 62.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4693

AC-212 (Rev. 5-84)

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

ISSUED BY Catina Avalone

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	18	00
Sales Tax	60101 78390		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49657

Date: 2-17 , 1998

From: Rita Foster Address: 2880 51st Street SD 92105

Eighteen and no/100 Dollars ($ 18.00)

In part Payment of pre need trust

Lot 262 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE $0.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4024

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	18	00
Sales Tax	60101 78360		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

49389

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY
527-3480

Date: 1-13 19 98

From: Rita Foster Address: 2880 51st Street San Diego 92105

Eighteen and no/100 Dollars ($ 18.00)

In part Payment of pre need trust for
Rita & Malvin Foster

Lot 262 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE 98.00

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 90022	18.	00
Sales Tax	90101 78390		
TOTAL PAID	$	18	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4589

ISSUED BY Catina Avallone

AC-212 (Rev. 6-84)

OFFICIAL RECEIPT

49270

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3460

Date: 12/11, 1997

From: Rita Foster Address: 2880 51st Street San Diego 92015

eighteen and no/100 Dollars ($ 18.00)

In part Payment of pre need trust

Lot 262 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE 116.00

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

4545

AC-212 (Rev. 5-94)

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

ISSUED BY Catina 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		
Pre-Need Trust	63033 9022	18	00
Sales Tax	60101 78390		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

49159 V

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11/10 19 97

From: Rita Foster Address: 2880 51st Street San Diego 92105

In part Payment of eighteen and no/100 Dollars ($ 18.00)

pre need trust

Lot 202 Grave 5 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4469

AC-212 (Rev. 6-84)

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	18	00
Sales Tax	80101 78390		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49061 ✓

Date: 10/9 , 19 97

From: Rita & Marvin Foster Address: 2880 51st San Diego 92105

Sixteen ~~Eighteen~~ and 10/100 Dollars ($ ~~18.00~~ 16.00

In part Payment of pre need trust

Lot 262 Grave 5 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE ~~150.00~~ 152.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4414

AC-212 (Rev. 5-94)

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

ISSUED BY C. Jurgens-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 8022	~~18~~ 16	00
Sales Tax	60101 76360		
TOTAL PAID	$	~~18~~ 16	00

OFFICIAL RECEIPT

48955 ✓

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-9 19 97

From: Rita Foster Address: 2880 51st Street San Diego 92105

Eighteen and no/100 Dollars ($ 18.00)

In part Payment of pre need trupt

Lot 202 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE 168.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4353

AC-212 (Rev. 8-96)

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

ISSUED BY C Zuniga-Arellano

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	18	00
Sales Tax	60101 76390		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

48872 ✓

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-11, 1997

From: Rita Foster Address: 2880 51st Street San Diego 92105

Eighteen and no/100 Dollars ($ 18.00)

In part Payment of pre-need trust for Marvin and Rita Foster

Lot 262 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE 186.00

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

4284

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

ISSUED BY C. Jungon-Avalone

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	18	00
Sales Tax	80101 78390		
TOTAL PAID	$	18	00

AC-212 (Rev. 5-94)

48786 ✓

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3480

Date: 7-11, 1997

From: Rita Foster Address: 2880 51st St San Diego 92105

Eighteen Dollars ($ 18.00)

In part Payment of Pre-Need Trust

Lot 262 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4228

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

ISSUED BY S. Shelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	18	00
Sales Tax	60101 78390		
TOTAL PAID	$	18	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

43674

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-9, 1997

From: Rita Foster Address: 2880 51st Street San Diego 92105-4811

Eighteen and no/100 Dollars ($ 18.00)

In part Payment of pre-need trust for

Rita & Marvin Foster

Lot 202 Grave 5 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE 222.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4322

AC-212 (Rev. 5-84)

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

ISSUED BY Carma Avallone

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	18	00
Sales Tax	60101 76390		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48503 ✓

Date: 5-12, 19 97

From: Rita + Marvin Foster Address: 2880 51st St. San Diego 92105

Eighteen and no/100 Dollars ($ 18.00)

In part Payment of Pre-need trust

Lot 202 Grave 5 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE 240.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4158

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	69033 9022	18	00
Sales Tax	60101 78390		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

48453

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-10, 1997

From: Rita Foster Address: 2880 51st San Diego 92105

Eighteen Dollars ($ 18.00)

In part Payment of Pre-Need Trust

Lot 262 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E- 13022

BALANCE DUE 258.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
4107

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

ISSUED BY S. Shuchillin

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	18	00
Sales Tax	60101 78390		
TOTAL PAID	$	18	00

AC-212 (Rev. 6-94)

OFFICIAL RECEIPT

43382 K

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-14 19 97

From: Rita & Marvin Foster Address: 2880 51st St. San Diego 92105

Eighteen and no/100 Dollars ($ 18.00)

In part Payment of pre-need Trust

Lot 262 Grave 5 Row ____ Section 2 Division 12 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-13022

BALANCE DUE 276.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4055

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Burgos

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 8022	18	00
Sales Tax	60101 76390		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

42283 ✓

Date: 2-10 19 97

From: Rita & Marvin Foster Address: 2880 51st St. San Diego 92105

Eighteen and no/100 Dollars ($ 18.00)

In pait Payment of pre-need trust

Lot 262 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE 294.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4007

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Suggs

CREDIT	87007		
30% Sales Care	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 *77185*		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	18	00
Sales Tax	60101 76390		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40197

Date: 1-9 19 97

From: Rita + Mallin Foster Address: 2880 51st St. San Diego 92105

Eighteen and no/100 Dollars ($ 18.00)

In Full Payment of Pre-Need Trust

Lot 262 Grave 5 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE 312.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 3044

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carma 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 9002	18	00
Sales Tax	80101 78200		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

48103

Date: 12-11, 1996

From: Rita Foster Address: 2880 - 51st Street San Diego 92105

Eighteen Dollars ($ 18.00)

In part Payment of Pre-Need Trust

Lot 262 Grave 5 Row Section 2 Division Block R

Invoice No.

Acct. No.

W.O. E-13025

BALANCE DUE 330.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 3081

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Mitchell

CREDIT	67007		
30% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
	100		
Handling Fee	77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	69033 8022	18	00
Sales Tax	60101 76300		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43023 ✓

Date: 11-14, 19 96

From: Kita Foster Address: 2880 51st San Diego 92105

Eighteen and no/100 Dollars ($ 18.00)

In part Payment of pre-need trust

Lot 262 Grave 5 Row ____ Section 2 Division/Block 12

Invoice No. ____

Acct. No. ____

W.O. E-13022

BALANCE DUE 348.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

2973

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 9022	18	00
Sales Tax	60101 76380		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

47006

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10 - 10 , 19 96

From: Rita Foster Address: 2880 51 St San Diego 92105

Eighteen Dollars ($ 18.00)

In full Payment of Pre-Need Trust

Lot 262 Grave 5 Row Section 2 Division 13 Block

Invoice No.

Acct. No.

W.O. E- 13022

BALANCE DUE 366.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 2928

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		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	18	00
Sales Tax	80101 78380		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

47799 ✓

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9-10 19 96

From: Rita Foster Address: 2880 - 51st St. SD 92105

Eighteen Dollars ($ 18.00)

In part Payment of Pre Need Trust

Lot 262 Grave 5 Row Section 2 Division 17 Block

Invoice No.

Acct. No.

W.O. E- 13022

BALANCE DUE 384.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 2881

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		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77162		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63033 9022	18	00
Sales Tax	60101 78090		
TOTAL PAID	$	18	00

OFFICIAL RECEIPT

50183

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-14 19 98

From: Rita Foster Address: 2880 51st Street SD 92105

In part Payment of pre need fnupt Dollars ($ 18.00)

Lot 262 Grave 5 Row ____ Section 2 Division/Block 12

Invoice No. ____

Acct. No. ____

W.O. E-13022

BALANCE DUE 8.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☒ Check ☐ 4825

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carina Vallone

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	18 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	18 00

OFFICIAL RECEIPT

50351

CITY OF SAN DIEGO, CALIFORNIA

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 9-4 1998

From: Rita Foster Address: 2880 51 Pt St SD 92105-4811

eight and no/100 Dollars ($ 8.00)

In full Payment of preneed trust

Lot 262 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

4974

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Laura 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	8	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	8	00

OFFICIAL RECEIPT

47705

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8/18 19 96

From: Rita Foster Address: 8805 51st San Diego Ca 92105

Eighteen 00/100 Dollars ($ 18.00)

In Payment of Pre Need Trust

Lot 262 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13022

BALANCE DUE 1402

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 Dak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	18	00
Sales Tax	60101 78360		
TOTAL PAID	$	18	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

TOP

Date 7-18-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl Michael Davidson Tues, July 23 11:00

In a Double Death Crypt Funeral, date, time ~~Wed, July 24~~

Vault/Liner

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 A.D.

War time veteran _____.

Lot 36 Grave 6 Row _____ Section 1 Division/Block 12

Grave space & Care Fund Pre-Need E-6834	-0-
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container Pre-Need E-6834	-0-
Handling Fees Pre-Need E-6834	-0-
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	420.00
Paid receipt number R-47622	420.00
Balance due	-0-

I hereby certify I am the X Mother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Alyce Davidson
Signature

X 6274 Osler St
Address

X San Diego Ca. 92111
City Zip Code

X 576-9967
Telephone

Invoice # _____

Work Order # E 13023

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47622

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3480

Date: 7/18 19 96

From: Alyce Davidson Address: 6974 Osler St San Diego, Ca 92111

Four hundred twenty & 00/00 Dollars ($ 420.00)

In Full Payment of Interment of Carl M. Davidson

Lot 36 Grave 6 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13083

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 4482

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karyn Duke

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-13023

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Carl	Michael	Davidson	05/09/1951	07/17/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Alyce Davidson, Mother 6274 Olser St. San Diego, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	07/19/1996

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7054.6 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/19/1996	9610405 ▶ [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 7/23/96	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 7-18-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Armando Gonzalez

In a liner #1 (Vault/Liner) Funeral, date, time Mon 7-22 12:00.

Church, Chapel, Graveside Church/Graveside ; Guadalupana Mortuary Rose

All Funeral cars must arrive before 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 59 Row _____ Section 3 Division/Block 9

Grave space & Care Fund	195.00
Additional spaces and care fund	—
Opening/Closing & Setup	195.00
Burial Container	95.00
Handling Fees	50.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	7.36
Total Due	587.36
Paid receipt number R-47629	587.36
Balance due	0

PAID
JUL 22 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

6 years old
5' 9in 24

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.

POWER OF ATTORNEY

X JERRY ROSS
Signature

X 4311 MENTONE
Address

X SAN DIEGO, CA 92107
City Zip Code

X 619.222.8035
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13024

Acct. # _____

PY-593 (Rev. 8-92)

E-13024 4:629

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
627-3400

Date: 7-22 19 96

From: Guadalupana Address: 2601 Imperial Ave San Diego 92102

Five Hundred Eighty-seven & 36/100 Dollars ($ 587.36)

In full Payment of Interment of Armida Rangel

Lot 59 Grave Row Section 3 Division 9 Block

Invoice No.

Acct. No.

W.O. E-13024

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 5755

AC-212 (Rev. 5-96)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D. Shelton

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	195	00
Opening/ Closing	100 77181	195	00
Burial Containers	100 77182	95	00
Handling Fee	100 77185	50	06
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	65033 9022		
Sales Tax	80101 78360	7	36
TOTAL PAID	$	587	36

E-13024

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARMANDO	-	GONZALEZ	10/14/1989	07/16/1996	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	JERRY ROSS-FRIEND 4311 MENTONE ST. 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
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102	FD-1425		07/19/1996

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 MACIAS 07/19/1996	9610391 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 BURIAL ▶ Norman L Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/18/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter C. Taylor Sr.

In a Liner (Vault/Liner) Funeral, date, time Mon July 22, 10:00

Church, Chapel, Graveside Church/Graveside/Mayadale Mortuary

All Funeral cars must 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 V.E.T.

War time veteran _____

✓ Lot 78 Grave 8 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	195.00
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- 47624	1564.73
Balance due	0

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Rose E. Taylor (Signature)
X 2282 Montalvo Rd. (Address)
X San Diego, CA 92139 (City, Zip Code)
X 475-9756 (Telephone)

Invoice # _____

Work Order # E 13025

Accl. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47624

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 7/18 19 96

From: Rose E Taylor Address: 9382 Montclair Rd. S.D. CA 92139

One Thousand Five hundred sixty four 73/100 Dollars ($ 1564.73)

In Full Payment of Interment of Walter L. Taylor

Lot 78 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13085

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 035776

AC-212 (Rev. 6-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karyn Bell

CREDIT	67007		
20% Sales Care	77184	795	00
80% Sales of Lots	100 77184	325	00
Opening/ Closing	100 77181	140	00
Burial Containers	100 77182	145	00
Handling Fee	100 77185	45	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	69033 90222		
Sales Tax	80101 78300	14	73
TOTAL PAID	$	1564	73

E-13025

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 83

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Walter	Cecil	Taylor	11/23/1912	07/17/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Rose E. Taylor, Wife 2282 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	▶ Debbie Wheeler	07/19/1996

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
$8.00	07/22/1996	9610443 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman L Ferguson	
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.

family will be in on 7-22-96 to pay 25%

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-19-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Daisy Lee Martin

In a T.S. vault Funeral, date, time 7-24 Wed. 1:00

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 GMW

War time veteran _____.

Lot 102 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund (378) 8-6-95	795.00
Additional spaces and care fund	
Opening/Closing & Setup paid in full	375.00
Burial Container	250.00
Handling Fees PRK and upon	185.00
Flower vases – Marker setting fee	
Recording and filing fee in freapuverp	45.00
Sales taxes	19.38
30 day note Total Due	1,669.38
Paid receipt number R-47628	417.00
Balance due	1252.38

payment over →

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 Geraldine Martin Wolff
Signature

X 811 Peach Court #B
Address

X El Cajon CA 92021
City Zip Code

X (619) 593-1666
Telephone

Invoice # 272175

Work Order # E 13026

Acct. # 089713

PY-593 (Rev. 8-92)

8-5-96 $1252.38

- 200.00 payment

1052.38 balance

8-26 180.00

9-5 510.00

362.38 Balance

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

E-13026

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 089713

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 8-5-96 (H.D. to Mt. Hope)

PAID BY (CIRCLE ONE): CA (CK) MF

PAYMENT REFERENCE NUMBER 3104

AMOUNT PAID 200.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Geraldine Martin Webb

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS

REMARKS Catina M. Durgeon
MS. 72

CASHIER

INV. NO. 272175

TR-[illegible] (3-82)

MT. HOPE CEMETERY W.O. # E-13026

NOTE

$ 1252.38 San Diego, California 7-22 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 Two Hundred Fifty Two + 38/100 DOLLARS with interest from August 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 Geraldine Martinlebb SIGNATURE [redacted]

ADDRESS 811 Peach Court, #B El Cajon, CA 92021-3776

CALIFORNIA DRIVER LICENSE NUMBER N5816552 SSN # 464-08-3476

PY-1012 (11-88)

OFFICIAL RECEIPT

50226

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-24 19 98

From: Geraldine Martin Webb Address: 1050 Peach Ave #15 El Cajon 9202

twenty three and 78/100 ——— Dollars ($ 23.78)

In full Payment of galvanized flower vase for Daisy Martin

Lot 102 Grave 4 Row ____ Section 3 Division/Block 12

Invoice No. ____

Acct. No. ____

W.O. E-13026

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	18 13 88
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	78
TOTAL PAID	$	23 78

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3473

ISSUED BY Catina Avallone

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

47628

Date: 7-22, 1996

From: Geraldine Webb Address: 811 Beech Court B El Cajon 92021

Four Hundred Seventeen Dollars ($ 417.00)

In pit Payment of Interment of Darcy Lee Martin

Lot 102 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13026

BALANCE DUE 1252.38

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3097

AC-212 (Rev. 6-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Shellin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77154	417	00
Opening/ Closing	100 77161		
Burial Containers	100 77162		
	100		
Handling Fee	77165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78360		
TOTAL PAID	$	417	00

F-13026

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
Daisy	Lee	Martin	03/04/1927	07/18/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	Geraldine Webb, Daughter 811 Peach Ct. #B El Cajon, CA 92021

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort. 5050 Federal Blvd. San Diego, CA 92102	F-1329	Debbie Williams	07/19/1996

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	07/23/1996	9610520

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 11/24/96	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 CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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-13026

272175 07/29/96 089713 GERALDINE MARTIN WEBB 09/04/96 CA E13026 1,252.38 872.38
E-13026 PARTIAL PAYMENT

100	072	77181	000072	180.00
100	072	77182	000072	53.90
100	072	77183	000072	35.93
100	072	77184	000072	6.47
100	072	77185	000072	54.33
60101		78390		26.59
				2.78

272175 07/29/96 089713 GERALDINE MARTIN WEBB 08/05/96 CK 3104 1,252.38 1,052.38
E-13026 PARTIAL PAYMENT

100	072	77181	000072	200.00
100	072	77182	000072	59.89
100	072	77183	000072	39.92
100	072	77184	000072	7.19
100	072	77185	000072	60.37
60101		78390		29.54
				3.09

fax #
286-2674

Back gate opened

faxed interment Order

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-19-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladies White

in a Liner Vault/Liner Funeral, date, time Thurs 7-25 11:00

Church, Chapel, Graveside Church / Graveside : Ca Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ ____

will be applied and billed to undersigned. ____

War time veteran ____

Lot 57 Grave 4 Row ____ Section 17 Division/Block 7

Grave space & Care Fund Pre-Need C-8452	-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-47632	769.73
Balance due	-0-

PAID
JUL 24 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, C.

CA Burial to bury each day of service per permit

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 See attached

X ____
City Zip Code

X ____
Telephone

Invoice # ____

Work Order # E 13027

Accl. # ____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-19-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladies White

In a Liner (Vault/Liner) Funeral, date, time Thur 7-25 11:00

Church, Chapel, Graveside Church / Graveside : Ca Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ ___ will be applied and billed to undersigned.

War time veteran ___

Lot 57 Grave 4 Row ___ Section 17 Division/Block 7

Grave space & Care Fund ... Pre-Need C-8452	-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

CA Burial to bring check day of service per Jeanette

Paid receipt number ___

Balance due ___

I hereby certify I am the X Cousin of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Ardis Harrison
Signature

X 2532 K. Street
Address

X San Diego, CA. 92102
City Zip Code

X 619 235-6194
Telephone

00 ___
Signature of recorded holder of deed

Invoice # ___

Work Order # E 13027

Acct. # ___

PY-593 (Rev. 8-92)

E-13027 47632

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-24, 1996

From: Allis Mary Chisp Address: 862 Duval St SD 92102

Seven Hundred Sixty Nine & 73/100 Dollars ($ 769.73)

In full Payment of Interment of Gladies White

Lot 57 Grave 14 Row Section 17 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E - 13027

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. Shrchilton

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	14	73
TOTAL PAID	$	769	73

AC-212 (Rev. 5-94)

E-13027

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 79

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GLADIES	-	WHITE	11/17/1916	07/18/1996	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	WILLIE WHITE-SON 3126 L 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Mark Mitchell	07/22/1996

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	07/22/1996 M. MITCHELL	9610493 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7/27/96	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 7-22-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ARAM BAGRAMOV

In a Liner (Vault/Liner) Funeral, date, time TUES 7-23 12:30

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. X AB.

War time veteran _____.

✓ Lot 5282 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	1095.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1864.73
Paid receipt number R-47626	1864.73
Balance due	0

PAID
JUL 22 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 [signature] (BAGRAMOVA) AREGA
Signature

X 4553 Texas St #6
Address

X SAN DIEGO, CA 92116
City Zip Code

X (619) 574-0530.
Telephone

Invoice # _____

Work Order # E 13028

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

47626

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 7-22, 1996

From: Olega Bagramova Address: 4553 Texas St. #6

One Thousand Eight Hundred Sixty four & 73/100 Dollars ($ 1864.73)

In full Payment of Interment of Ivan Bagramov

Lot 5282 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. F-13028

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. Hutchins

CREDIT	57007		
20% Sales Cers	77184		
80% Sales of Lots	100 77184	1095	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 80222		
Sales Tax	60101 78380	14	73
TOTAL PAID	$	1864	73

E-13028

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Aram	Khachaturovich	Bagramov	11/06/1926	07/20/1996	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	Arege Bagramov-Daughter 4553 Texas St., San Diego, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person Filing Permit	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶	07/22/1996

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

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07/22/1996 James Hale	9610456 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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, California 92102	11B. DATE BURIED 7/22/96	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.

Pre-Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-24-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edith L. Kimball

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 70 Grave 43 Row _____ Section 2 Division/Block 11

Grave space & Care Fund ..... Pre-Need D-4735	~~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 VISA	269.26
Balance due	~~0~~

PAID
JUL 24 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

* Edith L Kimball
Signature
* 4494 Miguel Vista Place
Address
* San Diego, CA 92114-7432
City Zip Code
* (619) 287-3874
Telephone
Non-Listed

Invoice # _____

Work Order # E 13029

Acct. # _____

PY-593 (Rev. 6-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Baby

Date 7-25-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Michael Theodore Hasan PA 1200658

In a _____ Vault/Liner Funeral, date, time TUES 7 30 10:00

Church, Chapel, Graveside Del Only : Berg-Roberts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ Carleen will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 108 Grave 3 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	45.00
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	210.00
Paid receipt number	
Balance due	

PAID in full SEP 16 1996 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

D. Jamme casket size

L= 22.75"

W = 11.0 H= 7.0

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 # 272716

Work Order # E 13030

Accl. # 000952

PY-593 (Rev. 8-92)

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-13030

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 9-16-96
BY: CA (CK) IF
PAYMENT REF NO 04-105401
AMT PAID: $210.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/05/96	09/04/96	JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13030
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
MICHAEL HASAN PA#1200658 SVCS	
LOT 108 GR 3 SEC 100F BLK 43	90.00
OPENING/CLOSING	75.00
HANDLING FEE	45.00
TOTAL DUE	210.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE. RETURN WITH PAYMENT INV NO. 272716

AC-22 (REV. 10/88)

E-13030

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1 day

1A. NAME OF 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	THEODORE	HASAN	07/13/1996	07/13/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	SUSAN JAIME, DEPUTY SAN DIEGO, 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
BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284	▶ Rosario Beato	7/26/1996

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	07/26/1996	▶ R. BEATO 9610727

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 7/31/96	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.

Pre-need Lot # this

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-25-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lois Jones

in a Liner (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

War time veteran _____.

Lot 252 Grave 5 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional speces 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-47033	391.00
Balance due	1,173.73

7-24-96 PAID IN FULL

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Lois Jones
Signature

X 2105 1/2 Van Ness
Address

X National City 91950
City Zip Code

X 479-0796
Telephone

Invoice # _____

Work Order # E 13031

Acct. # _____

PY-593 (Rev. 8-92)

Poway – Bernardo DAVID

Send or bring one coupon with each remittance **COUPON 2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Lois Jones E-13031

2840 Adams Ave. Suite 103

San Diego, CA 92116-1404

(252-5-2-12)

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 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Lois Jones E-13031

2840 Adams Ave, Suite 103

San Diego, CA 92116-1404

(252-5-2-12)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
								10			

Amount due when paid on, or before due date above. $ 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 & Trust

Lois Jones E-13031

2840 Adams Ave. Suite 103

San Diego, CA 92116-1404

(252-5-2-12)

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** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Lois Jones E-13031

2840 Adams Ave, Suite 103

San Diego, CA 92116-1404

(252-5-2-12)

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. $ 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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47571

Date: 10-3 19 96

From: Lois Jones Address: 2840 Adams Ave. Suite 103 S.D. 92116

Forty Nine and no/100 Dollars ($ 49.00)

In Part Payment of Pre-need lot and trust

Lot 252 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13031

BALANCE DUE 1075.73

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgeon

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 78380		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47982

Date: 11-5, 19 96

From: Lois Jones Address: 2840 adams ave. Suite 103 San Diego 92116

Forty nine and no/100 Dollars ($ 49.00)

In part Payment of pre-need lot and trust

Lot: 252 Grave 5 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13031

BALANCE DUE 1026.73

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 Carina Burgos

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	49	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	53033 9022		
Sales Tax	80101 78300		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49065

Date: 12-3 19 96

From: County of San Diego Address: P.O. Box 2028 San Diego 92112-2028

Forty nine and no/100 Dollars ($ 49.00)

In part Payment of pre-need Vlt and trust for Lois Jones

Lot 252 Grave 5 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13031

BALANCE DUE 977.73

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
305316

AC-212 (Rev. 8-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Cathia Jurgen

CREDIT	67007		
20% Sales Care	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 78360		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

4[illegible]165

Date: 1-6, 1997

From: Lois Jones / Co of San Diego Address: P.O. Box 2028 San Diego 92112

Forty Nine Dollars ($ 49.00)

In part Payment of Pre-Need Lot & Trust for Lois Jones

Lot 252 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E- 13031

BALANCE DUE 928.73

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S 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	80101 78390		
TOTAL PAID	$	49	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3490

4 633

Date: 7-25 19 94

From: MR. Kennedy Address: 2840 Adams Ave Suite 103 S.D., Ca.

Three hundred ninety one & no/100 Dollars ($ 391.00) 92116

In part Payment of Pre-need lot & trust for

LOIS JONES

Lot ____ Grave ____ Row ____ Section ____ Division ____ Block ____

Invoice No. ____

Acct. No. ____

W.O. E-13031

BALANCE DUE 1173.73

Pre-Need Lot [X] At Need [ ] On Acct [ ]
Pre-need Trust [X] Cash [ ] Check [X]
#1000272879

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	391	00
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	391	00

OFFICIAL RECEIPT

50225

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-24, 1998

From: Lois Jones Address: 2840 Adams Ave # 103 San Diego 92116

Nine Hundred twenty eight & 73/100 Dollars ($ 928.73)

In full Payment of Pre-Need Lot + Trust

Lot 253 Grave 5 Row Section 7 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E- 13031

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
1795175

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

24

ISSUED BY D. Shelton

CREDIT	67007	159	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	769	73
Sales Tax	60101 78390		
TOTAL PAID	$	928	73

OFFICIAL RECEIPT

50225

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-24, 1998

From: Lois Jones Address: 2840 Adams Ave # 103 San Diego 92116

Nine Hundred twenty eight & 73/100 Dollars ($ 928.73)

In full Payment of Pre-Need Lot & Trust

Lot 257 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E- 13031

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
1795185

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
JUL 24 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

ISSUED BY S. Shelton

CREDIT 20% Sales Care	67007 77184	159	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	769	73
Sales Tax	60101 78390		
TOTAL PAID	$	928	73

E-13031

JONES, LOIS

2840 Adans Ave. Suite 103 San Diego, Ca 92116-1404

			Debit	Credit	Balance
07-25	96	Pre-need Lot and Trust Opened: Lot 252, Gr 5, Sec 2, Divn 12	795.00		
		Trust includes: 1 Opening/Closing, 1 Liner, 1 Handling Fee, 1 Recording Fee, Tax on Liner	769.73		1564.73
		20% 159 80% 636			
07-25	96	Receipt 47633		391.00	1173.73
9-5	96	Coupon #1 R-47767		49.00	1124.73
10-3	96	# #2 R-47871		49.00	1075.73
11-5	96	# 3 R-47982		49.00	1026.73
12-3	96	~~no coupon~~ 4 R-48065		49.00	977.73
1-6	97	" 5 R-48165		49.00	928.73
7-24	98	R-50225 20%		928.73	-0-

JONES, LOIS

Pre-need Lot & trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/25/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Ray Tvey II FRI 7-26

In a liner Vault/Liner Funeral, date, time ~~from~~ 7-29 1:00

Church, Chapel, Graveside Delivery Only ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 4527 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	578	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
10-10-96 PAID IN FULL Paid receipt number	47675	441.00
	Balance due	1323.73

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Robinett M. Tvey
Signature
X 6501 Ruby Red Circle
Address
X Las Vegas NV 89108
City Zip Code
X 702-258-0531
Telephone

Invoice # 272744

Work Order # E 13032

Acct. # 089789

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E- 13032

NOTE

$ 1323.73 San Diego, California 7-26 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 Three Hundred Twenty Three & 73/100 DOLLARS with interest from August 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 * Robinetta M. Ivey SIGNATURE * Robinetta M. Ivey

ADDRESS * 6501 Ruby Red Circle

~~CALIFORNIA~~ NEVADA DRIVER LICENSE NUMBER * 3709233679764 SSN # * 554-61-6839

PY-1012 (11-89)

OFFICIAL RECEIPT

47675

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-6, 19 96

From: anderson-ragsdale Address: 5050 Federal Blvd. S.D., Ca. 92102

Four hundred forty one and 00/100 Dollars ($ 441.00)

In part Payment of Interment of Robert Ray Avey II

Lot 4527 Grave ____ Row ____ Section ____ Division 10

Invoice No. ____

Acct. No. ____

W.O. E-13032

BALANCE DUE 1323.73

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
8676

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgon

CREDIT	67007		
20% Sales Care	77184	441	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 78300		
TOTAL PAID	$	441	00

E-13032

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	3. DATE OF DEATH	4. SEX
Robert	Ray	Ivey, II	08/20/1940	07/18/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Las Vegas	Nevada	Robinette Ivey, Daughter 6501 Ruby Red Circle Las Vegas, NV 89107

7A. TYPED NAME AND ADDRESS OF 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]	07/22/1996

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	07/23/1996	9610501 ▶ [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
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7/26/96	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.

E-13032

7/25/96 Debbie from Ragsdale caled wanting to know the location of the graveside of Robert Ivy who was to be buried today. I look on the schedule and did not see a Robert Ivy. I went to the pending board to see if there was anything pending. I saw nothing. I asked Sue if she knew anything about the Robert Ivy service, she said no. I returned to the phone and told Debbie we didn't have a Robet Ivy on the schedule for a burial today or any other day.

Debbie commented "this is not good" and told me to "hold on". Some one else a man got on the phone and I told him again we didn't have a Robert Ivy on the schedule. He said "the family did not come in" I said "no" The man mentioned that we could do a mock set up, but he would call me back. I said that would be fine and to call me back ASAP. I hung up the phone at 12:05.

At 12:35 I had not heard from Debbie or Ragsdale so I called them back to check on the mock set up for Robert Ivy. Debbie answered and said go ahead with mock set up. The chapel service was at 1:00 p.m. I was told that family would be in after service to pick lot. I asked Debbie if Robert Ivy was a veteran and she said yes. I told Norman that we needed a mock set up for a service from Ragsdale and chapel service was at 1:00.

2:15 Ragsdale called for location of gravesite for the mock set up.
Mr. Ragsdale said family will come in tomorrow to make arrangement for deliver only.

2:25 Ragsdale arrived with body of Robert Ivy and gave Norman the burial permit.

Incidentially, Ragsdale called a couple days later and said they were getting ready to bring over the body of Robert Ivy. I told Mark, who called, that we had already buried Robert Ivy two days earlier. Mark commented "you did, who do we have then" he told me he would call me back and hung up. I then told JoAnn who called Ragsdale after she hung up they called back and said they did not have Robert Ivy. Everything is okay.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-25-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Arif Achmad Setioso

In a _____ Funeral, date, time 7-26 FRI ~~11:00~~ 1:00

Church, Chapel, Vault/Liner Graveside ; graveside ; Parkcrest Kevin Mortuary

All Funeral cars must 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 2913 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-47037	270.00
Balance due	0

PAID
paid in full
JUL 26 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

casket size: 28" long 13" wide

mortuary to bring check

I hereby certify I am the X Funeral Director of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X _____
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X David Smith
X Park Crest Funeral Home
Address
X 3441 University Ave SD 92104
City Zip Code
X 260-1250
Telephone

Invoice # _____

Work Order # E 13033

Acct. # _____

PY-593 (Rev. 9-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3490

47637

Date: 7-26, 19 96

From: Park Crest Funeral Home Address: 2441 University ave. San Diego, Ca. 92104

Two hundred seventy and no/100 Dollars ($ 270.00)

In full Payment of Interment of Arif Achmad Setiaso

Lot 2913 Grave Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E-13033

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ #6985

AC-212 (Rev. 5-96)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Turgeon

CREDIT	67807		
20% Sales Care	77184		
60% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77161	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	270	00

E-13033

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1 day

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Alif	Achmad	SETIOSO	07/17/1996	07/17/1996	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	Sonny Setioso-Father 4981 Catoctim Drive # 84 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
Park Crest Funeral Home 2441 University Avenue San Diego CA 92104	FD-1507		07/26/1996

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

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 07/26/1996	9610740

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
POB 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 LOCA[illegible] (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 1/16/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIA[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.

FROM : PARK CREST FUNERAL HOME

E-13033

7/25/96

To: MT Hope

Fm.: Kevin Smith

Re: Baby Set 1050

As per family Request -

- Plez Reschedule The Committal Service from 11AM to 2 PM This afternoon.

- Thank you

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/26/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bernece Seggie

In a TS Vault Funeral, date, time Tues, July 30 11:00

Church, Chapel, Graveside Graveside Only : Berge Roberts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 2972 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	Pre Need	C-3515	0
Additional spaces and care fund			
Opening/Closing & Setup	Pre Need	E-9398	0 375
Burial Container	"	"	0 250
Handling Fees	"	"	0 185
Flower vases – Marker setting fee			
Recording and filing fee	"	"	0 45
Sales taxes	"	"	0 19.
Total Due			0
Paid receipt number			
Balance due			

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature Guy H Seggie

Address 746 Glencoe DR

City San Diego CA Zip Code 92114

Telephone 462 50 35

Invoice # _____

Work Order # E 13034

Acct. # _____

PY-593 (Rev. 8-92)

E-13034

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 84

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BERNIECE	M	SEGGIE	05/06/1912	07/25/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	GUY A. SEGGIE, HUSBAND 744 GLENCOE 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
BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284	▶ Rosario Beato	07/26/1996

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	07/29/1996 R. BEATO	9610766 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 7/31/96	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.

Pre Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/26/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hughel Alyce Davidson

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 36 Grave 7 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	580.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee	~~25.00~~
Sales taxes	~~29.45~~
Total Due	1149.45
Paid receipt number R-47635	1149.45
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 Alyce Davidson
Signature

X 6274-Osler St.
Address

X San Diego, 92111
City Zip Code

X 576-9967
Telephone

Invoice # _____

Work Order # E 13035

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3480

4 635

Date: 7/26, 1996

From: Alyce Hugh E Davidson Address: 6014 Osler St SD CA 92111

One thousand one hundred forty nine 45/00 Dollars ($ 1149.45)

In Payment of Pre Need Trust

Lot 36 Grave 7 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13035

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 Bak

CREDIT	97007		
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	1149	45
Sales Tax	60101 78300		
TOTAL PAID	$	1149	45

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/26/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jimmy Knight

in a Liners (2) 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 123 Grave 8+9 Row _____ Section 3 Division 18

Grave space & Care Fund	2@ 795.00	1590.00
Additional spaces and care fund		
Opening/Closing & Setup	2@ 375.00	750.00
Burial Container	2@ 190.00	380.00
Handling Fees	2@ 145.00	290.00
Flower vases – Marker setting fee		
Recording and filing fee	2@ 45.00	90.00
Sales taxes	2@ 14.73	29.46
Total Due		3129.46
Paid receipt number R-47636		3129.46
Balance due		0

PAID
JUL 26 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 Jimmie Knight
Signature
X 4049 36th ST
Address
X San Diego Ca 92104
City Zip Code
X (619) 283 4804
Telephone

Invoice # _____

Work Order # E 130360

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3480

47636

Date: 7/26 19 96

From: Jimmy Knight Address: 4043 36th St S.D (A) 92104

Dollars ($ 3159.46)

In Payment of Pre Need Trust & Lot

Lot 123 Grave 8 & 9 Row - Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13036

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 Baker

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	1590	00
Opening/ Closing	100 77181	750	00
Burial Containers	100 77182	380	00
	100	290	00
Handling Fee	77185	90	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	29	46
TOTAL PAID	$	3139	46

28 " L
13 " W
12 " H

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 7/26/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DeJanee Diggs

In a _____ Funeral, date, time Wed 7/31/96 11:00

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 $ 150.00 will be applied and billed to undersigned. V.L

War time veteran _____.

Lot 3446 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-47649	270.00
Balance due	-0-

PAID
JUL 31 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Rosedale will bring check for services (Oliver)

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

Vickie Lucas
Signature
1355 Wyconda Wy
Address
San Diego, CA. 92113
City Zip Code
264-4756
Telephone

Invoice # _____

Work Order # E 13037

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY W.O. # E-13037

NOTE

$ 270.00 San Diego, California July 26 19 96

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 1751 Market Street, San Diego, CA 92101, the sum of two hundred seventy dollars and 00/ DOLLARS with interest from August 31, 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 Vickie Lucas SIGNATURE Vickie Lucas

ADDRESS 1355 Wyconda Wy. S.D, CA 92113

CALIFORNIA DRIVER LICENSE NUMBER B6151181 SSN 573-45-3800

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

47649

Date: 7-31, 1996

From: Ragsdale Address: 5050 Federal Blvd SD 92102

Two Hundred Seventy Dollars ($ 270.00)

In full Payment of Interment of Dejanee Diggs

Lot 3446 Grave Row Section 1 Division ~~Block~~ 9

Invoice No.

Acct. No.

W.O. E-13037

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

8639

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	100	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185	45	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78380		
TOTAL PAID	$	270	00

OFFICIAL RECEIPT

50224

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-24, 1998

From: Ronald Patmon Address: 276 C 47th St San Diego 92102

Thirty One & 55/100 Dollars ($ 31.55)

In full Payment of Temporary Marker for Dejane Yvonne Diggs

Lot 3446 Grave _____ Row _____ Section 1 Division ~~Block~~ 9

Invoice No. _____

Acct. No. _____

W.O. E-13037

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 357

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

4

ISSUED BY S. Shichillian

CREDIT	87007		
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	83033 9022		
Sales Tax	60101 78380	1	55
TOTAL PAID	$	31	55

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

50224

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-24 19 98

From: Ronald Patmon Address: 276 c 47th St San Diego 92102

Thirty One & 55/100 Dollars ($ 31.55)

In full Payment of Temporary Marker for DeJane Yvonne Diggs

Lot 3446 Grave 2 Row Section 1 Division 9 ~~Block~~

Invoice No.

Acct. No.

W.O. E-13037

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.

14

ISSUED BY D. Shields

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	10	00
Recording & Misc. Fees	100 77183	20	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	1	55
TOTAL PAID	$	31	55

E-13037

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 10 days

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Dejanee	Yvonne	Digga	07/14/1996	07/24/1996	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	Vickie Lynn Lucas, Mother 1355 Wyconda Way 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
Andersons Ragsdale Mort.; 5050 Federal Blvd San Diego, CA 92102	F-1329	▶ Debbie Wheleus	07/29/1996

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	07/29/1996 ▶ Debbie Wheleus	9610802

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 86222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 7/31/96	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 7-26-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus Meza JR.

in a Double Depth crypt Funeral, date, time TUES 7-30- 11:00

Church, Chapel, Graveside chapel & graveside Park Crest Mortuary.

kevin

All Funeral cars must 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 192 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes to bring 30-day note and check	79.45
Total Due	1744.45
Paid receipt number R-470440	1944.45
Balance due	0

PAID
JUL 30 1996
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30-day note
Lot # 297-5901

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature see attached for signatures

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 13038

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-26-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus Meza Vr

In a _____ Funeral date, time Tues 7-30- 11:00

Church, Chapel, Graveside Chapel Graveside Park Crest Mortuary

All Funeral cars must arrive before 3:30 p.m. of the work day or an extra charge of $ 150.00

will be applied and billed to undersigned [signature] Kevin Smith

War time veteran _____

Lot 192 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	
Handling Fees	
Flower vases – Market setting fee	
Recording and filing fee	
Sales taxes	
[illegible]	
Post [illegible]	
[illegible]	

I hereby certify I am the Mother & Father of the above named decedent and this is your authority to [illegible] represent that I have the right to [illegible] Mt. Hope Cemetery harmless from any liability on account of [illegible]

[signature]

I hereby authorize the [illegible] hold under deed

Signature of recorder [illegible]

[illegible] Antonio Meza

[illegible] University Avenue

San Diego CA 92104

Zip Code

[illegible]/260-1280

Work Order # E 13038

PF-583 (Rev. 8-92)

[signature]

Kevin E. Smith 7/27/96

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-26-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jesus Meza JR.

In a _____ Funeral, date, time TUES 7-30- 11:00

Church, Chapel, Graveside chapel + graveside Park Crest Mortuary.

All Funeral care must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. KEVIN SMITH

War time veteran _____.

Lot 192 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	
Paid receipt number	
Balance due	

I hereby certify I am the X Mother & 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 Sam Alvarado

Signature Jesus Antonio Meza

c/o 2441 University Avenue

Address

San Diego CA 92104

City Zip Code

619/260-1280

Telephone

I hereby authorize the interment in lot I hold under deed.

_____

Signature of recorded holder of deed

Invoice # _____

Acct. # _____

Work Order # E 13038

PY-593 (Rev. 8-82)

Witnessed Kevin K. Smith 7/27/96

OFFICIAL RECEIPT

E-13038 4-646

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3409

Date: 7-30 19 96

From: Park Crest Funeral Home Address: 2441 University Ave. San Diego, Ca

One thousand nine hundred forty four 45/100 Dollars ($ 1944.45 92104

In full Payment of Interment of Jesus Meza JR.

Lot 192 Grave 4 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13038

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ #6999

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Maria Ingram

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	795	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	350	00
	100	330	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	29	45
TOTAL PAID		$ 1,944	45

E-13038

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	Antonio	Meza, Jr.	07/24/1987	07/22/1996	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Tulsa	Oklahoma	Pamela Alvarado-Mother 3912 Arizona Street San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Park Crest Funeral [redacted] 2441 University Avenue San Diego CA 92104	FD 1507		07/29/1996

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	K.K. Smith 07/29/1996	9610795

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
SD County Dept of Health-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
- [X] 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 3851 Market Street San D[redacted]go CA 92102	11B. DATE BURIED 7/30/96	11C. SIGNATURE OF PERSON IN CHARGE OF BUR[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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/29/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mobin Abdullah ABDULLAH MUMIN

In a _____ Funeral, date, time Tue 7-30 2:30

Church, Chapel, Graveside (Vault/Liner) _____ : family to bring baby Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 41A Grave _____ Row _____ Section Muslim Division/Block _____

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	125.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	170.00
Paid receipt number R-47642	170.00
Balance due	-0-

PAID
JUL 30 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

We Ashad 672-2646

24 W
30 L

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 Muhammed Mumin
Signature

X 4125 49th st apt #8
Address

X San Diego 92105
City Zip Code

X _____
Telephone

Invoice # _____

Acct. # _____

Work Order # E 13039

PY-593 (Rev. 8-92)

E-13039

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 10 days

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Abdullah	-	Mumin	07/18/1996	07/24/1996	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	Muhammed Mumin, Father 4125 49th St. Apt. 8 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
Muhammed Mumin 4125 49th St. Apt. 8, San Diego, CA 92105	-	▶ Muhammed Mumin	07/29/1996

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

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NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	07 / 29 / 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 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 7/31/96	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.

OFFICIAL RECEIPT

E-13039 47642

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-30 19 96

From: Muhammed Mumin Address: 4125 49th St. apt 8 SD 92105

One Hundred Seventy Dollars ($ 170.00)

In full Payment of Interment of Abdullah Mumin

Lot 41 A Grave Row Section MUSLIM Division Block

Invoice No.

Acct. No.

W.O. E - 13039

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. Abdullah

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100 77184		
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	170	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-29-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of George Higgins 10:00

in a ash Vault Funeral, date, time FRI. 8-2 ~~11:00~~

Church, Chapel, Graveside Graveside ; Abba 754-8609 Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

✓ Lot 109 Grave 1 Row _____ Section 4 Division/Block 4

Grave space & Care Fund ..... Pre-Need —

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-47638 269.26

Balance due 0

PAID
JUL 29 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X BINH-THAI-Higgins
Signature

X 3125 BANCROFT ST.
Address

X SAN DIEGO CA 92104
City Zip Code

X (619) 284-4778
Telephone

Invoice # _____

Work Order # E 13040

Acct. # _____

PY-593 (Rev. 8-92)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3469

47638

Date: 7-29 19 96

From: Rick Higgins Address: 3125 Bancroft St SD 92104

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Interment of George Higgins

Lot 109 Grave 1 Row Section 4 Division 4 Block

Invoice No.

Acct. No.

W.O. E- 13040

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7850

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Shillen

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
	100	60	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	4	26
TOTAL PAID	$	269	26

E-13040

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	SAMUEL	HIGGINS	06/12/1921	07/28/1996	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	BINH THI HIGGINS - WIFE 3125 BANCROFT ST. 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
ABBA CREMATION CENTRE 800 GRAND AVE, SUITE AG12 CARLSBAD, CA 92008	FD-1554		07/30/1996

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	E. DIAZ 07/30/1996	9610843

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 LOCA[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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIA[illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SECURE CREMATORIUM, 1020 N. FULLER ST. SANTA ANA, CA 92701	12B. DATE CREMATED 7/30/96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION Joseph Salmieri	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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 LOC[illegible] REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7-29-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JAMES Horton, PA # 12005770

in a Liner (Vault/Liner) Funeral, date, time TUES, 7/30 10:00 AM

Church, Chapel, Graveside Del Cerro : Featherknight (FED) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ P

will be applied and billed to undersigned.

War time veteran .

Lot 77 Grave 5 Row Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

PAID
Jan Ford
SEP 16 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Rebecca Baker-PA

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Work Order # E 13041

Invoice # 272717

Acct. # 000952

PY-593 (Rev. 8-92)

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E-13041

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 9-10-96
BY: CA (CK) IF
PAYMENT REF NO 04-1065401 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
08/05/96	09/04/96	JULY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13041
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JAMES HORTON PA#12005770 SVCS	
LOT 77 GR 5 SEC 1 DIVN 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. 272717

AC-22 (REV 10/96)

E-13041

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 51 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
James	Mitchell	Horton	12/20/1944	06/14/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Admin- Rebecca Barr 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking refusal	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	Candice Maggard	07/29/1996

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	07/29/1996	9610792 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
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 RETAINED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA 921023	11B. DATE BURIED 7/31/96	11C. SIGNATURE OF PERSON IN CHARGE OF ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 7/29/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marvin Fisher

In a Liner (Vault/Liner) Funeral, date, time 7/30/96 Tues, 9:00am

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. J.F.

War time veteran _____.

Lot 5191 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	Pre Need E-1421	0
Additional spaces and care fund		
Opening/Closing & Setup	Pre Need E-10907	0 375.00
Burial Container	" "	0 190.00
Handling Fees	" "	0 145.00
Flower vases – Marker setting fee	"	
Recording and filing fee	" "	0 46.00
Sales taxes	" "	0 14.73
Total Due		0
Paid receipt number		
Balance due		

I hereby certify I am the x Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Johnnie Fisher
Signature

x 3023 Luna Ave.
Address

x San Diego, 92117-2515
City Zip Code

x 276-4287
Telephone

Invoice # _____

Work Order # E 13042

Accl. # _____

PY-593 (Rev. 8-92)

E-13042

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
MARVIN	KILMORE	FISHER	05/26/1921	07/26/1996	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	JOSEPHINE LEE FISHER: WIFE 3003 LUNA AVENUE SAN DIEGO, CA 92117-2515

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. LIC. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ Victoria Meza	07/29/1996

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	07/30/1996 ▶	Victoria Meza 9610829

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 ENTOMBMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 7/30/96	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 _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ ; _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

13043 ARE to VOID 13099

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

START with 13100

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

7-29-96

_____
Signature

_____
Address

_____
City Zip Code

D. Shelton
_____
Telephone

Work Order # E 13043

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date _____

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of _____

in a _____ Vault/Liner Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

TICKETS 13044 – 13099 NOT USED

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and 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 13044

Acct. # _____

PY-593 (Rev. 8-92)