MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11/25/96

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

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time Fri 11/29/96 1:00

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

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

will be applied and billed to undersigned. X

Lot 1264 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre Need E-13166 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 ..... _____

Paid receipt number _____ _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 13300

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Pall bearer will be needed
per Dorothy

E-13300

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
GERTRUDE	SWAN	ORTIZ	04/23/1918	11/23/1996	F

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EDWARD A. ORTIZ, JR.: HUSBAND
4705 JUNANO AVENUE
SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
CLAIREMONT MORTUARY:
4266 MT. ABERNATHY AVE., SAN DIEGO, CA 92117

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: F-1126

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Victoria Meza

8B. DATE SIGNED: 11/26/1996

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: 7.00

9B. DATE PERMIT ISSUED: Victoria Meza 11/27/1996

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 9616588 ▶

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

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 11-29-96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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 11-25-96

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

in a Liner (Type of Burial Container) Funeral, date, time Wed. 11-27 11:00

Church, Chapel, Graveside church + graveside Ca. Burial Mortuary. Gary

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

will be applied and billed to undersigned. _____

Lot 18 Grave 3 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund ..... Pre-need E-11198 ..... Ø

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... Pre-need E-11198 ..... Ø

Burial Container ..... Pre-need E-11198 ..... Ø

Handling Fees ..... Pre-need E-11198 ..... Ø

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... Pre-need E-11198 ..... Ø

Sales taxes ..... Pre-need E-11198 ..... Ø

Addie Wilson
234-6017

Total Due ..... Ø

Paid receipt number _____ _____

Balance due _____

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 13301

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13301

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
BERTHA	LEE	HALE	10/17/1913	11/20/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	ADDIE BOARDS--DAUGHTER 2833 CLAY ST. SAN DIEGO, CA 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—Exact copy permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	11/22/1996

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	11/22/1996 M. MITCHELL	▶ [signature]

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 11-27-96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-26-96

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

in a Oak Vault (Type of Burial Container) Funeral, date, time Fri, 12/13 2:00pm

Church, Chapel, Graveside graveside ; ABBA Mortuary.

All Funeral cars must 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 JB

Lot 149 Grave 2 Row Section 4 Division/Block 6

Grave space & Care Fund Pre-need C-1283 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-48087 269.26

Balance due 0

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

Dell Jordan
780-0288

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 John C Bryan
Signature

X 4427 Estrella
Address

X San Diego 92115
City Zip Code

X 265-8117
Telephone

Invoice #

Work Order # E 13302

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

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OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3600

48087

Date: 12-6 19 96

From: John Bryan Address: 4427 Estrella Ave. #A San Diego 92115

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

In full Payment of Interment of Joan Jordan

Lot 149 Grave 2 Row Section 4 Division Block 6

Invoice No.

Acct. No.

W.O. E-13302

BALANCE DUE 0

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

66643

AC-212 (Rev. 5-94)

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

ISSUED BY Arturo Jurgens

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 8022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

E-13302

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
JOAN	ESTELLA	JORDAN	02/09/1943	11/27/1996	fem

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	DELL S. JORDAN - SON 9775 CAMINITO BOLSA 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
Abba Cremation Centre, 800 Grand Ave, Ste AG12 Carlsbad, CA 92008	FD-1554	▶ [signature]	12/02/1996

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	E. DIAZ 12/04/1996	9616841 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12/3/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY SECURE CREMATORIUM, 1020 N. FULLER ST. SANTA ANA, CA 92701	12B. DATE CREMATED 12/11/96	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.

8 chairs

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-26-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Louise Johnson (X)

in a Ash vault (Type of Burial Container) Funeral, date, time Mon. 12-2 11:00

Church, Chapel, Graveside Church & graveside; Neptune Mortuary.

All Funeral cars must 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 Kelly Manring

Lot 2 Grave 14 Row _____ Section MAS Division/~~Block~~ Y

Grave space & Care Fund Pre-need 10623	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-48053	269.26
Balance due	Ø

PAID
NOV 27 1996
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Kelly Manring
442-0908

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 Kelly Manring
Signature
X 9405 Brian Way
Address
X El Cajon, 92021
City Zip Code
X 619 3908597
Telephone

Invoice # _____

Work Order # E 13303

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43053

Date: 11-27, 19 96

From: Ellis Johnson Address: 1645 Primrose Dr. El Cajon 92020

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

In full Payment of Interment of Helen Louise Johnson

Lot 2 Grave 14 Row Section MAS Division Block Y

Invoice No.

Acct. No.

W.O. E-13303

BALANCE DUE X

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

7462

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgna

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

E-13303

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
HELEN	LOUISE	JOHNSON 04-15-21	08/15/1921	11/25/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	ELLIS JOHNSON-HUSBAND 1645 PRIMROSE DRIVE 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
NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021	FD-1352	▶	11/26/1996

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated hereon 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	11/27/1996 VINCE ALARI	9616632 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 852222 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 MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 12/2/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC 14065 HWY 8 BUS EL CAJON, CA 92021	12B. DATE CREMATED 11/29/96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Gary Stevens	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-27-96

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

in a liner (Type of Burial Container) Funeral, date, time Fri 11-29 11:00

Church, Chapel, Graveside Graveside : Rasdale Mortuary.

All Funeral cars must 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.H

Lot 270 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 20=159 20=245	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container paid in full	190.00
Handling Fees 12-27-96	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-48051	391.00
Balance due	1173.73
	1173.73

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

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

_____
Signature of recorded holder of deed

X Lillian Haskins
Signature
X 5554 Las Alturas Ter.
Address
X San Diego, Ca. 92114
City Zip Code
X 264-5701
Telephone

Invoice # 277116

Work Order # E 13304

Acct. # 090862

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-13304

NOTE

$ 1173.73 San Diego, California 11-27 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 three & 73/100 DOLLARS with interest from December 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 VIVIAN HASKINS SIGNATURE X Vivian Haskins

ADDRESS X 5554 LAS ALTURAS TERRACE SAN DIEGO CA 92114

CALIFORNIA DRIVER LICENSE NUMBER X M0887190 SSN # X 571-56-7480

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40051

Date: 11-27, 1996

From: Iva Jean Osborg Address: 3095 Olive View Road Alpine 91901

Three hundred Ninety One Dollars ($ 391.00)

In part Payment of Interment of James McDowell

Lot 270 Grave 11 Row Section 2 Division Block R

Invoice No.

Acct. No.

W.O. E- 13304

BALANCE DUE 1173.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
723

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

E-13304

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
James	Leonard	McDowell	02/08/1924	11/23/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
National City	San Diego	Vivian Haskins, Step-Daughter 5554 Las Alturas Terrace 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]	11/27/1996

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	11/27/1996	961666 ▶ [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 11-27-96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

277116	12/02/96	090862	VIVIAN HASKINS			12/27/96 CK 729	1,173.73	1,173.73	0.00
			100	072	77181	000072	375.00		PAID IN FULL
			100	072	77182	000072	190.00		
			100	072	77183	000072	45.00		
			100	072	77184	000072	245.00		
			100	072	77185	000072	145.00		
			60101		78390		14.73		
			67007		77184		159.00		

E-13304

E-13304

85

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-29-96

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

in a liner (Type of Burial Container) Funeral, date, time Wed. 12-4 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 $ _____

will be applied and billed to undersigned. _____

Lot 3972 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Pre-Need	D-1845	0
Additional spaces and care fund			—
Opening/Closing & Setup	"	"	0
Burial Container	"	"	0
Handling Fees	"	"	0
Flower vases – Marker setting fee			—
Recording and filing fee	"	"	0
Sales taxes	"	"	0
Total Due			0
Paid receipt number			
Balance due			

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 13305

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13305

APPLICATION 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
DEANDRE	DASHAWN	BREWTON	10/30/1996	11/24/1996	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	Tameka McGlawn - COUNSELOR 4601 63rd Street #29 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
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ Pamela Secord	12/02/1996

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	12/02/1996 P. Secord	9616670 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 12/4/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Mock set up Veterans

Date 11/29/96

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

in a _____ (Type of Burial Container) Funeral, date, time ~~Wednesday 12/4/96~~ Tuesday 12/3/96 12:30

Church, Chapel, Graveside Mock Set Up : 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. _____

VETERANS

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

PAID
DEC - 03 1996
paid in full
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 Mock Set up Fee	50.00
Recording and filing fee	
Sales taxes	
Total Due	50.00
Paid receipt number R-480666	50.00
Balance due	0

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 13306

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Date change per
Roagsdale 12/2/96

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43066

Date: 12-3, 19 96

From: Anderson-Ragsdale Mort. Address: 5050 Federal Blvd. San Diego 92102

Fifty and no/100 Dollars ($ 50.00)

In full Payment of MUCK set up for John Horton

Lot _____ Grave _____ Row _____ Section Veterans Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-13306

BALANCE DUE 0

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

9213

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jungen

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	50	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 11-29-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Preston C. & Helen E. Bassett

in a ash Vault (Type of Burial Container) 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. _____

Lot 29 Grave 1 Row _____ Section 2 Division/Block 6

Grave space & Care Fund	Pre-Need
Additional spaces and care fund	—
Opening/Closing & Setup	210.00
Burial Container	110.00
Handling Fees	120.00
Flower vases – Marker setting fee	—
Recording and filing fee	90.00
Sales taxes	8.52
Total Due	538.52
Paid receipt number VISA	538.52
Balance due	0

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

Nat. Cremation Society Southwest Florida (941) 489-6060

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

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

_____
Signature of recorded holder of deed

X Ruth C. Bassett
Signature

X 1155 SAND CASTLE ROAD
Address

X SANIBEL, FL 33957
City Zip Code

X 941 472 8441
Telephone

Invoice # _____

Work Order # E 13307

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

center right

Date 12-2-96

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

in a Lock Vault (Type of Burial Container) Funeral, date, time TUE 12-10 AT D

Church, Chapel, Graveside Delivery only: Conrad Mortuary.

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

will be applied and billed to undersigned. _____

Lot 1166 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund ..... Pre-Need C-8324	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-48055	269.26
Balance due	0

PAID
DEC 02 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.

X Sharon Jo Carswell
Signature

X 10029 Carreta Dr
Address

X Santee Ca 92071
City Zip Code

X 449-8778
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13308

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 0055

Date: 12-2, 1996

From: Sharon Carnevale Address: 10028 Canada Dr. Santee 92071

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Interment of Jo Grantham

Lot 1166 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-13308

BALANCE DUE 0

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

2002

AC-212 (Rev. 5-94)

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

ISSUED BY S. Stockton

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	60101 78390	4	26
TOTAL PAID	$	269	26

E-13308

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 76

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JO	NELL	GRANTHAM	10/27/1920	11/30/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SHARON JO CARNEVALE- DAUGHTER 10028 CARRETA DRIVE SANTEE, CA 92071

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD-941	[signature]	12/02/1996

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	12/04/1996	ROCIO MARTINEZ 9616878

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
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 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 12/10/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM 571-J CRANE STREET LAKE ELSINORE, CA 92530	12B. DATE CREMATED 12-5-96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elizabeth Kuykendall - Woods

in a Liner #7 (Type of Burial Container) Funeral, date, time Fri 12-6 11:00

Church, Chapel, Graveside Church & graveside Ca. Burial 6am Mortuary.

All Funeral cars must 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 Dm

✓ Lot 2277 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	199 355	995.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	PAID IN FULL 1-6-97 TMD 220.00	~~190.00~~
Handling Fees		145.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes	TMD 17.05	~~14.73~~
Total Due		1,764.73
Paid receipt number	VISA	441.00
Balance due	1356.05	~~1,323.73~~

30 day note

W=33
L=88

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.

Signature Marion E. Briggs

Address 1404 38th Street #2

City San Diego Ca Zip Code 92105

Telephone 619-263-0968

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

Signature of recorded holder of deed

Invoice # 277624

Work Order # E 13309 ✓

Acct. # 090941

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

12-11-96

MT. HOPE CEMETERY W.O. # E- 13309

NOTE

$ 1356.05 San Diego, California Dec 10 19 96

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Three Hundred Fifty six DOLLARS 05/100 with interest from January 6, 1997 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 MARIAN E. BRIGGS SIGNATURE X Marian E. Briggs

ADDRESS X 1404 38TH Street #2 San Diego, CA 92105

CALIFORNIA DRIVER LICENSE NUMBER X N9768217 SSN # X 555-43-2376

PY-1012 (11-89)

E-13309

APPLICATION 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
ELIZABETH	-	WOODS	08/06/1947	12/01/1996	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	MARIAN BRIGGS-DAUGHTER 1404 38TH STREET #2 SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	12/04/1996

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	12/04/1996	9616912 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 12/6/96	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.

											BALANCE
											0.00
						01/06/97	CK	349	1,356.05	1,356.05	PAID IN FULL
277624	12/11/96	090941	MARIAN BRIGGS		77181	000072			375.00		
			100	072	77182	000072			220.00		
			100	072	77183	000072			45.00		
			100	072	77184	000072			355.00		
			100	072	77185	000072			145.00		
			100	072	78390				17.05		
			60101		77184				199.00		
			67007								

E-13309

E-13309

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-96

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

in a T.S. vault (Type of Burial Container) Funeral, date, time TUES. 12-3 1:00

Church, Chapel, Graveside delivery only : Mayer Zadra Mortuary.

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. _____

Lot 51 Grave 9 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	Pre-need E-11831	Ø
Additional spaces and care fund		
Opening/Closing & Setup	Pre-need E-11831	Ø
Burial Container	Pre-need E-11831	Ø
Handling Fees	Pre-need E-11831	Ø
Flower vases – Marker setting fee		
Recording and filing fee	Pre-need E-11831	Ø
Sales taxes	Pre-need E-11831	Ø
Total Due		Ø
Paid receipt number		
Balance due		

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 13310

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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E-13310

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
Floyd	-	Nehrenz	07/05/1903	11/25/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	T. Prentice-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
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶ Laura Smith	12/02/1996

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	12/02/1996 Laura Smith	9616723 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92102	11B. DATE BURIED 12/3/96	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.

17 days?

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-2-96

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

in a _____ Funeral, date, time Wed. 12-4 1:00

Type of Burial Container

Church Chapel Graveside Church + graveside Humphrey Scott Mortuary.

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

will be applied and billed to undersigned. X [signature]

✓ Lot 2444 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-48060	270.00
Balance due	0

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

L = 27
H = 12
W = 12

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

X [signature]
Signature

X 4601 63rd St. #29
Address

X S.D. CA. 92115
City Zip Code

X 619-652-9777
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13311 ✓

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45060

Date: 12-2 19 96

From: Lynette Baker Address: 3847 Rudnick Dr. Jamul 91935

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

In full Payment of Interment of Deandre Deshawn Brewton

Lot 2444 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-13311

BALANCE DUE

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

2312

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Surgeon

CREDIT	67007	20	00
20% Sales Care	77184		
60% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	270	00

E-13311

APPLICATION 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
ROSE	MARIE	RAIMONDO	05/19/1911	11/27/1996	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	JOAN CHESSER: DAUGHTER 8440 NENTRA STREET LA MESA, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY: 5027 EL CAJON BLVD SAN DIEGO, CA 92115	F-790	▶ Victoria Meza	12/03/1996

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	Victoria Meza 12/04/1996	96168376 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY:3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 12/4/96	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-13311

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1a. NAME OF DECEDENT—FIRST NAME: ROSE	1b. MIDDLE: MARIE	1c. LAST NAME: MAZZUCCO	2. DATE OF BIRTH: 05/19/1911	3. DATE OF DEATH: 11/27/1995
4a. CITY OF DEATH: SAN DIEGO		4b. COUNTY OF DEATH (OR OUTSIDE THE STATE): SAN DIEGO	5. NAME, RELATIONSHIP, ADDRESS OF PERSON ACTING AS SOLE AUTHORITY OR INFORMANT: JOAN CRESSER; DAUGHTER 8440 MENTRA STREET LA MESA, CA 91942	
6. NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: GOODSOUL MORTUARY; 3027 EL CAJON BLVD SAN DIEGO, CA 92115		7. CALIF. LICENSE NUMBER OF APPLICANT: E-790	8. SIGNATURE OF AUTHORITY OR INFORMANT: Catherine Mazzucco 12/03/1995	

REMAINS	9. DATE OF DISPOSITION: 12/04/1995	10. NAME AND ADDRESS OF PLACE OF DISPOSITION: FOREST LAWN MEMORIAL PARK	11. SIGNATURE OF LICENSED EMBALMER OR DIRECTOR OF DISPOSITION:
		12. NAME AND ADDRESS OF CEMETERY OR CRYPT: FOREST LAWN MEMORIAL PARK 6300 MISSION GORGE ROAD SAN DIEGO, CA 92120-3223	13. NAME AND ADDRESS OF REGISTRAR OF DEATHS OR DIRECTOR OF DISPOSITION:

14. AUTHORIZED DISPOSITIONS, CHECK ONE OR MORE:

- ☐ BURIAL
- ☐ CREMATION
- ☐ REMOVAL FROM STATE
- ☐ OTHER (SPECIFY)

15. DATE OF DISPOSITION

FOR CORONER'S USE ONLY

☐ CERTIFICATE MODIFICATION, LISTING DEATH AND ADDRESS

16. NAME AND ADDRESS OF CEMETERY OR CRYPT: ST. JOHN CHRYSOSTOM 3401 MARKET STREET SAN DIEGO, CA 92102		17. DATE BURIAL OR REMOVAL OR PLACE OF DISPOSITION IN CHARGE OF BURIAL	
18. NAME AND ADDRESS OF PERSON WHO DID THE REMAINS		19. DATE BURIAL	20. SIGNATURE OF PERSON IN CHARGE OF BURIAL
21. NAME AND ADDRESS OF PERSON WHO DID THE REMAINS		22. DATE BURIAL	23. SIGNATURE OF PERSON IN CHARGE OF BURIAL
24. NAME AND ADDRESS OF PERSON WHO DID THE REMAINS		25. DATE BURIAL	26. SIGNATURE OF PERSON IN CHARGE OF BURIAL

27. THE PERSON IN CHARGE OF THE CEMETERY OR CRYPT ACCEPTS THE REMAINS FOR BURIAL OR REMOVAL FROM STATE. DATE OF DISPOSITION: 28. THE PERSON IN CHARGE OF THE CEMETERY OR CRYPT OR THE REGISTRAR OF THE DISTRICT IN WHICH THE CEMETERY OR CRYPT IS LOCATED REPORTS THE DISPOSITION TO THE STATE DEPARTMENT OF HEALTH SERVICES.

29. RETURN NOT LATER THAN ORIGINAL OR DUPLICATE REMAINS AFTER ONE YEAR FROM ISSUE DATE.

COPY 1 — STATE OF CALIFORNIA—DEPARTMENT OF HEALTH SERVICES—OFFICE OF VITAL RECORDS — VR 1 (REV. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre-Need Int & Trust

Date 12/3/96

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

in a TS Vault (Type of Burial Container) 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. _____

Lot 279 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	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-48061	800.00
Balance due	869.38

4-22-99 PAID IN FULL

4-22-99 PAID FOR FLOWER GALVAZIZED VASE

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

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

_____
Signature of recorded holder of deed

X Carmen Morales
Signature

X 1931-5 Saapatb
Address

X San Diego CA 92102
City Zip Code

X 702-9206
Telephone

Invoice # _____

Work Order # E 13312

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13312

MORALES, CARMEN 1931 J Street Apt #B San Diego 92102

		Debit	Credit	Balance
12-03-96	Pre-need Lot & Trust Opened: Lot 279 Gr 1 Sec 2 Div 12	795.00		
	Trust Includes: Opening/Closing, T.S. Vault, Handling Fee, Recording fee, Tax on vault.	874.38		1669.38
12-03-96	Receipt #R-48061		800.00	869.38
1-3 97	R- 48160 #1		36.00	833.38
2-5 97	R- 48265 #3		36.00	797.38
3-6 97	R- 48356 #5		36.00	761.38
4-15 97	R- 48474 #7		36.00	725.38
5-13 97	R- 48570 #9		55.00	670.38
7-2 97	R-48741 no cpn		24.00	646.38
7-2 97	R-48743 no cpn		36.00	610.38
7/30 97	R-48814 #2		72.00	538.38
9-11 97	R- 48970		72.00	466.38
11/20 97	R- 49194 23 & 22			
1-15 98	R-49543 4 & 8		72.00	394.38
4-22 99	R- 51062		394.38	0

paid for advanced pleron care

MORALES, CARMEN Pre-need Lot & Trust

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13312

Pre-need Lot & Trust

Carmen Morales

1931 J Street Apt #B

San Diego, CA 92102

E-13312

Lot 279 Gr 1 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 $ 36.00

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

$ _____

Amount Received $ _____

NAME CARMEN MORALES

ADDRESS 1931 J

CITY San Diego STATE California ZIP 92102

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK. E-13312

ACCOUNT No. Pre-Need Lot & Trust

Carmen Morales
1931 J Street Apt #B
San Diego, CA 92102
Lot 279 Gr 1 Sec 2 Div 12

E-13312

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 ▶ $ 36.00

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

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Prepaid Lot & Trust

Carmen Morales
1931 J Street Apt #B
San Diego, CA 92102
Lot 279 Gr 1 Sec 2 Div 12

E-13312

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. $ 36.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Carmen Morales

1931 J Street Apt #8

San Diego, CA 92102

Lot 279 Gr 1 Sec 2 Div 12

E-13312

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 36.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Carmen Morales
1931 J Street Apt #B
San Diego, CA 92102
Lot 279 Gr 1 Sec 2 Div 12

E-13312

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 36.00

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

$ _____

Amount Received $ _____

NAME Carmen Morales

ADDRESS 1931 J ST APT B

CITY S. D. CA STATE ZIP 9210

☐ check (✓) if this is new address

...ne coupon with each remittance **COUPON** **7**

...OT MAIL ENTIRE BOOK

...COUNT No. Pre-Sold Lot & Trust

Carmen Morales

5551 J Street Apt #8

San Diego, Ca 92102

Loc 178 Gr 1 Sec 3 DL#12

E-13312

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 30.00

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

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] Land Lot & Trust

Carmen Sorrell

1931 J Street Apt #8

San Diego, CA 92102

Lot 279 Gr 1 Sec 2 Div 12

E-13312

E-133

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. $ 36.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

[illegible] coupon with each remittance **COUPON** **9**

[illegible] NOT MAIL ENTIRE BOOK

ACCOUNT No. E1332 E-13312

[illegible] Trust
[illegible]
1931 J Street Apt 14
San Diego, CA 92102
Lot 279 Gr 1 Sec 2 Pkt 3

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 36.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-1331

E-1331

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13312

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13312 **51062**

Date: 4-22 19 99

From: Carmen Morales Address: 1931 J Street Apt #B San Diego 92102

Four hundred Dollars ($ 400.00)

In full Payment of Pre-need lot + trust

galvanized flower can

Lot 279 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13312

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

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

ISSUED BY J. Shelton

CREDIT	67002		
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	400	00
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

flower can

E-13312 454-1

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4/15, 19 97

From: Carmen Morales Address: 1731 J Street Apt B

Thirty six 00/100 Dollars ($ 36.00)

In Part Payment of Pre Need Lot & Trust

Lot 279 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No. E-13312

W.O. 725 38

BALANCE DUE

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

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

ISSUED BY Karen Cat

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	36	00
Sales Tax	60101 78390		
TOTAL PAID	$	36	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

43061

Date: 10/3, 1996

From: Carmen Morales Address: 1931 J Street #B S.D. CA 92102

Eight hundred dollars 00/00 Dollars ($ 800.00)

In Part Payment of the Need Lot C/T Trust

Lot 279 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13312

BALANCE DUE 569.38

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 Karyn Baker

CREDIT 20% Sales Care	67007 77184	5	00
80% Sales of Lots	100 77184	795	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	800	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13312 4 160

Date: 1-3, 19 97

From: Carmen Morales Address: 1931 J Street Apt B San Diego 92102

Thirty Six Dollars ($ 36.00)

In part Payment of Pre-Need Lot + Trust

Lot 279 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13312

BALANCE DUE 833.30

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

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shirlilton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77164	36	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	$	36	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 265

Date: 2-5 , 19 97

From: Carmen Morales Address: 1931 V St. Apt. B San Diego 92102

Thirty six and 00/100 Dollars ($ 36.00)

In part Payment of pre-need lot and trust

Lot 279 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13312

BALANCE DUE 797.38

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 Vizcaino

CREDIT	67003		
20% Sales Care	77184		
60% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	36	00
Sales Tax	60101 78390		
TOTAL PAID	$	36	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40356

Date: 3-6 19 97

From: Carmen Morales Address: 1931 V St. Apt B S.D. 92102

Thirty Six and no/100 Dollars ($ 36.00)

In part Payment of pre-need lot and trust

Lot 279 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-73312

BALANCE DUE 761.38

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 Quinn

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	36	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	$	36	00

E-13312 4550

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5/13, 19 97

From: Carmen Morales Address: 1931 J. Street #B S.D. (A) 92102

Thirty Six 00/00 Dollars ($ 36.00)

In Part Payment of Pre Need Lot 1 Trust

Lot 279 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13312

BALANCE DUE 735.38

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 Kaye Dak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	36	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	$	36	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48741

Date: 7-2, 19 97

From: Carmen Morales Address: 1931 J Street Apt. B San Diego 92102

Fifty five and no/100 Dollars ($ 55 00)

In part Payment of Pre-need lot and trust for Carmen Morales

Lot 279 Grave Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13312

BALANCE DUE 670.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
8625772430

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Avaccone

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	55	00
Sales Tax	60101 78390		
TOTAL PAID	$	55	00

OFFICIAL RECEIPT

43743

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-2, 19 97

From: Carmen Morales Address: 1931 J Street Apt B San Diego 92102

Twenty four and no/100 Dollars ($ 24.00)

In part Payment of pre-need lot and trust

Lot 279 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13312

BALANCE DUE 646.38

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 Avalos

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	24	00
Sales Tax	60101 78390		
TOTAL PAID	$	24	00

OFFICIAL RECEIPT

43011

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7/30, 19 97

From: Carmen Morales Address: 1931 J Street # B

Thirty six 00/100 Dollars ($ 36.00)

In Part Payment of Pre Need Lot & Trust

Lot 279 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-133/2

BALANCE DUE 6163.38

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 [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	36	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	$	36	00

E-13312 48570

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9-11, 19 97

From: Carmen Morales Address: 1931 J Street Apt B SD 92102

Seventy Two Dollars ($ 72.00)

In part Payment of Pre-Need Lot - Trust

Lot 279 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. F-13312

BALANCE DUE 538.38

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐
M.O. 02-103418857
02-103418851

AC-212 (Rev. 5-94)

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

ISSUED BY S. Hamilton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	72 00
Sales Tax	80101 78390	
TOTAL PAID	$	72 00

49191

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11/00, 1997

From: Carmen Morales Address: 1931 J Street # B S.D CA 92107

Seventy two 00/100 Dollars ($ 72.00)

in Part Payment of Pre Need Lot of Trust

Lot 279 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13312

BALANCE DUE 466.38

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 Kenya Bell

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	72 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	72 00

49543

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-15 19 98

From: Carmen Morales Address: 1931 U Street Apt. B SD 92102

Seventy two and no/100 — Dollars ($ 72.00)

In part Payment of pre need lot & trust

Lot 279 Grave 1 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-13312

BALANCE DUE 394.38

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 Avalos

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	72	00
Sales Tax	60101 75390		
TOTAL PAID	$	72	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-3-96

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

in a liner (Type of Burial Container) Funeral, date, time Tues 12-10 11:00

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

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

✓ Lot 105 Grave 4 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number MC	1564.73
Balance due	0

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

mrs. Campbell
531-8956

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

X W.W. Wight
Signature

X 3795 Kelton
Address

X Oceanside, CA 92056
City Zip Code

X
Telephone

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 13313

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13313

APPLICATION 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
Patrice	-	Tone	12/21/1957	11/28/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Madera	Madera	Sheila Campbell-Sister 3146 Clay 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
California Cremation & Burial Chapel 5880 El Cajhon Blvd. San Diego, CA 92115	FD1357	▶ R Joy	12/09/96

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/09/1996	▶ Richard B Arnold MD

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
14215 Road 28 Madera, CA 93638	P.O. Box 85222 San Diego, CA 92112

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] 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 12/10/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
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.

E-13313

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 38

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Patrice	-	Tone	12/21/1957	11/28/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Madera	Madera	Sheila Campbell-Sister 3146 Clay 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 filing permit	8B. DATE SIGNED
California Cremation & Burial Chapel 5880 El Cajhon Blvd. San Diego, CA 92115	FD1357	▶ RC Jay	12/09/96

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the projected disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/09/1996	▶ Richard B Arnold MD

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
14215 Road 28 Madera, CA 93638	P.O. Box 85222 San Diego, CA 92112

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] 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	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 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 12-3-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernestine Bento 12-6

in a Liner (Type of Burial Container) Funeral, date, time Fri ~~12-5~~ 12:30

Church, Chapel, Graveside Graveside : Chapelale Mortuary.

All Funeral cars must 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 MCB

J Lot 208 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund 179 300	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R 48062	416.00
Balance due	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 Michael D. Bento
Signature

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

_____
Signature of recorded holder of deed

X 7412 Cuvier St #8
Address

X La Jolla CA 92037
City Zip Code

X (619) 454-5095
Telephone

Invoice # 277582

Work Order # E 13314

Acct. # 090938

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

12-10-96

MT. HOPE CEMETERY W.O. # F-13314

NOTE

$ 1248.73 San Diego, California 12-3 1996

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand two hundred forty eight & 73/100 DOLLARS with interest from January 5, 1997 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X MICHAEL O. BENTO SIGNATURE X Michael O. Bento

ADDRESS X 7412 Curier St #8 La Jolla CA 92037

CALIFORNIA DRIVER LICENSE NUMBER X N2356202 SSN # X 565-86-1890

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-133144 0062

Date: 12-3 1996

From: Michael Berto Address: 7413 Cuvier St #8 La Jolla 92037

Four Hundred Sixteen Dollars ($ 416.00)

In part Payment of Interment of Ernestine Berto

Lot 208 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13314

BALANCE DUE 1248.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1272

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	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

OFFICIAL RECEIPT

48013

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-25 19 97

From: Eloise Noel Address: 2388 4 Ritva Pl. San Diego, CA 92139

Fifty five and 33/100 Dollars ($ 55.33)

In full Payment of Temporary Marker and galvanized flower vase for Ernestine Bento

Lot 208 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13314

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
274

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	10	00
Handling Fee	100 77185	23	00
Recording & Misc. Fees	100 77183	20	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	2	33
TOTAL PAID	$	55	33

E-13314

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
Ernestine	-	Bento	11/24/1917	11/29/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Michael Bentn, Son 7412 Cuvier St. #8 La Jolla, CA 92037

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Andersson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Alfred Williams	12/05/1996

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	12/05/1996	9616932 ▶ A Williams

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St, San Diego, CA 92102	11B. DATE BURIED 12/6/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

Pie Neeo
Trust
fn

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/5/96

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

in a TS Vault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Graveside ; Beardsley-Mitchell Mortuary.

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

will be applied and billed to undersigned. _____

Lot 4917 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pie Need E-1941	-0-
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number R-48126	874.38
Balance due	-0-

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

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

_____
Signature of recorded holder of deed

X Delores Dodson
Signature
X 1872 South 128th St
Address
X Omaha NE 68144
City Zip Code
X 402 697-8161
Telephone

Invoice # _____

Work Order # E 13315

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 126

Date: 12/23, 1996

From: Delores Dodson Address: 1872 So 138th Street Omaha NE 68144

Eight hundred seventy four 38/100 Dollars ($ 874.38)

In Full Payment of Pre Need Trust for Dora King

Lot H917 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13315

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

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

ISSUED BY Karen Dak

CREDIT	67007		
20% Sales Care	77184		
60% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	874	38
Sales Tax	60101 78390		
TOTAL PAID	$	874	38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/6/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Patricia T Milton PA#1207105

in a Liner (Type of Burial Container) Funeral, date, time Mond 12/9/96 10:00AM

Church, Chapel, Graveside Delivery Only ; El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 1

will be applied and billed to undersigned.

Lot 72 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 INVOICE	386.00
Balance due	0

paid in full 1-17-97

John Estrada 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 # 277623

Work Order # E 13316

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

12-11-96

E-13316

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
Patricia	I	Milton	05/26/1939	11/24/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
El Cajon	San Diego	John Edwards-Public Administrator 5201-A Ruffin Rd San Diego, CA 92126

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
El Cajon Mortuary 684 S Hollison Ave El Cajon, CA 92020	FD-1022

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Cynthia Trickel	12/5/96

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	12/06/1996 C. Trickel	9617009 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery/3751 Market St San Diego, CA 92101	11B. DATE BURIED 12/9/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wait	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMAT ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E-13316

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

N/A

N/A

N/A

N/A

N/A

N/A

COPY 1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-6-96

leaving Clairemont at noon to come to mt. Hope

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

in a T.S. vault (Type of Burial Container) Funeral, date, time SAT. 12-14 12:00

Church, Chapel, Graveside graveside + chapel Clairemont Mortuary. Bob

All Funeral cars must 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

Lot 148 Grave 2 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund Pre-need E-10088 0

Additional spaces and care fund ____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling fees 185.00

~~Flower vases – Marker setting fee~~ SATURDAY SERVICE 600.00

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1,474.38

Paid receipt number VISA 1,474.38

Balance due 0

PAID
DEC 06 1996
paid in full
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

X 4136 MUSTANG ST Address

X SD. CA 92111 City Zip Code

X (619) 573-0533 Telephone

Invoice # ____

Work Order # E 13317

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40405

Date: 3-24, 19 97

From: Seamen-Poe Address: 3893 Imperial Ave SD 92113

Thirteen Dollars ($ 13.00)

In full Payment of Installation of flower vase - Iron Door Trim

Lot 148 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-13317

BALANCE DUE -0-

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

2910

AC-212 (Rev. 5-94)

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

ISSUED BY S. Hamilton

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

E-13317

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
DOAN	-	TRAN	02/04/1911	12/05/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KAREN TRAN: DAUGHTER 4136 MUSTANG 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
CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE., SAN DIEGO, CA 92117	F-1126	▶ Victoria Meza	12/12/1996

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	Victoria Meza 12/13/1996	96173886 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92186-52222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

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

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Center Right

Date 12/9/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude E Bliss (2) A+D

In a Ash Vault (Type of Burial Container) Funeral, date, time Tuesday 10, December 1996

Church, Chapel, Graveside Delivery Only : Family Mortuary.

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

will be applied and billed to undersigned. _____

Lot 2127 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund Pre Need E-C0579	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-48089	269.26
Balance due	0

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

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

_____
Signature of recorded holder of deed

X Eugene W. Bliss
Signature

X 2538 Mallec Ct.
Address

X Rancho Cordova CA 95670
City Zip Code

X (916) 635-8849
Telephone

Invoice # _____

Work Order # E 13318

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

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-13318

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 1-17-97
BY: CA (CK) IF
PAYMENT REF NO 04-257376 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
12/11/96	01/10/97	NOVEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-13316
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
PATRICIA I. MILTON SERVICES	
LOT 72 GR 2 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE. RETURN WITH PAYMENT INV NO. 277623

AC-22 (REV - 10/95)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13318 45059

Date: 12/9, 19 96

From: Eugene W. Bliss Address: 2538 Malbec Court Rancho Cordova CA 95670

Two hundred sixty nine 26/00 Dollars ($ 269.26)

In Full Payment of Interment of Gertrude E Bliss

Lot 2127 Grave Row Section 3 Division ~~Block~~ 8

Invoice No.

Acct. No.

W.O. E-13318

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

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

ISSUED BY Karen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
	100	60	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

E-13318

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 76

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Gertrude	Elizabeth	Bliss	11/14/1920	11/30/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Rancho Cordova	Sacramento	Eugene W. Bliss - Husband 2538 Malbec Court Rancho Cordova, CA 95670

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
North Sacramento Funeral Home 723 El Camino Avenue, Sacramento, CA 95815	FD720	▶ [signature]	12/06/1996

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Rita Morgan 12/06/1996	▶ Fax Autho. No.: 7275

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
3701 Branch Center Road, Room 223 Sacramento, CA 95827	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
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market Street San Diego, CA 92102	11B. DATE BURIED 12/10/96	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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-9-96

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

in a liner Funeral, date, time WED 12-11 10:00

Type of Burial Container

Church Chapel Graveside Chapel 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. [signature]

Lot 262 Grave 3 Row _____ Section 2 Division/Block 13

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 VISA	1564.73
Balance due	0

PAID DEC 09 1996 MT. HOPE CEMETERY CITY OF SAN DIEGO CALIF.

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

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

Signature of recorded holder of deed

[signature]
Signature

3620 BYRD ST.
Address

SAN DIEGO CA 92154
City Zip Code

619 474-81-03
Telephone

Invoice # _____

Work Order # E 13319

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13319

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

26

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LUCILA	MORENO	MARES	08/03/1970	12/07/1996	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TIJUANA, BC	MEXICO	HUMBERTO ROSAS-FATHER 3620 BYRD STREET 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 filing permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Manuel Mitchell	12/11/1996

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/11/1996	9617263 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	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 12/11/96	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/11/96

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

in a TS Vault (Type of Burial Container) Funeral, date, time Fri, Dec 13, 1996 10:00

Church, Chapel, Graveside Chapel / Graveside Grad Tupa 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 R. I. R.

Lot 180 Grave 11 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	20=159 80=219	795.00
Additional spaces and care fund		
Opening/Closing & Setup	PAID	375.00
Burial Container		250.00
Handling Fees	4-3-97	185.00
Flower vases – Marker setting fee	per Treasurer	
Recording and filing fee		45.00
Sales taxes		19.38
Total Due		1669.38
Paid receipt number	R-48105	417.00
Balance due		1252.38

30 day note

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

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

Signature of recorded holder of deed

Signature

X 6642 Rancho Valle

Address

Spring Valley CA 92069

City Zip Code

X 471-5786

Telephone

Invoice # ~~2778~~ 277787

Work Order # E 13320

Acct. # 090995

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY W.O. # 13320

NOTE

$ 1252.38 San Diego, California December 11 1996

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand two hundred fifty two 38/100 DOLLARS with interest from January 6, 1997 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 X Romualdo Ignacio Ros SIGNATURE X [illegible]

ADDRESS X 1642 Rue de Salle San Marcos CA 92069

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X 606-50-5386

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48105

Date: 12/11, 19 96

From: Jesus Campa Address: 770 Avocado Ln Carlsbad Ca 92009

Four hundred seventeen 00/00 Dollars ($ 417.00)

in Part Payment of Interment of Lorena Ignacio

Lot 120 Grave 11 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-13320

BALANCE DUE 125238

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

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

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

1123

ISSUED BY Karen Bak

AC-212 (Rev. 5-94)

E-13320

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

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
LORENA	-	IGNACIO	10/13/1963	12/09/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ESCONDIDO	SAN DIEGO	ROMUALDO IGNACIO-HUSBAND 1642 RUE DE VALLE SAN MARCOS, CA 92069

7A. TYPED NAME AND ADDRESS OF 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	▶ Nancy Lopez	12/12/1996

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	NANCY LOPEZ 12/12/1996	9617339 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 12/13/96	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 12/11/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOYCE Williams Wed 12-18 10:00

in a Liner #7 (Type of Burial Container) Funeral, date, time ~~Tues 12-17 11:00~~

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

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

will be applied and billed to undersigned.

Lot 139 Grave 8 x 9 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund 20=159 80=636	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	220.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.05
Total Due	1597.05
Paid receipt number	
Balance due	1597.05

Paid per Greenwood 5/20/97

W-33 L-88

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 Cheryl Wallace
Signature

x 130 Lorlu Dr
Address

x C.V. Ca 91911
City Zip Code

x (619) 585 7544
Telephone

*see faxed copy for signature on 30 day note

Invoice # 278006

Work Order # E 13321

Acct. # 091070

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

According to Jeannette from
CA Burial casket size same as
Elizabeth Wood 33 width
88 length

MT. HOPE CEMETERY W.O. # E-13321

NOTE

1597.05 San Diego, California December 16 1996

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Five Hundred Ninety Seven 05/100 DOLLARS with interest from January 18, 1997 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X SIGNATURE X

ADDRESS X

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X

PY-1012 (11-89)

E-13321

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 54

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOYCE	ANN	WILLIAMS	02/27/1942	12/11/1996	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	CHERYL WALLACE-DAUGHTER 130 LOTUS DR. CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	12/12/1996

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

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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	12/12/1996	▶ [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 12/18/96	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.

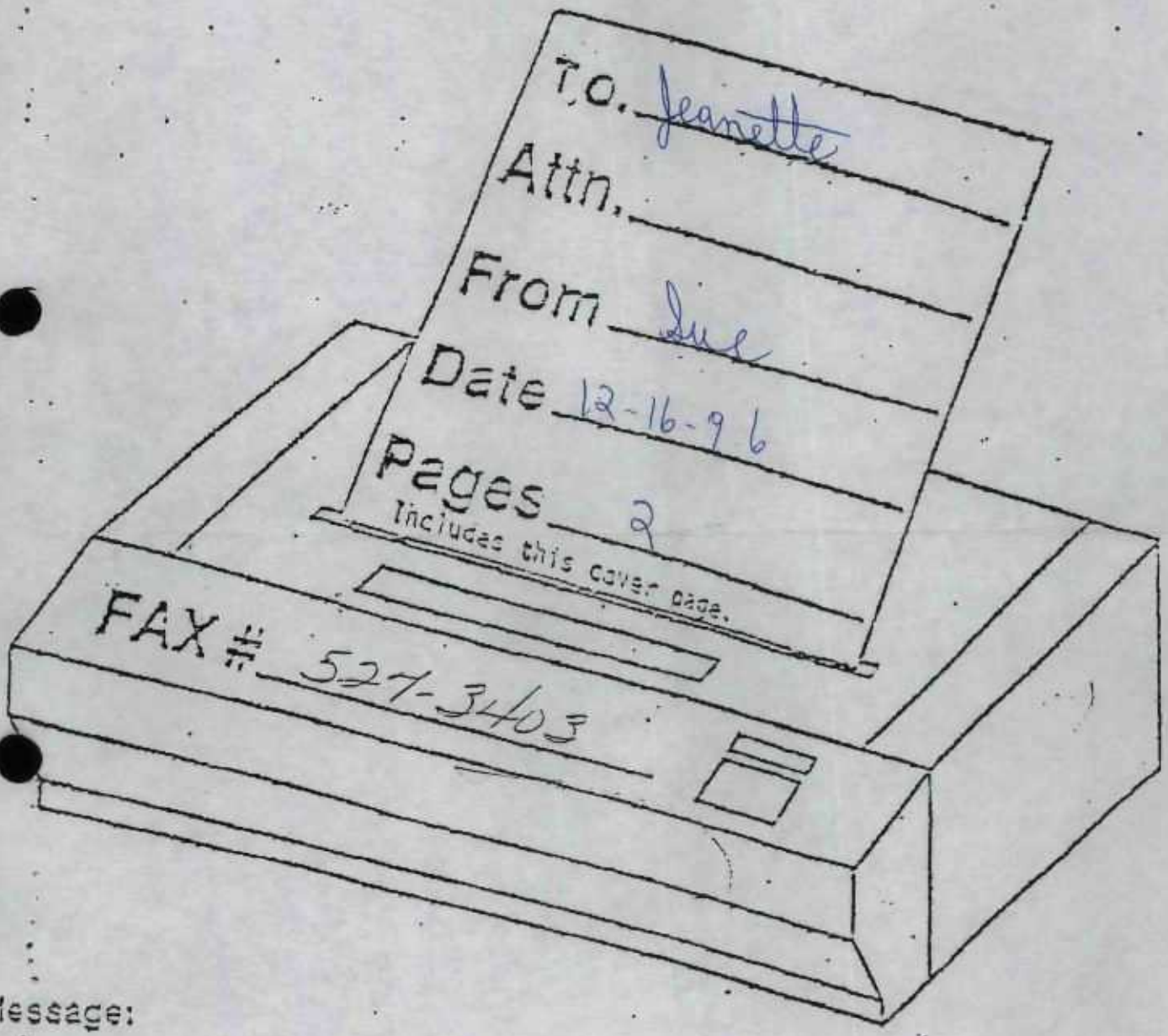
E-13321

THE CITY OF

SAN DIEGO

MT. HOPE CEMETERY • 3791 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Property Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

TELEFAX COVER LETTER



Message:

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

E-13321

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/11/96

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

in a Liner (Type of Burial Container) Funeral, date, time Tues 12-17 11:00

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

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned.

Lot 139 Grave 8 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	495.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	280.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	17.05
Total Due	1597.05
Paid receipt number	
Balance due	1597.05

W-33
L-88

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 Cheryl Wallace
Signature

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

Signature of recorded holder of deed

x 730 Lotus Dr
Address

x C.V. Ca 91911
City Zip Code

x (619) 585 7544
Telephone

Invoice # ____

Work Order # E 13321

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

NOTE

W.O. # E-13321

$ 1597.05 San Diego, California December 16 1996

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Five Hundred Ninety Seven DOLLARS 05/100 with interest from January 18, 1997 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X ____ SIGNATURE X ____

ADDRESS X ____

CALIFORNIA DRIVER LICENSE NUMBER X ____ SSN # X ____

PY-1012 (11-89)

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-12-96

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

in a ash Vault (Type of Burial Container) 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. _____

Lot 4475 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-Need D-6998	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-48106	269.26
Balance due	0

PAID
DEC 12 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 Yoshi Nakashima
Signature

X El Cajon, Ca 92019
Address

X 1250 E. Lexington Ave
City Zip Code

X (619) 444-7432
Telephone

Invoice # _____

Work Order # E 13322

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-133 4 106

Date: 12-12, 19 96

From: Yoshie Nakashima Address: 1280 E. Lexington Ave El Cajon 92019

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Pre-Need Trust

Lot 4475 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-133 22

BALANCE DUE 0

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

1143

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	269	26
Sales Tax	60101 78390		
TOTAL PAID	$	269	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-12-96

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

in a Liner (Type of Burial Container) Funeral, date, time Tues 12-17 9:30

Church, Chapel, Graveside Chapel/Graveside ; Guadalupana Mortuary

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

will be applied and billed to undersigned. X R.G.

Lot 164 Grave 9 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund 20=179 80=291	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-48118 425.00 ~~416.00~~	
Balance due 1239.73 ~~1248.73~~	

Paid in full 2-19-97

Today rate

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.

*over →

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

Signature of recorded holder of deed

X Signature

X 3660 Dd Sol Bulv. ap-6 Address

X San Diego Ca 92154 City Zip Code

X 428-5983 Telephone

Invoice # 278007

Work Order # E 13323

Acct. # 091071

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

12-17-96 2:47 pm > Guadalupana
Per nancy credit the $9.00 difference from the check for $425.00 which should have been $416.00 for the 25% down payment. Check # (6160)

1-16-97 paid 200.00 cash
500.00 check
700.00 sent to treasurer

2-19-97 paid 596.18
Balance is 0

MT. HOPE CEMETERY W.O. # E-13323

NOTE

$ 1248.73 San Diego, California December 16 1996

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand two hundred forty eight 73/100 DOLLARS with interest from January 16 1997 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 Rosaura Gomez SIGNATURE X

ADDRESS X 3660 Del Sol Bulv. apG. San Diego Cal 92154

CALIFORNIA DRIVER LICENSE NUMBER X C6263873 SSN # X 603-14-1624

PY-1012 (11-89)

E-13323

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

* * * REBILL * * *

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.

ROSAIVA GOMEZ
3660 DEL SOL BUILDING APT. G
SAN DIEGO CA 92154

ACCT NO
091071

TREASURERS USE ONLY

PAYMENT DATE 3-19-97
BY: CA CK IF HD
400.00
PAYMENT REF NO # 0903 196.18 AMT PAID: 596.18

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
12/20/96	01/19/97	NOVEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13323
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ORIGINAL INVOICE AMOUNT	1,239.73
PAYMENTS RECEIVED TO DATE	700.00-
REMAINING TOTAL DUE	539.73

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. 278007

AC-22 (REV - 10/95)

* END ***\

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45118

Date: 12-17, 19 96

From: Guadalupana Memorial Address: 2401 Imperial Ave San Diego 92102

Four hundred twenty five and no/100 Dollars ($ 425.00)

In part Payment of Interment of Alberto Picaso Duque

Lot 164 Grave 9 Row Section 1 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13323

BALANCE DUE 1239.73

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 Durgan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	425	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	$	425	00

E-13323

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

38

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ALBERTO	PICASO	DUQUE	06/03/1958	12/11/1996	M.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	REFUGIO BANUELOS-BROTHER-IN-LAW 4125 CENTRAL AVE., APT#13 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
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102	FD-1425	▶ Nancy Lopez	12/16/1996

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

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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	NANCY LOPEZ 12/16/1996	9617501 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 12/17/96	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.

P.O. Box 129039
San Diego, CA 92112-9039

Address Correction Requested

1010 second Ave 6th floor West Wing

E-13323

February 12, 1997

OFFICE OF THE CITY TREASURER
COLLECTION DIVISION
P.O. Box 129039
San Diego, CA 92112-9039
(619) 533-3800 (619) 533-3840 (FAX)

Rosaiva Gomez
3660 Del Sol Building Apt. G
San Diego CA 92154-3560

Identification No:	1002489

Account Information

Department:	Mount Hope Cemetary
Dept. Reference No:	278007
Principal:	$539.73
Miscellaneous:	$53.97
Interest:	$1.24
Balance Due:	**$594.94** 596.18

Collection Notice

Protect Your Credit!

This Account has been Referred for Collection

Please give this matter your prompt attention, as we must receive payment in full immediately. This debt will be assumed to be valid unless we are notified of a dispute, in which case verification will be sent. Your failure to resolve this obligation may result in our submitting a negative credit report to a credit reporting agency.

The balance shown may not include all monies that are now due. Please contact this office to determine if you owe any additional amounts.

D.B. Russ (619)570-1001
Collection Investigator

Detach and Return with Payment

Enter the requested information in the spaces provided below:

Change of Address: _____

City, State, Zip: _____

Home Ph: _____ Work Ph: _____

Social Security No.: _____

Make checks payable to:

CITY TREASURER - COLLECTION DIVISION
P.O. Box 129039
San Diego, CA 92112-9039

Identification No: 1002489

Balance Due: $594.94

Payment Enclosed: _____

Type *(circle one)*: Check M.O. Visa Mastercard

Credit Card No: _____

Expiration Date: _____

Signature: _____

NTC1

30-004206-B042-T017-052292-Y-01

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/13/96

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

in a Liner (Type of Burial Container) Funeral, date, time Tues, 17 Dec 2:00pm

Church, Chapel, Graveside Graveside ONLY : Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 R03

will be applied and billed to undersigned. CD

Lot 126 Grave 12 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund 20 = 179 80 = 115.27	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	1664.23
Paid receipt number R-48111	600.23
Balance due	1064.00

30 day note

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

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

Signature of recorded holder of deed

Christopher Tolliver
Signature

X310 E. Bradley ave #8
Address

X El Cajon Ca 92021
City Zip Code

X562-9620
Telephone

Invoice # 278008

Work Order # E 13324 ✓

Acct. # 091069

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-13324

NOTE

$ 1064.00 San Diego, California December 16 1996

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand Sixty four 00/100 DOLLARS with interest from January 17, 1997 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 Christopher Tolliver SIGNATURE X Christopher Tolliver

ADDRESS X 310 East Bradley Ave #81 El Cajon Ca 92021

CALIFORNIA DRIVER LICENSE NUMBER X A 3868340 SSN # X 423-74-1708

PN-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48111

Date: 12/16, 19 96

From: Christopher Tolliver Address: 310 East Bradley Ave # 81

Six hundred 00/100 Dollars ($ 600.00)

In Part Payment of Interment of Willis Tolliver

Lot 126 Grave 12 Row Section D Division Block 11

Invoice No.

Acct. No.

W.O. E-13324

BALANCE DUE 1064.00

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

AC-212 (Rev. 5-94)

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

ISSUED BY Karen Bu

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	600	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	600	00

E-13324

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 609

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
WILLIS	-	TOLLIVER, SR.	07/27/1927	12/11/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	WILLIS TOLLIVER, JR.: SON 310 MARKET STREET, #304 SAN DIEGO, CA 92101

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ Victoria Meza	12/16/1996

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	Victoria Meza 12/17/1996	9617528 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LO[illegible] A1 (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 12/17/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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 PERSO[illegible] CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-Need
Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-13-96

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

in a Double Depth Crypt (Type of Burial Container) 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. _____

Lot 230 Grave 4 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund 11-2-98	—
Opening/Closing & Setup PAID IN	375.00
Burial Container	380.00
Handling Fees FULL	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2044.45
Paid receipt number R-48108	511.00
Balance due	1533.45

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

X A. Griffin
Address

X A. Griffin 3305 Imperial Ave
City Zip Code

X A. Griffin 239-8525
Telephone

Invoice # _____

Work Order # E 13325

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

deed # 12316

E-13325

GRIFFIN, AUGUSTINE 3305 Imperial Ave. San Diego 92102

		Debit	Credit	Balance
12-13-96	Opened Pre-Need Lot & Trust			
	Lot 230 Gr 4 Sec 2 Div 12	895.00		
	20=179 80=716			
	Trust includes Opening/Closing, Double Depth Crypt, Handling Fee, Recording Fee, and Tax on Double Depth Crypt.	1149.45		2044.45
12-13-96	Receipt #48108		511.00	1533.45
1-6 97	" #48172 CPN#1		64.00	1469.45
1-31 97	" #48248 CPN #2		64.00	1405.45
3-3 97	" 48333 CPN 3		64.00	1341.45
4-2 97	" 48427 CPN 4 2090		64.00	1277.45
5-2 97	" 48520 CPN 5		64.00	1213.45
6-2 97	" 48644 CPN 6 trust		64.00	1149.45
7-1 97	" 48738 CPN 7&8		128.00	1021.45
8-4 97	" 48828 CPN 9		64.00	957.45
9-2 97	" 48919 CPN 10		64.00	893.45
10-[illegible] 97	" 49029 CPN 11		64.00	829.45
10/31 97	" 49120 CPN 12		64.00	765.45
12/1 97	" 49218 CPN 13		64.00	701.45
12/31 97	" 49331 CPN 14		64.00	637.45

GRIFFIN, AUGUSTINE Pre-need Lot & Trust

E- 13325

Trust

637.45

2-2	98	R- 49596	coupon #15	64.00	573.45
3-2	98	R- 49700	#16	64.00	509.45
4-2	98	R- 49802	#17	64.00	445.45
5-5	98	R- 49913	#18	64.00	381.45
6-4	98	R- 50046	#19	64.00	317.45
7-2	98	R-50126	#20	64.00	253.45
8-4	98	R-50261	#21	64.00	189.45
9-2	98	50346	#22	64.00	125.45
10-2	98	50435	23	64.00	61.45
11/2	98	R 50520	#24	61.45	0

paid in full
11/2/98

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13325 Pre-need Lot & Trust

Augustine Griffin
3305 Imperial Ave.
San Diego, CA 92102

E-13325

Lot 230, 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 ▶ $ 64.00

Amount due if paid more than _____ days after due 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-13325 Pre-need Lot & Trust

Augustine Griffin E-13325

3305 Imperial Ave.

San Diego, CA 92102

Lot 230, 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. $ 64.00

Amount due if paid more than _____ days after due 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-13325 Pre-need Lot & Trust

Augustine Griffin
3305 Imperial Ave.
San Diego, CA 92102

E-13325

Lot 230, 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: $ 64.00

Amount due if paid more than _____ days after due 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-13325 Pre-need Lot & Trust

Augustine Griffin

3305 Imperial Ave.

San Diego, CA 92102

Lot 230, Gr 4, Sec 2, Div 12

E-13325

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. $ 64.00

Amount due if paid more than _____ days after due 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. [illegible] Pre-need Lot & Trust

Augustine Griffin
3305 Imperial Ave.
San Diego, CA 92102

E-13325

Lot 230, Gr 4, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. $ 64.00

Amount due if paid more than _____ days after due 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-13325 Pre-need Lot & Trust

Augustine Griffin
3305 Imperial Ave.
San Diego, CA 92102
Lot 230, Gr 4, Sec 2, Div 12

E-13325

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 $ 64.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

Augustine Griffin
3305 Imperial Ave.
San Diego, CA 92102
Lot 230, Gr 4, Sec 3, Div 12

E-13325

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: $ 64.00

Amount due if paid more than _____ days after due 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-13325 Prop: Augustine Griffin

Augustine Griffin

3305 Imperial Ave.

San Diego, CA 92102

Lot 230, Gr 4, Sec 2, Div 12

E-13325

E-13312

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 54.90

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No: E-13325 Prepaid Lot & Tomb

Augustine Griffin

3305 Imperial Ave.

San Diego, CA 92102

Lot 230, Gr 4, Sec 2, Sav 12

E-13325

E-13325

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 $ 64.00

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

$ _____

Amount Received $ _____

E-13312

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-13325 Expires 10/1/ Trans

Jacqueline Griffin

3303 Imperial Ave.

San Diego, CA 92102

Lot 230, Gr 4, Sec 2, Div 12

E-13325

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. $ 64.00

Amount due if paid more than _____ days after due 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-13325 Supplemental Lot 6 Point Supplemental Griffin 3305 Imperial Ave. San Diego, CA 92113 Lot 30, Gr 4, Sec 3, Div 12

E-13325

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. $ 64.00

Amount due if paid more than _____ days after due 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-T3325

Augustine Griffin
3305 Imperial Ave.
San Diego, CA 92102
Lot 130, 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. $ 44.40

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-1325

Magnolia Grill
3355 Imperial Ave.
San Diego, CA 92102
Lot 230, 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. $ 64.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Return this coupon with each remittance **COUPON** **14**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. 1335 Presidio Lot & Tech Inspection Outside 3305 Taylorville Ave. San Diego, CA 92106 Lot 230, Gr 4, Sec 2, Blk 11

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 64.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 64.00

Amount due if paid more than _____ days after due 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.

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-13325

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.

E-13325

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. $ 54.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-13325

Month and Day Due Indicated Below

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

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

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-13325

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 $ _____

Amount due if paid more than _____ days after due 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-13325

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-13325

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY
527-3400

Date: 10-2 19 98

From: Augustine Griffin Address: 3305 Imperial Ave. SD 92102

Dollars ($ 64.00)

In Part Payment of Pre Need Lot + trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E13325

BALANCE DUE 61.45

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

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	64 00
Sales Tax	60101 78390	
TOTAL PAID	$	64 00

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

ISSUED BY Carina Avalos

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

50520

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11/2 19 98

From: Augustine Griffin Address: 3305 Imperial ave SD 92102

Sixty one and 45/100 Dollars ($ 61.45)

In full Payment of pre need lot and trust

Lot 230 Grave 4 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E 13325

BALANCE DUE 0

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

4605

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 9022	61	45
Sales Tax	60101 78390		
TOTAL PAID	$	61	45

OFFICIAL RECEIPT

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

* CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

50346

Date: 9-2 19 98

From: Augustine Grijalva Address: 3305 Imperial Ave SD 92102

Dixty four & no/100 Dollars ($ 64.00)

In part Payment of pre need lot & fluff

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 125.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4562

AC-212 (Rev. 5-94)

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

ISSUED BY Carana 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	64	00
Sales Tax	60101 78390		
TOTAL PAID	$	64	00

OFFICIAL RECEIPT

50261

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-4 19 98

From: Augustine Griffin Address: 3305 Imperial Ave. SD 92102
Dixby Porter + Nolan
Dollars ($ 64.00)
In part Payment of pre need lot + trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 189.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4543

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	69033 9022	64	00
Sales Tax	50101 78390		
TOTAL PAID	$	64	00

OFFICIAL RECEIPT

50126

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-2, 19 98

From: Augustine Griffin Address: 3305 Imperial ave. SD 92102

Sixty four & no/100 Dollars ($ 64.00)

In part Payment of prneed lot & trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 253.45

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

AC-212 (Rev. 5-94) 4520

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	64	00
Sales Tax	60101 78390		
TOTAL PAID	$	64	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13325 50046

Date: 6-4 19 98

From: Guadalupe Gruttu Address: 3305 Imperial Ave SD 92102

Dollars ($ 64.00)

In Payment of Perpetual Care of Trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13225

BALANCE DUE 317.45

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

4502

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Avalos

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	64 00
Sales Tax	60101 78390	
TOTAL PAID	$	64 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49913

Date: 5-5 19 98

From: Augustine Griffin Address: 3305 Imperial ave SD 92102

Dexley trust & no/00 Dollars ($ 64.00)

In part Payment of pre need lot & crypt

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 381.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

4479

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	64 00
Sales Tax	60101 78390	
TOTAL PAID	$	64 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13325 49700

Date: 3-7, 19 98

From: Augustine Griffin Address: 3305 Imperial Ave San Diego 92107

Sixty Four Dollars ($ 64.00)

In part Payment of Pre-need Lot + Trust

Lot 230 Grave 4 Row Section 7 Division Block 12

Invoice No.

Acct. No.

W.O. E - 13325

BALANCE DUE 50945

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4427

AC-212 (Rev. 5-94)

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

ISSUED BY S. Hutchins

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	64	00
Sales Tax	60101 78390		
TOTAL PAID	$	64	00

OFFICIAL RECEIPT

49802

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-2 19 98

From: Augustine Griffin Address: 3315 Imperial Ave. SD 92102

Sixty four & no/100 Dollars ($ 64.00)

In part Payment of pre need lot & trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 445.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 4457

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	64	00
Sales Tax	80101 78390		
TOTAL PAID	$	64	00

E-13325 49596

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: Feb 3, 1998

From: Augustine Griffin Address: 3305 Imperial Ave San Diego 92102

Sixty & ~~xx~~ Dollars ($ 64.00)

In pdt Payment of Pre-Need Lot + Trust

Lot 230 Grave 4 Row Section 3 Division Block 13

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 573.45

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 S Shullta

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	64	00
Sales Tax	60101 78390		
TOTAL PAID	$	64	00

E-13325 49331

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12/31, 19 97

From: Augustine Griffin Address: 3305 Imperial Ave S.D. CA 92102

Sixty four 00/cc Dollars ($ 64.00)

In full Payment of Pre Need Lot / Trust

Lot 230 Grave 4 Row — Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 637.45

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
4358

AC-212 (Rev. 5-94)

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

ISSUED BY Karen Bilke

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	64	00
Sales Tax	60101 78390		
TOTAL PAID	$	64	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13325 40108

Date: 12-13, 19 96

From: Augustine Griffin Address: 3305 Imperial Ave San Diego 92102

five hundred eleven Dollars ($ 501.00)

In part Payment of Pre-Need Lot + Trust

Lot 230 Grave 14 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 1533.45

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

cash 111.00 4127 400.00

AC-212 (Rev. 5-94)

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

ISSUED BY L. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	511	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	511	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45172

Date: 1-6 19 97

From: Augustine Griffin Address: 3305 Imperial Ave. S.D. CA 92102

Sixty four and no/100 Dollars ($ 64.00)

In part Payment of pre-need lot and trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 1469.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4134

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	64	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	$	64	00

OFFICIAL RECEIPT

4 248

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11/31, 1997

From: Augustine Griffin Address: 3305 Imperial Ave. S.D. Ca 92102

Sixty four 00/00 Dollars ($ 64.00)

In Part Payment of Pre Need Lot & Trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 1405.45

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 Kenya Bak

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77194	64	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	$	64	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43333

Date: 3-3, 19 97

From: Augustine Griffin Address: 3305 Imperial Ave San Diego 92102

Sixty four and no/100 Dollars ($ 64.00)

In part Payment of pre-need trust and lot

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 1341.45

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

4176

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgens

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	64	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	$	64	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40427

Date: 4-2 19 97

From: augustine Griffin Address: 3305 Imperial ave. San Diego 92102

Sixty four and eight Dollars ($ 64.00)

In part Payment of pre-need lot and trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 1277.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
4199

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	64	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	$	64	00

OFFICIAL RECEIPT

43520

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-2, 19 97

From: Augustine Griffith Address: 3305 Imperial Ave. S.D. 92102

Sixty four and 00/100 Dollars ($ 64.00)

In part Payment of pre-need lot and trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 1213.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4217

AC-212 (Rev. 5-94)

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

ISSUED BY Carina Surgeon

CREDIT	67007	64	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	$	64	00

OFFICIAL RECEIPT

48641

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY
527-3400

Date: 6-2 19 97

From: Augustine Griffin Address: 3305 Imperial Ave. San Diego 92102

Sixty four and no/100 Dollars ($ 64 00)

In part Payment of pre-need lot and trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 1149.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4237

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Aurgon

CREDIT	67007	64	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	$	64	00

OFFICIAL RECEIPT

48733

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-1, 19 97

From: Augustine Erylin Address: 3305 Imperial Ave. San Diego, CA 92102

one hundred twenty eight and no/100 Dollars ($ 128 00)

In part Payment of pre-need lot and trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 1021.00

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

4262

AC-212 (Rev. 5-94)

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

ISSUED BY Paula M.T. 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	128	00
Sales Tax	60101 78390		
TOTAL PAID	$	128	00

48823

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-4, 19 97

From: Augustine Griffin Address: 2305 Imperial Ave San Diego 92102

Sixty four and no/100 Dollars ($ 64.00)

In part Payment of pre-need lot and trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 957.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4281

AC-212 (Rev. 5-94)

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

ISSUED BY C. Jungin-Vaccine

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	64	00
Sales Tax	60101 78390		
TOTAL PAID	$	64	00

48913

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-2, 19 97

From: Augustine Griffin Address: 3205 Imperial Ave SD 92102

Sixty four + 00/100 Dollars ($ 64 00)

In part Payment of Pre-need lot + trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 893 45

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

4304

AC-212 (Rev. 5-94)

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

ISSUED BY C Durgen-Avallone

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	64	00
Sales Tax	50101 78390		
TOTAL PAID	$	64	00

OFFICIAL RECEIPT

49029

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10-1 19 97

From: Augustine Guijan Address: 3305 Imperial Ave. San Diego 92102

Sixty four and no/100 Dollars ($ 64.00)

In part Payment of pre need lot and trust

Lot 230 Grave 4 Row Section 2 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 829.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 4322

AC-212 (Rev. 5-94)

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

ISSUED BY C Jungem - 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	64	00
Sales Tax	80101 78390		
TOTAL PAID	$	64	00

OFFICIAL RECEIPT

49120

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10/31, 1997

From: Augustine Estate Address: 3305 Imperial Ave San Diego 92102

Sixty four and no/100 Dollars ($ 64.00)

In part Payment of Prepaid Pet and trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13325

BALANCE DUE 765.45

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

4345

AC-212 (Rev. 5-94)

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

ISSUED BY C Jurgen-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	64	00
Sales Tax	60101 78390		
TOTAL PAID	$	64	00

OFFICIAL RECEIPT

49218

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12-1, 19 97

From: Augustine Griffin Address: 3305 Imperial Avenue San Diego 92102

Sixty four and no/100 Dollars ($ 64.00)

In part Payment of pre need lot and trust

Lot 230 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-73325

BALANCE DUE 701.45

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

4304

AC-212 (Rev. 5-94)

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

ISSUED BY Alina 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 8022	64	00
Sales Tax	80101 78390		
TOTAL PAID	$	64	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-13-96

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

in a T S Vault (Type of Burial Container) Funeral, date, time Wed, 12-18 10:00

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

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

will be applied and billed to undersigned. _____

Lot 101 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1869.38
Paid receipt number R-48113	1869.38
Balance due	-0-

PAID
DEC 16 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

Lorraine Rodgers
Signature
1650 8th Ave #307
Address
San Diego, Ca 92101
City Zip Code
None
Telephone

Invoice # _____

Work Order # E 13326

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13326 48113

Date: 12-16, 19 96

From: Lorraine Rodgers Address: 1650 8th Ave San Diego 92101

One Thousand Eight Hundred Sixty Nine & 38/100 Dollars ($ 1869.38)

In full Payment of Interment of Guy David Rodgers

Lot 101 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13326

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1024

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	199	00
80% Sales of Lots	100 77184	796	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	38
TOTAL PAID	$	1869	38

E-13326

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
Max	Daniel	Rodgers	03/15/1909	12/11/1996	M

FOUND

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lorraine Rodgers-Wife 1650 8th Ave. #307 San Diego, CA 92101

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ Laura Smith	12/13/1996

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	12/16/1996 Laura Smith	9617468 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92102	11B. DATE BURIED 12/18/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-13-96

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

in a Liner (Type of Burial Container) Funeral, date, time ~~Wed. 12 18 2:00~~ Thurs, Dec 19th 11:00 AM

Church, Chapel, (Graveside) Graveside only; Ragsdale MTHRK Mortuary.

All Funeral cars must 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.D.

✓ Lot 104 Grave 6 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund 20=159 80=245	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	1,564.73
Paid receipt number R-48114	391.00
Balance due	1,173.73

Shawnda Drake
588-1211
30 day note

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

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

Signature of recorded holder of deed

Ms Shawnda Drake
Signature
3440 Shelly #8
Address
Spring Valley 91977
City Zip Code
Mortage # 588-1211 or 463-7150
Telephone

Invoice # 278121

Work Order # E 13327 ✓

Acct. # 091084

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

12-18 original burial date cancelled by Shawnda Drake. New date is 12-19-96.

MT. HOPE CEMETERY

W.O. # E-13327

NOTE

1,173.73 San Diego, California December 16 1996

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of one thousand one hundred seventy three & 73/100 DOLLARS with interest from January 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 Shawnda Drake SIGNATURE Ms Shawnda Drake

ADDRESS X 3440 #8 Helix

CALIFORNIA DRIVER LICENSE NUMBER X A9385770 SSN # X 549-45-8278

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

48114

Date: 12-16, 19 96

From: Ms. Shannda Drake Address: 3440 #8 Helix Spring Valley Ca 91977

Three hundred ninety one and 00/100 Dollars ($ 391.00)

In part Payment of Interment of Gregory Newman

Lot 104 Grave 16 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E 13327

BALANCE DUE 1,173.73

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 Catina Duglas

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)

E-13327

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
Gregory	Dwayne	Newmand Jr.	01/17/1975	12/05/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Shawnda Drake, Friend 3440 Helix No. 8 Spring Valley, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Kagsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Debbie Wheller	12/12/1996

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	12/18/1996 D. Wheller	▶ 9617616

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 12/19/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wait	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED 12/19/96	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 2 IS RETAINED BY 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 12-16-96

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

in a T.S. Vault (Type of Burial Container) 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. _____

Lot 101 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	Free 995.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1869.38
Paid receipt number R-48112	1869.38
Balance due	0

PAID
DEC 16 1996
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

Jay Berry
neighbor
232-2569

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

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

_____
Signature of recorded holder of deed

Lorraine Rodgers
Signature
1650 8th Ave #307
Address
San Diego California
City Zip Code
none
Telephone

Invoice # _____

Work Order # E 13328

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13328 43112

Date: 12-16, 1996

From: Lorraine Rodgers Address: 1650 8th Ave #307 San Diego 92101

One thousand eight hundred sixty nine & 38/100 Dollars ($ 1869.38)

In full Payment of Pre-Need Lot & Trust

Lot 101 Grave 12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13328

BALANCE DUE 0

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 S. Shachiller

CREDIT 20% Sales Care	67007 77184	199	00
80% Sales of Lots	100 77184	796	00
Opening/ Closing	100 77181		
Burial/ Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	874	38
Sales Tax	60101 78390		
TOTAL PAID	$	1869	38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

8 chairs
center right

Date 12/16/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alva P. Bomsen (X)

in a Ashvault (Type of Burial Container) Funeral, date, time Fri. Jan. 3 11:00

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 $ _____

will be applied and billed to undersigned. _____

Lot 5 Grave 16 Row _____ Section MAS Division/~~Block~~ D

Grave space & Care Fund ..... Pre Need C-5061 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-48131 269.26

Balance due 0

PAID
DEC 26 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO

Margaret Estarcela Douglass 465-8076

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

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

_____
Signature of recorded holder of deed

X Margory E. Douglas
Signature
X 6673 Del Cerro Blvd
Address
X San Diego CA 92120
City Zip Code
X 465-8076
Telephone

Invoice # _____

Work Order # E 13329

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13329

HUMPHREY MORTUARY

ACCT # 3/08

RECEIPT OF CREMATED REMAINS AND RELEASE OF LIABILITY

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

NAME OF DECEDENT: Alva Bonsen (Mt Hope)

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

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

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

Dated this 2 day of 1 19 97

Address: Mt Hope

Street City State Zip

Signature: L. Shirkellon

Authorized Representative Relationship to Deceased

Witness A.C. [illegible]

WHITE MORTUARY COPY - CANARY CUSTOMER COPY

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13329 4:131

Date: 12-26, 1996

From: Carol Douglas Address: 4893 1/2 Old Cliff Rd San Diego 92120

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Interment of Olva Bomsen

Lot 5 Grave 16 Row Section MA S Division Block D

Invoice No.

Acct. No.

W.O. E-13329

BALANCE DUE 0

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

90

AC-212 (Rev. 5-94)

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

ISSUED BY S. Hutchilton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

E-13329

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

107

USE BLACK 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
ALVA	MARTHA	BORNSEN	03/06/1899	12/12/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Marjory E. Douglas - Sister 6673 Del Cerro Boulevard San Diego CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	▶ Judith E. King	12/16/1996

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/16/1996 J.E. King	9617480 ▶

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 1-3-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norma L. Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium, Inc. 571-J Crane St. Lake Elsinore CA 92530	12B. DATE CREMATED 12/18/96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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 12-16-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Albert J. Johnson PA # 1204254

in a Liner (Type of Burial Container) Funeral, date, time Fri 12-20 10:00

Church, Chapel, Graveside Delivery only ; Ca Burial Mortuary Kim

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

will be applied and billed to undersigned. _____

Lot 13 Grave 11 Row ____ Section 1 Division/~~Block~~ 12

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

paid in full June 17, 1997

Kathrine Howard
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 # 278122

Acct. # 000952

Work Order # E 13330

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13330

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

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

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 6-17-97
BY: CA (CK) IF
PAYMENT REF NO 371439 | AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
12/27/96	01/26/97	NOVEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13330
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ALBERT JOHNSON PA#1204254 SVCS	
LOT 13 GR 11 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. 278122

AC-22 (REV - 10/95)

E-13330

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
ALBERT	LEO	JOHNSON	11/16/1948	09/24/1996	MALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
OCEANSIDE	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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	Tom Walker	12/19/1996

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	12/20/1996	▶ [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
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 12/20/96	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.

3:37

X

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-16-96

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

in a T.S. vault (Type of Burial Container) Funeral, date, time Thur. 12-19 1:30

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 LC

Lot 82 Grave 9 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	20=159 80=219	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~~	LATE FEE	150.00
Recording and filing fee		45.00
Sales taxes		19.38
Total Due	(208.50)	1669.38
Paid receipt number	VISA/VISA	417.00
Balance due		~~1252.38~~ 1402.38

30 day note

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.

Signature: Laura L Crumby

Address: X 224 Tarango Pl

City: X Spring Valley Zip Code: 91977

Telephone: X 619 470-3163

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

Signature of recorded holder of deed

Invoice # 278057

Work Order # E 13331

Acct. # 091082

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY W.O. # E-13331

NOTE

$ 1,252.38 San Diego, California December 16 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 January 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 LAVERN L Cumby SIGNATURE X Lavern Cumby

ADDRESS X224 Turing Pl.

CALIFORNIA DRIVER LICENSE NUMBER X A0299755 SSN # X 520-74-4379

PY-1012 (11-89)

E-13331

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
Lurie	Lee	Cebeer	04/28/1945	12/12/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Lavern Cumby, Sister 224 Tamango Place 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 SIGN
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Williams	12/17/1996

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	12/18/1996	9617617

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 12/19/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

12-20-1996

E-13331

The Service for Lurie Center on 12-19-1996 in Lot 82; Grave 9; Section 2; Division 12; arrived through the Mount Hope Cemetery gates at 3:37 p.m. Therefore, there is an additional charge for arriving at the Cemetery late. The late charge is $150.00, which is automatically added to their bill.

atina Turgeon Catina M Turgeon
Clerical Assistant II

Larry Baker

Jacq. L. Becnuo

Maria Castillo

Susan E. Anderson

Linda M Trejo

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

D.I.P. 1ST burial

Date 12-16-96

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

In a Liner (Type of Burial Container) Funeral, date, time Fri 12-20 10:00

Church, Chapel, Graveside Church + graveside: Erickson-Anderson Trish Mortuary

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

will be applied and billed to undersigned. X M.B.

√ Lot 1625 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund Pre-need D-7790	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – ~~Marker setting fee~~ Vish flower vase	46.93
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	816.66
Paid receipt number m/c	816.66
Balance due	~~0~~

PAID
DEC 16 1996
paid in full
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.

Maya Bonventre
Signature

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

_____
Signature of recorded holder of deed

4859 Benton Way
Address

La Mesa Ca. 91941
City Zip Code

469-8721
Telephone

Invoice # _____

Work Order # E 13332 ✓

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13332

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
DANIEL	-	BONVENTRE	01/11/1911	12/15/1996	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	MARGO BONVENTRE - WIFE 4859 BENTON WAY 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
ERICKSON-ANDERSON MORTUARY 8390 ALLISON AVE LA MESA, CA. 91941	FD296	▶ Sue Underwood	12/19/1996

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

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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	12/19/1996 T. UNDERWOOD	9617710 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKETSSTREET SAN DIEGO, CA.92102	11B. DATE BURIED 12/20/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Waits	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/16/96

(Holly Krewson) Pin # 148077

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe PA-1208071 ~~PM~~ ~~10:30am~~

in a liner (Type of Burial Container) Funeral, date, time Dec. 18, 1996 Wednesday 2:00

Church, Chapel, Graveside Delivery : Guadalupe Mortuary.

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

will be applied and billed to undersigned. _____

Lot 33 Grave 5 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	186.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	paid in full 1-17-97
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	invoice 386.00
Balance due	0

Kathrine Howard D.A

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

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

Signature of recorded holder of deed

Public Admin pin # 2229555

Signature

Address

City Zip Code

Telephone

Invoice # 278009

Work Order # E 13333

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

CITY OF SAN DIEGO, CALIFORN
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

E-13333

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 1-17-97
BY: CA (CK) IF
PAYMENT REF NO 04-2573716 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
12/20/96	01/19/97	NOVEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13333
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JANE DOE PA#1208071 SERVICES	
LOT 33 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. 278009

AC-22 (REV. 10/95)

278009	12/20/96	000952	COUNTY OF SAN DIEGO			01/17/97 CK	04-257376	386.00	E-13333	386.00	0.00
	E-13333		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-13333

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND 5-6-96

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
JANE	-	DOE	UNKNOWN	05/06/1996	F.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
DESCANSO	SAN DIEGO	KATHERIN HOWARD-DEPUTY 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.	FD-1425	▶ Nancy	12/17/1996

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		▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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, 1501 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED: 12/18/96	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 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-13333

County of San Diego

GLENN N. WAGNER, D.O.
CHIEF MEDICAL EXAMINER

OFFICE OF THE MEDICAL EXAMINER
5555 OVERLAND AVE., BLDG 14, SAN DIEGO, CALIFORNIA 92123-1270
TEL (858) 694-2895 FAX (858) 495-5956

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

March 15, 2006

City of San Diego
Mount Hope Cemetery
3751 Market Street
San Diego CA 92102

Attn: Cemetery Records

Re: Jane Doe (Medical Examiner Case #96-0919)

Ladies and Gentlemen:

This letter is to inform you of the identification of a Jane Doe, Medical Examiner case number 96-0919. The date of death of Jane Doe was 05/06/1996. She was positively identified on 02/08/2006 through a Dental Comparison.

The decedent's identity has been established as: Holly Krewson. Her next of kin is Howard Krewson Sr, who may be reached at 334 Highland Street #A El Cajon CA 92020. Please update your records to reflect this identification.

Thank you for your assistance in this matter.

Sincerely,

Calvin L. Vine
Supervising Medical Examiner Investigator

cc: Medical Examiner John/Jane Doe Investigator
Medical Examiner Case File

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/17/96

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

in a Liner (Type of Burial Container) Funeral, date, time Friday Dec 20, 1996 10:00

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 $ 150.

will be applied and billed to undersigned.

Lot 417 Grave — Row — Section 3 Division/~~Block~~ 8

Grave space & Care Fund ..... Pre Need B-1575 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 MasterCard 769.73

Balance due 0

PAID 17 1996 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

I hereby certify I am the X 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

Signature: Margaret Bonsin

Address: X 1750 Arnold Way #52

City: X Alpine Ca Zip Code: 91901

Telephone: X 445-2355

Invoice #

Work Order # E 13334

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13334

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS FOUND 97

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NINA	LUCILLE	HOLM	12/26/1899	12/16/1996	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	Z. MARGARET BONNIN - NIECER 1750 ARNOLD WAY,#52 ALPINE, CA 91901

7A. TYPED NAME AND ADDRESS OF 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]	12/18/1996

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/18/1996	▶ [signature] RN

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET ST.SAN DIEGO,CA 92102	11B. DATE BURIED 12/20/96	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.

Veterans Section

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/17/96

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

in a _____ (Type of Burial Container) Funeral, date, time Fri Dec 20, 1996 2:00 pm

Church, Chapel, Graveside _____ ; Rugsdale MARK Mortuary.

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

will be applied and billed to undersigned. _____

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 48125	50.00
Balance due	0

PAID
DEC 20 1996
Paid in Full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mock Set Up Veterans

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of 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 13335

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 125

Date: 12-20, 19 96

From: Anderson - Ringsdale Address: 5050 Federal Blvd. S.D. 92102

Fifty and no/100 Dollars ($ 50.00)

In part Payment of Block set up for Billie Reid

Lot Veteran's Grave Row Section Division Block

Invoice No.

Acct. No.

W.O. E-13335

BALANCE DUE X

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

1306

AC-212 (Rev. 5-94)

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

ISSUED BY Marina Vargas

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	50	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-17-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helon F. Taylor

in a T.S. Vault (Type of Burial Container) Funeral, date, time Thur. 12-19 2:00

Church (Chapel) (Graveside) chapel & graveside: Greenwood Mortuary. Alex

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

will be applied and billed to undersigned. X G. T.

5334

Lot 27 Grave 3 Row Section 2 Division/~~Block~~ 7 10

G. T.

Grave Space & Care Fund pre-need D-86996 0

Additional spaces and care fund

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases – Marker setting fee paid in full

Recording and filing fee 45.00

Sales taxes 19.38

George Taylor

Total Due 874.38

Paid receipt number M/C 874.38

Balance due 0

PAID DEC 17 1996 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

I hereby certify I am the X G. T. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 George Taylor
Signature

X 5425 Ary. ave
Address

X La mesa 91942
City Zip Code

X 463-3908
Telephone

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

Signature of recorded holder of deed

Invoice #

Work Order # E 13336

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13336

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
HELON	F.	TAYLOR	07/23/1923	12/16/1996	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	GEORGE W. TAYLOR: HUSBAND 5425 ARIZONA AVENUE LA MESA, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ Victoria Meza	12/19/1996

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 12/19/1996	96177715 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12/19/96	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.

3:32

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/17/96

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

in a Liner (Type of Burial Container) Funeral, date, time Thur. Dec 19th 2:00pm

Church, Chapel, Graveside Chapel/Graveside Kingsdale Mortuary.

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

will be applied and billed to undersigned. X [signature]

✓ Lot 139 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	20 = 159 80 = 245	795.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases – Marker setting fee		45.00
Recording and filing fee	LATE FEE	150.00
Sales taxes		14.73
Total Due		1514.73
Paid receipt number	R- 48100	391.00
Balance due		~~1123.73~~ 1323.73

30 day note

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

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

Signature of recorded holder of deed

X [signature]
Signature

X 3983 Ocean View Blvd
Address

X San Diego, CA 92113
City Zip Code

X (619) 264-8724
Telephone

Invoice # 278053

Work Order # E 13337

Acct. # 091081

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY W.O. # E-13337

NOTE

$ 1173.73 San Diego, California December 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 three 73/100 DOLLARS with interest from January 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 VASA E. MASEED SIGNATURE [signature]

ADDRESS X 3983 Ocean View Bl San Diego, CA 92113

CALIFORNIA DRIVER LICENSE NUMBER X N7755966 (97) SSN # 571-13-0980

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 120

Date: 12/14 19 96

From: Usa Majeed Address: 3483 Lincoln Ave San Diego CA 92113

Three hundred ninety one 00/100 Dollars ($ 391.00)

In Part Payment of Interment of Tinelle Johnson

Lot 134 Grave 11 Row Section 3 Division Block 2

Invoice No.

Acct. No.

W.O. E 13337

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 Karyn Dark

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	63003 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	391	00

E-13337

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

46

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Trinell	Levette	Johnson	02/12/1950	12/12/1996	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	Theresa Saunders, Mother 3983 Oceanview Blvd. SanDiego, 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 Mottuary; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Wallen	12/17/1996

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	12/18/1996	9617646 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 12/19/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

12-20-1996

E-13337

The Service for Trinelle Johnson on 12-19-1996 in Lot 139; Grave 11; Section 3; Division12; arrived through the Mount Hope Cemetery front gates at 3:32 p.m. Therefore, there is an additional charge for arriving at the Cemetery late. The late charge is $150.00, which is automatically added to their bill.

Catina Turgeon Catina M. Turgeon
Clerical Assistant II

Karen Brk

Jacq. L. Beaves

Marcia Castelle

Susan E Anderson

Linda M Trejo

*NOT A FULL BODY BURIAL- SKELETAL REMAINS IN A SMALL BOX.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-18-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA # 1208063

in a liner (Type of Burial Container) Funeral, date, time ~~Friday 12-20~~ 12-19 11:00 10:00

Church, Chapel, Graveside Delivery Only ; Guadalupana Mortuary. Nancy

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

will be applied and billed to undersigned. _____

Lot 10 116 Grave 10 6 Row _____ Section 2 Division/~~Block~~ 12 11

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 INVOICE	386.00
Balance due	0

paid in full 1-17-97

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 # 278130

Acct. # 000952

Work Order # E 13338

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

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-13338

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 1-17-97
BY: CA (CK) IF
PAYMENT REF NO 04-257376 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
12/27/96	01/26/97	NOVEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13338
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#1208063 SERVICES	
LOT 116 GR 6 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. 278130

AC-22 (REV - 10/95)

E-13338

APPLICATION 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	FOUND 03/28/1996	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	JOHN EDWARDS-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	▶ Luis Ubalde	12/18/1996

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		▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 12/20/96	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.

E-13338

278130 12/27/96 000952 COUNTY OF SAN DIEGO

E-13338

100	072			01/17/97 CK 04-257376			
100	072	77181	000072		386.00	386.00	0.00
100	072	77182	000072		165.00		PAID IN FULL
100	072	77183	000072		50.00		
		77184	000072		45.00		
					126.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/18/96

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

in a TS Vault (Type of Burial Container) Funeral, date, time Sat, Dec 21 1996 10:00

Church, Chapel, Graveside Graveside : Lewis Funeral Home 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.

Lot 4610 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund	Pre Need E-5049	0
Additional spaces and care fund		
Opening/Closing & Setup	6.00	375.00
Burial Container		250.00
Handling Fees		185.00
~~Flower vases—Marker setting fee~~	Saturday Service	600.00
Recording and filing fee	12-26-96	45.00
Sales taxes*	paid in full	19.38
	Total Due	1474.38
	Paid receipt number R-48121	369.00
30 day note	Balance due	1105.38
	aux. payment	1105.38

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 620-C TELEGRAPH CYN. RD
Address

X CHULA VISTA, CA 91910
City Zip Code

(619) X 421-8723
Telephone

Invoice # 278090

Work Order # E 13339

Acct. # 091083

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E - 13339

NOTE

$ 1105.38 San Diego, California December 18 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 five 38/00 DOLLARS with interest from January 21, 1997 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 TOM HOSAKA SIGNATURE X [signature]

ADDRESS X 620-C TELEGRAPH CYN. RD., CHULA VISTA, CA 91910

CALIFORNIA DRIVER LICENSE NUMBER X F0484009 SSN # X 550-56-2721

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 121

Date: 12/18, 19 96

From: Tom Hosaka Address: 6266 Telegraph Canyon Rd Chula Vista 91910

Three hundred sixty nine 00/00 Dollars ($ 369.00)

In Part Payment of Interment of George Hosaka

Lot 4610 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13339

BALANCE DUE 110538

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 Baker

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	2	
Opening/ Closing	100 77181	369	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	$	369	00

E-13339
90

APPLICATION 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
KYIOJI	GEORGE	HOSAKA	06/17/1906	12/15/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	CHIYEKO HOSAKA - WIFE 434 L STREET CHULA VISTA, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY [redacted]EL CAJON BLVD. SAN DIEGO, CA 92104	FD-480	▶ [signature]	12/19/1996

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 1037% of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/20/1996	▶ [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 MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12/21/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E-13339

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 019083

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 12/26/96

PAID BY (CIRCLE ONE): CA CK HD NF

PAYMENT REFERENCE NUMBER 1947

AMOUNT PAID $1105.38

E-13339

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Tom Hoshka

PAYOR NAME
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 620 C. Telegraph
Canyon Rd Chula Vista

REMARKS

CASHIER LB

INV. NO. 278090

TR-1861 (2-82)

E-13339

278090 12/26/96 091083 TOM HOSAKA

E-13339

100	072	77181	000072	12/26/96 CK 1947	1,105.38	1,105.38	0.00
100	072	77182	000072		6.00		PAID IN FULL
100	072	77183	000072		250.00		
100	072	77185	000072		645.00		
60101		78390			185.00		
					19.38		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer of ownership to

Date 12-19-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Raymond & Irene Rodriguez

in a _____ (Type of Burial Container) 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. _____

Lot 214 Grave _____ Row _____ Section 100F ~~Division~~/Block 42

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number 48124	45.00
Balance due	Ø

PAID
DEC 19 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

see attached
Signature

Address

City Zip Code

Telephone

Invoice # _____

Acct. # _____

Work Order # E 13340

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

VOID

E-13340

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11689

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Gene E. Whatley Agency for the sum of $ 35.00 (DOLLARS)

LEGAL DESCRIPTION 213 & 214 - 100F - 42

AS DESCRIBED ON PURCHASE ORDER NUMBER E-8484

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:

Wendy Jo Teague
Cemetery Manager

Thea Tullman
Property Director

PY-484

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 124

Date: 12-19, 19 96

From: Gene E. Whatley Agency Address: 2300 Boswell Rd Suite 110 C.V. 91914

Forty five and no/100 Dollars ($ 45.00)

In full Payment of transfer fee for Raymond & Irene Rodriguez

Lot 214 Grave Row Section 100F Division Block 42

Invoice No.

Acct. No.

W.O. E-13340

BALANCE DUE

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

29947

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Surgeon

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

E-13340

WHATLEY CEMETERY BROKERAGE

P.O. Box 1830
Alpine, CA 91903-1830
619-390-9408

TRANSFER INFO FORM

Please transfer the following property described as:

100F-42, 214

in Deed/Certificate number 11689 from Mount Hope Memorial Park

dated 1/19/90 to:

NEW OWNER

NAME: Raymond & Irene Rodriguez

ADDRESS: P.O. Box 1830

CITY: Alpine STATE: CA. ZIP: 91903-1830

FROM ASSIGNOR

NAME: Gene E. Whatley Agency

by Gene E. Whatley, Attorney in Fact

ADDRESS: P.O. Box 1830

CITY: Alpine STATE: CA. ZIP: 91903-1830

ACCOUNT NUMBER 759MH DATE 12/5/96

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

center lift

Date 12-23-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert H. Brown Sr

in a Ash Vault (Type of Burial Container) Funeral, date, time Mon 12-23 AYD

Church, Chapel, Graveside Delivery Only ; _____ Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 18 Grave 6 Row _____ Section 100F Division/Block 22

Grave space & Care Fund Pre-Need E-6970	-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	
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

Mary Rosalie Brown
Signature
2621 Prescott Rd Sp #2
Address
Modesto Ca 95350
City Zip Code
209-527-1286
Telephone

Invoice # _____

Work Order # E 13341

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13341

81

APPLICATION 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	Hamilton	Brown	03/06/1915	11/05/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Modesto	Stanislaus	N. Rosalie Brown - Wife 2621 Prescott Rd., Sp. #2 Modesto, CA 95350

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Franklin & Downs Funeral Home 704 12th St., Modesto, CA 95354	1259	▶ B. Dissis	11-06-96

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	11/06/1996	▶ [signature]

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

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records 108 Campus Way, Modesto, CA 95350	San Diego Co. Health Dept. P.O. Box 85222, San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery San Diego, CA	11B. DATE BURIED 12/3/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Ceres Cemetery Assn. Ceres, CA	12B. DATE CREMATED NOV 8 6 1996	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-23-96

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

in a Liner (Type of Burial Container) Funeral, date, time Dec. 30 Monday 11:00

Church, Chapel, Graveside Graveside Only : Lewis Colonial Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 204 Grave 4 Row _____ Section 1 Division/~~Block~~ 1

Grave space & Care Fund ..... Pre-Need B-4067	~~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-4880	769.73
Balance due	~~0~~

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

X [signature]
Signature

X 4606 ARAGON DR.
Address

X SAN DIEGO 92115
City Zip Code

X 583-6298
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13342

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 130

Date: 12/26, 19 96

From: Richard Jinesen Address: 4606 Dragon Dr San Diego Ca 92115

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

In Full Payment of Interment of Shannon Young

Lot 204 Grave 4 Row Section 1 Division / Block

Invoice No.

Acct. No.

W.O. E-13342

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

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

ISSUED BY Karen Jack

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

E-13342

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
MERLE	SHANNON	YOUNG	03/21/1911	12/22/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	RICHARD ARNESON - STEP SON 4606 ARAGON DRIVE, SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/DENBOUGH MORTUARY 3051 EL CAJON BLVD. SAN DIEGO, CA 92104	FD-480	▶ [signature]	12/26/1996

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	12/27/1996	▶ [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 MOUNT HOPE CEMETERY 3751 MARKET ST.SAN DIEGO,CA 92102	11B. DATE BURIED 12/30/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Back gate open

217928

Date 12-23-96

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

in a Liner (Type of ~~Burial~~ Container) Funeral, date, time Thur 12-26 11:30

Church, Chapel, Graveside (Graveside) : Greenwood (Mortuary) Sharon

All Funeral cars must 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 N.S.

Lot 135 (132?) Grave 1 Row ____ Section 4 Division/~~Block~~ 7

Grave space & Care Fund Pre-need E-997 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 MC 769.73

Balance due 0

PAID
DEC 23 1996
Paid in full
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.

226455

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

Signature of recorded holder of deed

X Helen M. Scheibel
Signature

X 6121 Mallalow Dr.
Address

X S.D. 92115
City Zip Code

X 582-4918
Telephone

Invoice # ____

Work Order # E 13343

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13343

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
GEORGE	LYMAN	SCHEIBEL	10/19/1913	12/22/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LA MESA	SAN DIEGO	HELEN SCHEIBEL: WIFE 6121 MALCOLM DRIVE SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ Victoria Meza	12/24/1896

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 12/26/1996	9617985 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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, CA92102	11B. DATE BURIED 12/26/96	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.

Pre-need
Lot & trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-23-96

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

in a Liner (Type of Burial Container) 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. _____

Lot 273 Grave 4 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup (Paid in full 1-6-99)	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-48127	391.00
Balance due	1,173.73

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

Josephine Young
Signature
6657 Charlene Ave
Address
San Diego Ca 92114
City Zip Code
(619) 583-0752
Telephone

Invoice # _____

Work Order # E 13344

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13344

YOUNG, JOSEPHINE 6657 Charlene Ave. San Diego, CA 92114

					DEBIT	CREDIT	BALANCE
12-23	96	Pre-need Lot & Trust Opened. Lot 273 Grave 4 Section 2 Division 12			795.00		
		Trust includes: (1) Opening/Closing, (1) Liner, (1) Handling Fee, (1) Recording Fee, Tax on Liner			769.73		1,564.73
12-23	96	Receipt #48127		✓		3 91.00	1,173.73
1/31	97	Coupon 1 & 2	Rec #48249			98.00	1075.73
3-7	97	" 3	R-48364	✓		49.00	1026.73
4-7	97	" 4 & 5	R-48433	✓ bs 6	80%	98.00	928.73
5-7	97	" 6	R-48540	✓ Rem	20% 15%	49.00	879.73
6-6	97	" 7	R-48667	✓		49.00	830.73
7-29	97	" 8 & 9	R-48811	✓		98.00	732.73
9-30	97	" 10	R-49022 trust	✓		49.00	683.73
11/12	97	" 11, 12, & 13	R-49164	✓		107.00	576.73
1-[illegible]	98	" 14	R-49554	✓		49.00	527.73
3-20	98	15 & 16	R-49792	✓		98.00	429.73
6-2	98	17 & 18	R-50030	✓		98.00	331.73
7-14	98	19	R-50185	✓		49.00	282.73
8-5	98	20	R-50265	✓		49.00	233.73

YOUNG, JOSEPHINE

Pre-need Lot and Trust

273-4-2-12 lot + trust E-13344

<233.73>

9-3	98	R 50348	CPN 21	✓	49 00	184.73	
10-5	98	R 50441	CPN 22		49 00	135.73	
11-17	98	R 50574	23		49 00	86.73	
1-6	98	R- 50705	24	✓	46 73	40 00	

E-13344
Sent
Crn.'D
11, 12, & 13

1103

16-49/1220
0091526459

JOSEPHINE D. YOUNG
PH. 619-583-0752
6657 CHARLENE AVE.
SAN DIEGO, CA 92114

CUSTOMER SINCE 1967

DATE 11/4/97

PAY TO THE ORDER OF Mt. Hope Cemetery $ 107.00

One Hundred Seven and 00/100 DOLLARS

UNION BANK OF CALIFORNIA
LEMON GROVE
3285 LEMON GROVE AVENUE, LEMON GROVE, CA 91945
619 230 3800

Josephine Young MP

FOR E13344

⑆122000496⑆ 0091526459⑈ 1103

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Bot and E-13344

Josephine Young Trust

6657 Charlene Ave.

San Diego, CA 92114

(273-4-2-12)

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 and E-13344

Josephine Young Trust

6657 Charlene Ave.

San Diego, CA 92114

(273-4-2-12)

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 and E-13344

Josephine Young Trust

6657 Charlene Ave.

San Diego, CA 92114

(273-4-2-12)

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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot and Trust Y-13344

Josephine Young

6657 Cherlane Ave.

San Diego, CA 92114

(273-4-2-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot and E-13344

Josephine Young Trust

6657 Charlene Ave.

San Diego, CA 92114

(273-4-2-12)

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above: $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Life-Board Lot and 8-13344

Josephine Young Trust

6657 Cherlene Ave.

San Diego, CA 92114

(27)-4-2-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible] 3-1334

Josephine Tower Trust
6657 Charlene Ave.
San Diego, CA 92114
(273-4-2-12)

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. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Prepaid Lot and 2-13544

Josephine Young Trust

6657 Charlene Ave.

San Diego, CA 92114

(273-4-2-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid bot and E-13344

Joseph L. Young Trust

5637 Garline Ave.

San Diego, CA 92114

(213-4--12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Personal Int and E-13844

Joseph and Trust

6657 Clairlake Ave.

San Diego, CA 92114

(273)-4-2-12

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. $ 43.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Fairwood Est. and B-13344

Josephine Jung Trust

6857 Charlene Ave.

San Diego, CA 92114

(273-4[illegible]-[illegible])

Month and Day Due Indicated Below

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

Amount due when paid on, or before: due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

[illegible] Trust

6651 Quartzite Ave.

San Diego, CA 92114

(619-4-2-12)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
20											

Amount due when paid on, or before, due date above: $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-paid by Ad S-13344

Josephine Young Trust
9657 Carriers Ave.
San Diego, CA 92114
(273-4-3-30)

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above: $ $9.00

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

$ _____

Amount Received $ 9.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. [illegible]

[illegible]

5657 Clairbrae Ave.

San Diego, CA 92114

(619)-[illegible]

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above: $ [illegible]

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

$ _____

Amount Received $ [illegible]

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.

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.

E-13344

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. $ _____

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-13344

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. $ _____

Amount due if paid more than _____ days after due 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-13344

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E-13344

Month and Day Due Indicated Below

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

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

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

$ _____

Amount Received $ _____

NAME _____

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

4 127

Date: 12-23, 19 94

From: Josephine Young Address: 6657 Charlene Ave. S.D. 92114

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

In part Payment of Pre-need lot and trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 1173.73

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

2085

AC-212 (Rev. 5-94)

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

ISSUED BY Carma Jurgen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

OFFICIAL RECEIPT

43361

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-7, 19 97

From: Josephine Young Address: 6657 Charlene Ave San Diego 92114

Fifty nine and no/100 Dollars ($ 49.00)

In part Payment of Pre-need lot and trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 1026.73

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
4034

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	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	60181 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

43433

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
~527-3400

Date: 4-4, 19 97

From: Josephine Young Address: 6657 Charlene Ave San Diego 92114

Ninety Eight Dollars ($ 98.00)

In part Payment of Pre-Need Lot - Trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 928.73

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
4051

AC-212 (Rev. 5-94)

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

ISSUED BY D. Shrickden

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	98	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	$	98	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40540

Date: 5-7, 19 97

From: Josephine Young Address: 6657 Charlene Ave San Diego 92114

Forty nine and no/100 Dollars ($ 49.00)

In part Payment of Pre-need lot and trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 879.73

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 Mina Durgon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	49	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

43607

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-6, 19 97

From: Josephine Young Address: 6657 Charlene Ave. San Diego 92114

Forty nine and no/100 Dollars ($ 49.00)

In Part Payment of Pre-need lot and trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 830.73

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

1003

AC-212 (Rev. 5-94)

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

ISSUED BY Calina Dingson-Avallone

CREDIT	67007	49	00
20% Sales Care	77164		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

48811

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-29, 19 97

From: Josephine Young Address: 6657 Charlene Ave. S.D 92114

Dollars ($ ~~732.73~~ 98.00)
Ninty eight and no/100

In part Payment of pre-need lot and trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 732.73

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

CREDIT 20% Sales Care	57007 77184	60	57
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	37	43
Sales Tax	60101 78390		
TOTAL PAID	$	98	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
1034

ISSUED BY C 21 Avalon

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49022

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-30, 19 97

From: Josephine Young Address: 6657 Charlene Ave. San Diego 92114

Forty nine and no/100 Dollars ($ 49.00)

In part Payment of pre need lot and trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 683.73

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1069

AC-212 (Rev. 5-94)

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

ISSUED BY C Jurgen-Avallone

CREDIT	67007	49	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	49	00
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

49164

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11/12, 19 97

From: Josephine Young Address: 6657 Charlene Avenue San Diego 92114

one hundred seven and 10/100 Dollars ($ 107.00)

In part Payment of pre need lot & trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 576 73

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 1103

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Avalrane

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	107	00
Sales Tax	60101 78390		
TOTAL PAID	$	107	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49554

Date: 1-20, 19 98

From: Josephine Young Address: 1665 Clarence Ave SD 92114

forty nine and no/100 Dollars ($ 49 00)

In Part Payment of Pre Need Lot + trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 527.73

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 Carlina Hallare

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	49	00
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49792

Date: 3-26, 19 98

From: Josephine Young Address: 6657 Charlene Ave. SD 92114

ninety eight and no/100 Dollars ($ 98.00)

In part Payment of pre need lot & trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 429.73

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-84) 1228

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

ISSUED BY Calina 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	98	00
Sales Tax	60101 78390		
TOTAL PAID	$	98	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

50030

Date: 6-2 19 98

From: Josephine Young Address: 1457 Charlene Ave SD 92114

Currency, coin and notes — Dollars ($ 98.00)

In: part Payment of pre need lot & trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. 331.73

BALANCE DUE E-13344

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

AC-212 (Rev. 5-94) 1296

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	98	00
Sales Tax	60101 78390		
TOTAL PAID	$	98	00

OFFICIAL RECEIPT

50185

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-14 19 98

From: Josephine Young Address: 6657 Charlene ave. SD 92114

forty nine & no/100 Dollars ($ 49.00)

In part Payment of pre need lot & trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 282.73

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

1483

AC-212 (Rev. 5-94)

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

ISSUED BY Catina 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	63633 9022	49 00
Sales Tax	60101 78390	
TOTAL PAID	$	49 00

OFFICIAL RECEIPT

50265

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-5 19 98

From: Josephine Young Address: 6657 Clairline Ave. SD 92114

forty nine & no/100 Dollars ($ 49.00)

In part Payment of preneed lot & trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 233.73

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

AC-212 (Rev. 5-94)

1518

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

ISSUED BY Catina Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	49	00
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

50348

Date: 9-3 19 98

From: Josephine Young Address: 10657 Charlene Ave. SD 92114

Forty nine & no/100 Dollars ($ 49 00)

In part Payment of pre need lot & trust

Lot 273 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 184.73

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1554

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 77164		
Opening/ Closing	100 77181		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	49	00
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

OFFICIAL RECEIPT

E-13344 50705

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-6, 1998

From: Josephine Young Address: 6657 Charlene Ave

Forty Six & 73/100 Dollars ($ 46.73)

In full Payment of Pre-Need Trust & Trust

Lot 273 Grave 4 Row Section 3 Division Block 13.

Invoice No.

Acct. No.

W.O. E-13344

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1353

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shulkin

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	46	73
Sales Tax	60101 78390		
TOTAL PAID	$	46	73

Send or bring one coupon with each remittance **COUPON 24**
DO NOT MAIL ENTIRE BOOK
ACCOUNT No.

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ 46.73

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

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-24-96

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

in a LINER (Type of Burial Container) Funeral, date, time MON. 12-30 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 Debbie

will be applied and billed to undersigned. X KB

✓ Lot 50 Grave 9 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund Pre-need E-10580	X
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-48138	192.00
Balance due	577.73

30 day NOR

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

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

Signature of recorded holder of deed

X Paul F Barnhill
Signature

X 6784 Pelot Way
Address

X San Diego, Ca. 92114
City Zip Code

X 619-583-6265
Telephone

Invoice # 278198

Work Order # E 13345 ✓

Acct. # 091100

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY W.O. # E-13345

NOTE

577.73 San Diego, California December 27 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 Five hundred seventy seven 73/100 DOLLARS with interest from January 27, 1997 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 Katie F. Barnhill SIGNATURE Katie F Barnhill

ADDRESS 6784 Pilot Way, San Diego, CA 92114

CALIFORNIA DRIVER LICENSE NUMBER K0844156 SSN # X

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 138

Date: 12/27, 1996

From: Katie F Barnhill Address: 6784 Pilot Way, San Diego Ca 92117

One hundred ninety two 00/100 Dollars ($ 192.00)

In Part Payment of Interment of Hortense Davidson

Lot 50 Grave 9 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-13345

BALANCE DUE 577.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 3235

AC-212 (Rev. 5-94)

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

ISSUED BY Margaret Beck

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

E-13345

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
Hortense	L.	Davidson	07/16/1916	12/21/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Mesa	San Diego	Katie Barnhill, Friend 6784 Pilot Way San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragadale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	12/24/1996

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/27/1996	9618127 ▶ [signature]

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 12/30/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -0	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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 12-26-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Claude Leroy Brandon Jr

in a Oak Vault (Type of Burial Container) Funeral, date, time Thur 12-26 AYD

Church, Chapel, Graveside _____ ; Heath Mortuary.

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

will be applied and billed to undersigned. _____

Lot 3456 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-Need E-3123	-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-48128	269.26
Balance due	-0-

PAID DEC 26 1996 MT. HOPE CEMETERY CITY OF SAN DIEGO, CALIF.

Elda Minnie Fick already in full body grave

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

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

_____
Signature of recorded holder of deed

X L. Heath
Signature

X 611 Highland Ave
Address

X NC 91950
City Zip Code

Telephone

Invoice # _____

Work Order # E 13346

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-133464 128

Date: 12-26, 19 96

From: Heath Funeral Home Address: 611 Highland Ave National City 91950

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

In full Payment of Interment of Claude Leroy Brandon

Lot 3456 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13346

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2536

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	105	00
Burial Containers	100 77182	55	00
	100	60	00
Handling Fee	77186		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

AC-212 (Rev. 5-94)

E-13346

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 90

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CLAUDE	LEROY	GRANDON	01/07/1906	12/13/1996	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	Clara E. Grandon - Wife 516 Paraiso Avenue 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
Heath Funeral Home,611 Highland Ave.,National City CA 91950	FD 807	▶ [signature]	12/17/1996

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	12 / 18 / 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)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego CA	11B. DATE BURIED 12/20/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Lomda Crematory, El Cajon CA	12B. DATE CREMATED 12/20/96	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.

1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-26-96

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

in a Double Depth (Type of Burial Container) Funeral, date, time Fri 12-27 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 $ 150.00 will be applied and billed to undersigned. X [signature]

Lot 178 Grave 7 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	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	23.78
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2168.23
Paid receipt number VISA	2168.23
Balance due	-0-

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

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

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

Signature of recorded holder of deed

X [signature]
Signature

X 3255 So. Tulare Ct
Address

X Denver, CO 80231
City Zip Code

X 303 752-2477
Telephone

Invoice # ____

Work Order # E 13347

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13347

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
Jasper	-	Hamilton	05/06/1912	12/23/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Burdia L. Hamilton, Wife 815 S. 38th 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]	12/26/1996

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/26/1996 [signature]	9618055 ▶

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 12/27/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-26-96

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

in a T.S. VAULT (Type of Burial Container) Funeral, date, time Tues 12-31 10:00

Church, Chapel, Graveside Chapel Graveside : Pacific Beach Mortuary.

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

Lot 2 Grave ____ Row ____ Section ____ Division/Block 10

Grave space & Care Fund Pre-Need E-3003	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number R-48143	874.38
Balance due	0

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

Mona Tiedale
448-3569

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

228949

Mona L. Tiedale
Signature

P.O. BOX 711707
Address

SANTEE CA
City

92072-1707
Zip Code

619 448 3569
Telephone

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

Signature of recorded holder of deed

Invoice # ____

Work Order # E 13348

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45143

Date: 12-30, 19 96

From: Mona L. Tisdale Address: P.O. BOX 711707 Santee, Ca. 92072

Eight hundred seventy four and 38/100 Dollars ($ 874.38)

In full Payment of Interment of Charles E. McNeil

Lot 2 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13348

BALANCE DUE Ø

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

200

AC-212 (Rev. 5-94)

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

ISSUED BY Catina M. Jungen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	38
TOTAL PAID	$	874	38

E-13348

APPLICATION 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	EDWARD	McNEIL	04/11/1906	12/25/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MONA L. TISDALE - CONSERVATOR P. O. BOX 711707 SANTEE, CA 92072-1707

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PACIFIC BEACH MORTUARY 4710 CASS STREET, SAN DIEGO, CA 92109	815	▶ Marcella Jensen	12/27/1996

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	12/27/1996	▶ [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 MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 12/31/96	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.

E-13348

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name and Address): 115428 TELEPHONE NO.: (619) 297-4800

☐ IF RECORDED RETURN TO:

LUANN C. BEBERMAN
BEBERMAN, STOFFEL & BEBERMAN
7676 Hazard Center Drive, Suite 850
San Diego, CA 92108

ATTORNEY FOR (Name): MONA L. TISDALE

FOR COURT USE ONLY

FILED
KENNETH E. MARTONE
Clerk of the Superior Court
MAR 05 1996
By: _____ Deputy

SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO

STREET ADDRESS: 220 W. Broadway
MAILING ADDRESS: 220 W. Broadway
CITY AND ZIP CODE: San Diego, California 92101
BRANCH NAME: CENTRAL

CONSERVATORSHIP OF (NAME): CHARLES McNEIL
a/k/a CHARLES EDWARD McNEIL

Conservatee

CASE NUMBER: P166 782

LETTERS OF CONSERVATORSHIP

[X] **Person** [X] **Estate** ☐ **Limited Conservatorship**

FOR RECORDER'S USE ONLY

STATE OF CALIFORNIA, COUNTY OF SAN DIEGO

1. [X] (Name): MONA L. TISDALE is the appointed
   [X] conservator ☐ limited conservator of the [X] person [X] estate of
   (name): CHARLES McNEIL
2. ☐ *(for conservatorship that was on December 31, 1980, a guardianship of an adult or of the person of a married minor)* (name):
   was appointed the guardian of the ☐ person ☐ estate by order
   dated: and is now the conservator of the
   ☐ person ☐ estate of (name):
3. ☐ Other powers have been granted or conditions imposed as follows:
   a. ☐ exclusive authority to give consent for and to require the conservatee to receive medical treatment that the conservator in good faith based on medical advice determines to be necessary even if the conservatee objects, subject to the limitations stated in section 2356 of the Probate Code.
      ☐ This treatment shall be performed by an accredited practitioner of the religion whose tenets and practices call for reliance on prayer alone for healing of which the conservatee was an adherent prior to the establishment of the conservatorship.
      ☐ *(applicable only if the court order limits the duration)* This medical authority terminates on (date):
   b. ☐ powers to be exercised independently under section 2590 of the Probate Code as specified in attachment 3b *(specify powers, restrictions, conditions, and limitations)*.
   c. ☐ conditions relating to the care and custody of the property under section 2402 of the Probate Code as specified in attachment 3c.
   d. ☐ conditions relating to the care, treatment, education, and welfare of the conservatee under section 2358 of the Probate Code as specified in attachment 3d.
   e. ☐ *(for limited conservatorship only)* powers of the limited conservator of the person under section 2351.5 of the Probate Code as specified in attachment 3e.
   f. ☐ *(for limited conservatorship only)* powers of the limited conservator of the estate under section 1830(b) of the Probate Code as specified in attachment 3f.
   g. ☐ other *(specify)*:

SEAL

Dated: MAR 05 1996

Clerk, by _____, Deputy
E. CORDOVA-ZAMORA

[X] Number of pages attached: 0

(Continued on reverse)

This form may be recorded as notice of the establishment of a conservatorship of the estate as provided in section 1875 of the Probate Code.

Form Approved by the Judicial Council of California
Effective January 1, 1981
GC-350(81)

LETTERS OF CONSERVATORSHIP

CEB

E-13348

CONSERVATORSHIP OF (NAME): CHARLES McNEIL Conservatee	CASE NUMBER: P166 782

LETTERS OF CONSERVATORSHIP

AFFIRMATION

I solemnly affirm that I will perform the duties of [X] conservator [ ] limited conservator according to law.

Executed on (date): January 5, 1996 at (place) SAN DIEGO, CA

By Mona L. Tisdale
(Signature of appointee)
MONA L. TISDALE

CERTIFICATION

I certify that this document and any attachments is a correct copy of the original on file in my office, and that the letters issued to the person appointed above have not been revoked, annulled, or set aside, and are still in full force and effect.

Dated: APR 0 8 1996

Clerk, by Regina D. Lindsey, Deputy
REGINA D. LINDSEY

SEAL

CEB

Pre need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-26-96

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

in a liner (Type of Burial Container) 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. _____

Lot B Grave 2 Row _____ Section 3 Division/Block 1

Grave space & Care Fund ..... Pre-Need B-6519	~~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-49142	769.73
Balance due	~~0~~

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

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

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

_____
Signature of recorded holder of deed

Signature See attached letter

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 13349

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13349 48142

Date: 12-30, 19 96

From: Helen H. Nicholson Address: 5351 Ogden Street San Diego 92105

Seven hundred sixty nine & 73/100 Dollars ($ 769.73)

In full Payment of Pre-need Trust

Lot 8 Grave 2 Row Section 3 Division Block

Invoice No.

Acct. No.

W.O. E-13349

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
4163

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

ISSUED BY S. Sheridan

CREDIT		
20% Sales Care	67007 77164	
80% Sales of Lots	100 77164	
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

AC-212 (Rev. 5-94)

E-13349
Dec. 22, 1996

Dear Sir:

In mid November I phoned you to find if I could pay now for the opening & closing of my grave when I die, including the liner and handling the tap and the recording which you told me I could, & the total would be $769.73. Therefore I am enclosing a check for this total amount to take care of this.

The location of the grave is: Lot 8, Grave 2, Section 3, Division 1. I have a Deed as you also have that was recorded at the Recorder's office.

If you have any questions you can phone me after 12 Noon, as I am not available to my phone until then. My # is 582-6013.

Sincerely,

Helen (Hubbard) Nichols

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-27-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thelma B. Logan

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time Mon 12-30 1:30

Church/Chapel/Graveside chapel & graveside Ragsdale Mortuary.

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

will be applied and billed to undersigned. X Elizabeth M. Bowker

Lot 56 Grave 7 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund 20=179 80=205	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2,044.45
Paid receipt number m/c/48137	311.00
Balance due	1,733.45

PAID IN FULL 2-5-97

30 day note

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.

OVER

BAL 1533.45

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

Signature of recorded holder of deed

X Elizabeth M. Bowker
Signature

X 3399 Ursula Sh. #10
Address

X Los Angeles Ca. 90008
City Zip Code

X 213-296-5801
Telephone

Invoice # 278199

Work Order # E 13350

Acct. # 091099

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

1533.45 sent to Treasurer 2-5-97

Balance 0

MT. HOPE CEMETERY

W.O. # E-13350

NOTE

$ 1,533.45 San Diego, California December 27 19 96

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand five hundred thirty three & 45/100 DOLLARS with interest from January 30, 1997 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 Elizabeth M. Booker SIGNATURE X Elizabeth M. Booker

ADDRESS X 3939 Ursula STR # 10 Los Angeles

CALIFORNIA DRIVER LICENSE NUMBER X D2506029 SSN # X 561-44-7308

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13350 4 137

Date: 12/27, 1996

From: Thelma Logan Address: 3939 Ursula Street #10 LosAngeles CA

Two hundred 00/00 Dollars ($ 200.00)

In Part Payment of Interment of Thelma Logan

Lot 56 Grave 7 Row Section 2 Division Block 13

Invoice No.

Acct. No.

W.O. E-13350

BALANCE DUE 1533.45

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

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

ISSUED BY Penny Bak

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

AC-212 (Rev. 5-94)

E-13350

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

59

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Thelma	Bell	Logan	07/12/1937	12/20/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	Los Angeles	Elizabeth Booker, Sister 3939 Ursula St. #10 Los Angeles, CA 90008

7A. TYPED NAME AND ADDRESS OF 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	Arthur Williams	12-26-96

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	12/27/1996	[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
Los Angeles County; 313 N. Figueroa St; Los Angeles, CA 90012	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 12/31/96	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.

E-13350

NO	DATE	NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	OPER	BN/EQ	FACILI	AMOUNT	APPLIED		BALANCE
278199	12/30/96	091099	ELIZABETH	BOOKER				02/05/97	CA	E-13350	1,533.45	1,533.45		0.00
			100	072		77181	000072				375.00		PAID IN FULL	
	E-13350		100	072		77182	000072				380.00			
			100	072		77183	000072				45.00			
			100	072		77184	000072				205.00			
			100	072		77185	000072				320.00			
			60101			78390					29.45			
			67007			77184					179.00			

Pre Need Trust for

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/27/96

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

in a Ash Vault (Type of Burial Container) 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. _____

Lot 15 Grave 7 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	Pre Need E129173	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-48136	269.26
Balance due		0

PAID
DEC 27 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 Anthony W Charles
Signature

X 5127 COSAN AVE
Address

X SAN DIEGO CA 92114
City Zip Code

X 264-9184
Telephone

Invoice # _____

Work Order # E 13351

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-27-96

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

in a Liner (Type of Burial Container) Funeral, date, time Mon. 12-30 10:00

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. S.a.

5251 Ra

Lot 260 Grave 8 Row _____ Section 2 Division/~~Block~~ 10 ~~12~~

Grave space & Care Fund	S.a. 1095.00	~~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	paid in full.	
Recording and filing fee		45.00
Sales taxes	S.a.	14.73
Total Due	1864.73	~~1,564.73~~
Paid receipt number	48139 1864.73	~~1,564.73~~
	48140 Balance due	0

PAID
DEC 27 1996
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

Signature of recorded holder of deed

Susana Alonso
Signature

4254 Manzanita Dr
Address

San Diego Cal 92105
City Zip Code

282 6206
Telephone

Invoice # _____

Work Order # E 13352

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

4 140

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12-27, 19 96

From: Susana Alonso Address: 4254 Manzanita Dr. S.D. 92105

Three hundred and no/100 Dollars ($ 300.00)

In full Payment of Interment of Raquel Alonso
difference in price for lot

Lot 5251 Grave Row Section Division Block 1D

Invoice No.

Acct. No.

W.O. E-13352

BALANCE DUE

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

AC-212 (Rev. 5-94)

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

ISSUED BY Calina Duggan

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	240	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	$	300	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 139

Date: 12-27, 19 96

From: Raquel Alonso Address: 4254 Manzanita Dr. San Diego 92105

One thousand five hundred sixty four 9 73/100 Dollars ($ 1,564.73)

In full Payment of Interment of Raquel Alonso

Lot 260 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13352

BALANCE DUE 0

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

021

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	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76397	14	73
TOTAL PAID	$	1,564	73

E-13352

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

08

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
RAQUEL	-	ALONSO	10/25/1928	12/20/1996	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	SUSANA ALONSO-SISTER 4254 MANZANITA DR. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Merritt Bernard	12/30/1996

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	12/30/1996 J. BENYARD	9618157 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 12/30/96	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12-30-96

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

in a liner (Type of Burial Container) Funeral, date, time Thur 1-2 1:00

Church, Chapel, Graveside Chapel Graveside: Rosedale Mortuary.

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

Lot 103 Grave 3 Row ____ Section 2 Division/Block 11

Grave space & Care Fund 159 245	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-48155	391.00
Balance due	1173.73

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

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

Signature of recorded holder of deed

X Lynn M. Brown
Signature

X 244 Euclid Ave. #H
Address

X S.D. 92114
City Zip Code

X (619) 527-6408
Telephone

Invoice # 278503 1-6-97

Work Order # E 13353

Acct. # 091175

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-13353

NOTE

1173.73 San Diego, California 12-30 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 three 73/100 DOLLARS with interest from February 2, 1997 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 LYNN M. BROWN SIGNATURE X Lynn M. Brown

ADDRESS X 244 EUCLID AVE. #H

CALIFORNIA DRIVER LICENSE NUMBER X K0564585 SSN # X 546-68-4202

PY-1012 (11-89)

OFFICIAL RECEIPT

4 155

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-2, 19 96

From: Rosedale & Address: 5050 Federal Blvd San Diego 92105

Three Hundred Ninety One Dollars ($ 391.00)

In part Payment of Interment of Edward Mathew Dave

Lot 103 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E- 13353

BALANCE DUE 1173.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 9356

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shuttleton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77164	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

E-13353

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

50

USE BLACK 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
Edward	M	Dave	05/31/1946	12/24/1996	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	Lynn Brown, Friend 244 Euclid Ave. Apt. H 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 Mott; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Williams	12/30/1996

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	12/30/1996	9618198 ▶ Dwilliams

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 1-2-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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.

E-13353

278503	01/06/97	091125	LYNN M. BROWN			02/06/97 CA	300.00	1,173.73	873.73
E-13353			100	072	77181	000072	95.85		PARTIAL PAYMENT
			100	072	77182	000072	48.56		
			100	072	77183	000072	11.50		
			100	072	77184	000072	62.62		
			100	072	77185	000072	37.06		
			60101		78390		3.76		
			67007		77184		40.65		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/30/96

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

in a TS Vault (Type of Burial Container) Funeral, date, time Thur, Jan 9th 11:00 AM

Church, Chapel, Graveside Church/Graveside : Lewis Colonial Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 4491 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave Space & Care Fund ..... Pre Need D-139 0

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... Pre Need D-139 0

Burial Container ..... " 0

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due 0

Paid receipt number _____ _____

Balance due _____

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 Robert E. Peters
Signature

X Box 913
Address

X El Cajon, CA 92022
City Zip Code

X
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13354 ✓

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13354

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CHRISTINE	-	SOLOMOS	02/20/1890	12/27/1996	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	PETER PETROS - SON 140 CHAMBERLIN STREET EL CAJON, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL COJON,BLVD. SAN DIEGO, CA 92104	FD-480	▶	01/07/1997

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.

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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	01/07/1997	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 RT5,MARKET STREET, SAN DIEGO, CA 92113	11B. DATE BURIED 1/9/97	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.

8 chairs

CELIA RIBACK
(FULL BODY) ALREADY IN GRAVE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/31/96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul Riback (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time Wed, Jan 8 10:00AM

Church, Chapel, Graveside Graveside : Am Israel (GREG) Mortuary.

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

will be applied and billed to undersigned. _____

Lot 16 Grave 2 Row _____ Section MAS Division/Block L

Grave space & Care Fund Pre-Need E-3314/D5557 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 48158 269.26

Balance due -0-

RECEIVED
JAN 03 1997
MT. HOPE CEMETERY

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 Bruce Riback
Signature

X 3940 Oregon Ap #7
Address

X San Diego 92104
City Zip Code

X 619-692-4280
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13355

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13355 4 158

Date: 1-3, 19 97

From: Bruce Riback Address: 3940 Oregon St. 7 San Diego 92104

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Interment of Paul Riback

Lot 16 Grave 2 Row Section MAS Division Block L

Invoice No.

Acct. No.

W.O. E-13355

BALANCE DUE 0

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 S. Hackleton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
	100	60	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

E-13355

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
PAUL	PERRY	RIBACK	10/26/1922	12/30/1996	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	GARY RIBACK - SON 11471 OSOYOOS PLACE 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
AM ISRAEL MORTUARY 6316 EL CAJON BLVD SAN DIEGO CA 92115	FD-1320	▶	12/21/1996

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 103.76 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	12/31/1996	9618317 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY SAN DIEGOCCA 92102	11B. DATE BURIED 1/8/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY PACIFIC CREMATORIUM LAKE ELSINORE CA 92530	12B. DATE CREMATED 1/3/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 12/31/96

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

in a Liner (Type of Burial Container) Funeral, date, time Friday 1/3 1:30pm

Church, Chapel, Graveside Chapel Graveside Rosedale Mortuary

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

will be applied and billed to undersigned. X VF

Lot 124 Grave 8 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number	R-48145 391.00
Balance due	1173.73

RECEIVED
JAN 06 1997
MT. HOPE CEMETERY
paid in full

30 day 100

R-48180 1173.73

I hereby certify I am the X Vonnell Floyd of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Vonnell Floyd
Signature

X 3308 Chollas Pkwy
Address

X San Diego 92105
City Zip Code

X 229-1061
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13356

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-13356

NOTE

$ 1173.73 San Diego, California December 31 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 93/100 DOLLARS with interest from January 31, 1997 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 Vonnell Floyd SIGNATURE Vonnell Floyd

ADDRESS X 5308 Cholla Pkwy San Diego Ca 92105

CALIFORNIA DRIVER LICENSE NUMBER X V811 6640 SSN # X 563-23-1596

PY-1012 (11-89)

OFFICIAL RECEIPT

40180

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-6 19 97

From: Vonnell D. Floyd Address: 5308 Chollas Parkway S.D. 92105

One thousand one hundred seventy three & 73/100 Dollars ($ 1173.73)

In full Payment of Interment of Nellie Wickware

Lot 124 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-133516

BALANCE DUE Ø

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

AC-212 (Rev. 5-94)

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

ISSUED BY Carina Durgan

CREDIT	67007	159	00
20% Sales Care	77184		
50% Sales of Lots	100 77184	245	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

OFFICIAL RECEIPT

E-13356 4 145

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12/31 19 96

From: Vonnell D Floyd Address: 3308 Chollas Parkway S.D. Ca 92105

Three hundred ninty one 00/100 Dollars ($ 391.00)

In Part Payment of Interment of Nellie Wickware

Lot 124 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13356

BALANCE DUE 117373

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 318

AC-212 (Rev. 5-94)

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

ISSUED BY Larry Oak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	391	00

E-13356

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

63

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Nellie	Virginia	Wickware	11/06/1933	12/30/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Joe Wickware, Husband 2529 "J" 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	▶ Debbie Williams	12/31/1996

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	01/02/1997	9700038 ▶ 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 1-3-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman S 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 12-31-96

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

in a T.S. vault (Type of Burial Container) Funeral, date, time Thur 1-2 11:00 Jeanette

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 TMB

✓ 4872 TMB

Lot ~~5125~~ Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	~~Free~~ TMB 995.00	~~1195.00~~
Additional spaces and care fund	199 279	
Opening/Closing & Setup		375.00
Burial Container		250.00
Handling Fees	paid in Full 2-26-97	185.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes	TMB 1,869.38	19.38
30 day note — Total Due		~~2,069.38~~
Paid receipt number R-48146		517.00
Balance due	TMB 1352.38	~~1,552.38~~

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 TMBoyd
Signature

X 7757 LATROBE CIR
Address

X SAN DIEGO 92139
City Zip Code

X 4797757
Telephone

Invoice # 278509 1-6-97

Acct. # 091124

Work Order # E 13357

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E- 13357

NOTE

$ 1,352.38 San Diego, California December 31 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 fifty two & 38/100 DOLLARS with interest from February 3, 1997 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 THOMAS BOND SIGNATURE X T Bond

ADDRESS X 7257 LATROBE CIR SAN DIEGO, CA 92139

CALIFORNIA DRIVER LICENSE NUMBER X N0395864 SSN # X 462-84-2138

PY-1012 (11-89)

OFFICIAL RECEIPT

4 146

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12-31, 19 96

From: Thomas Boyd Address: 7257 Latrobe Circle San Diego 92139

Five hundred seventeen and no/100 Dollars ($ 517.00)

In part Payment of Interment of Diana Boyd.

Lot ~~5125~~ 4872 TMB Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-13357

BALANCE DUE ~~1,552.38~~
TMB 1,352.38

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
2564

AC-212 (Rev. 5-94)

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

ISSUED BY Mona Ingem

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	517	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	$	517	00

E-13357

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 46

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
DIANA	PAULETTE	BOYD	09/24/1950	12/25/1996	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
NATIONAL CITY	SAN DIEGO	THOMAS H. BOYD-HUSBAND 7257 LA TROBE CIRCLE 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]	12/31/1996

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	12/31/1996 M. MITCHELL	9618274 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 1-2-97	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

Pre Need Lot + Trust for:

Date 12/31/96

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

in a T.S. Vault (Type of Burial Container) 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. _____

Lot 146 Grave 6 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1869.38
Paid receipt number 48147	500.00
Balance due	1369.38

Purchase Cancelled 2/28/03

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

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

_____
Signature of recorded holder of deed

Gwendolyn L. Jones
Signature

1050 Armacost Rd.
Address

San Diego 92114
City Zip Code

619 466-0657
Telephone

Invoice # _____

Work Order # E 13358

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

UNITED STATES POSTAL SERVICE

SAN DIEGO CA 92117 PM

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Print your name, address, and ZIP Code in this box •

MHC
3751 Market St
San Diego Ca 92102

E-13358

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:

Gwenddyn Jones
10556 Amaret Rd
San Diego California

4a. Article Number

Z 294 074 352

4b. Service Type

☐ Registered ☑ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

8/7/98

5. Received By: *(Print Name)*

6. Signature: *(Addressee or Agent)*

X Edna M. T. Avalos

8. Addressee's Address *(Only if requested and fee is paid)*

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

PS Form **3811**, December 1994 102595-97-B-0179 Domestic Return Receipt

E-13358

JONES, GWENDOLYN 1050 Armacost Road San Diego, CA 92114

12-31	96	Pre-need Lot and Trust Opened 146-6-1-11	995.00		
		Pre-need Trust includes: (1) Opening/Closing, (1) T.S. Vault, (1) Handling Fee, (1) Recording Fee, Tax on Vault	874.38		1,869. 38
12-31	96	R-48147		500.00	1,369. 38
2/13/97		R-48296 [redacted] Coupon		57.00	1312.38
3/4/97		Coupon #2, Receipt #48358		57.00	1255.38
4-21/97		pn #3 Receipt #48489		57.00	1198.38
6-9	97	Cpn 4&5 " 48679		114.00	1084.38
				pd 785.00	

2-28-03 purchase cancelled

JONES, GWENDOLYN

E-13358

Z 294 074 352

US Postal Service

Receipt for Certified Mail

No Insurance Coverage Provided.

Do not use for International Mail *(See reverse)*

Sent to Gwenddyn Jones	
Street & Number 10510 Armacost Rd	
Post Office, State, & ZIP Code S.D. Ca 92114	
Postage	$ 32
Certified Fee	1.35
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	IND
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	$ 2.77
Postmark or Date	

SAN DIEGO USPS

PS Form 3800, April 1995

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust E-13358

Gwendolyn Jones
1050 Armacost Rd.
San Diego, CA 92114
(146-6-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above: $ 57.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust E-13358

Gwendolyn Jones
1050 Armacost Rd.
San Diego, CA 92114
(146-6-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 57.00

Amount due if paid more than _____ days after due 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 E-1335[

Gwendolyn Jones

1050 Armacost Rd.

San Diego, CA 92114

(146-6-1-11[

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. $ 57.00

Amount due if paid more than _____ days after due 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 & TrusteE-1335

Gwendolyn Jones
1050 Kinnacost Rd.
San Diego, CA 92114
(146-6-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. $ 57.00

Amount due if paid more than _____ days after due 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 E-13351

Gwendolyn Jones
1050 Armacost Rd.
San Diego, CA 92114
(146-6-1-11)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 57.00

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

E-13358 4 147

MOUNT HOPE CEMETERY
527-3400

Date: 12/31, 19 96

From: Gwendolyn Jones Address: 1050 Armacost Rd, SD 92114

Five Hundred and 7%/100 Dollars ($ 500.00)

In Payment of Pre-Need Lot + Trust for Gwendolyn Jones

Lot 146 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-13358

BALANCE DUE $1369.38

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

AC-212 (Rev. 5-94) #1533

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

ISSUED BY J. Waite

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	500	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	500	00

OFFICIAL RECEIPT

4 296

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2/3, 19 97

From: Gwendolyn Jones Address: 1050 Aerocast Rd. SD CA 92114

Fifty Seven Dollars ($ 57.00)

In Part Payment of Pre Need Lot Trust

Lot 146 Grave 6 Row — Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-13358

BALANCE DUE 1312.38

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 Margaret [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	57	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	$	57	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

E-13358 43353

MOUNT HOPE CEMETERY
527-3400

Date: 3/7, 19 94

From: Gwendolyn Jones Address: 1250 Cardiff Rd. 92114

Safety-Sidewalk No/no Dollars ($ 57.00)

In Payment of Pre-Need Lot + Trust

Lot 146 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-13358

BALANCE DUE $1255.38

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

AC-212 (Rev. 5-94) 4756

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

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	57	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	$	57	00

OFFICIAL RECEIPT

45480

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-21, 19 97

From: Gwendolyn Jones Address: 1050 Aromacot Rd S.D CA 92114

Fifty seven 00/100 Dollars ($ 57.00)

In Part Payment of Pre Need Lot Trust

Lot 146 Grave 6 Row Section -1 Division Block 11

Invoice No.

Acct. No.

W.O. E-13358

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 4147

AC-212 (Rev. 5-94)

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

ISSUED BY Rosyntak

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	57 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	$	57 00

OFFICIAL RECEIPT

4567

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-9, 19 97

From: Ewendolyn Jones Address: 1050 Armacost Lead Rd. S.D. 92114

One hundred fourteen and no/100 Dollars ($ 114 00)

In part Payment of pre-need lot and trust

Lot 146 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-13358

BALANCE DUE 1084.38

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

4643

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Avacione

CREDIT	67007	114	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	$	114	00

THE CITY OF SAN DIEGO

Mt. Hope Cemetery
Real Estate Assets
3751 Market Street • San Diego, California 92102

E-13358

CERTIFIED

Z 294 074 352

MAIL

Gwen[illegible]olyn Jones
1050 [illegible]macost Road
S[illegible] Di[illegible]o, CA. 92114

- Forwarding Order Expired
- Insufficient Address
- Moved, Left No Address
- Unclaimed ☐ Refused
- Attempted - Not Known
- No Such Street
- No Such Number

Route No. ____ Date ____
Carrier No. ____

RETURN TO SENDER UNDELIVERABLE ADDRESSED

NAME
1st Notice
2nd Notice 7-22
Return 8-1

N.R.
N.L
7-17-98

another letter sent regular mail 8/8/98

U.S. POSTAGE PHIL SAN DIEGO, CA 92112 JUL 16 '98 AMOUNT

$2.77

Sue- 12-31-96

Gwendolyn Jones did not receive the original paperwork. so voided the original and upgraded to a pre-need lot and trust. I did the paperwork.

E-13358

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

NOTICE OF CANCELLATION AND FORFEITURE

TO: Gwendolyn Jones

ADDRESS 1050 Armacost Road S.D 92114

You and are hereby notified that because of default in payments on the Agreement for the purchase of a pre need Lot 146, Grave 6, Row _____, Section 1, Block/Division 11 in Mt. Hope Cemetery, entered into on December31, 1996, 19 96 by and between Mt. Hope Cemetery and Gwendolyn Jones, 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 $1084.38

Dated this 14 Day of July, 1998.

City of San Diego
Mt. Hope Cemetery

By: Karyn Baker
Administrative Aide

E-13358

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

NOTICE OF CANCELLATION AND FORFEITURE

TO: Gwendolyn Jones

ADDRESS 1050 Armacost Road S.D 92114

You and are hereby notified that because of default in payments on the Agreement for the purchase of a pre need Lot 146, Grave 6, Row _____, Section 1, Block/Division 11 in Mt. Hope Cemetery, entered into on December31, 1996, 19 96 by and between Mt. Hope Cemetery and Gwendolyn Jones, 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 $1084.38

Dated this 14 Day of July, 1998.

City of San Diego
Mt. Hope Cemetery

By: Karyn Baker
Administrative Aide

E-13358

THE CITY OF SAN DIEGO

MT. HOPE CEMETERY

NOTICE OF CANCELLATION AND FORFEITURE

TO: Gwendolyn Jones

ADDRESS 1050 Armacost Road S.D 92114

You and are hereby notified that because of default in payments on the Agreement for the purchase of a pre need Lot 146, Grave 6, Row _____, Section 1, Block/Division 11 in Mt. Hope Cemetery, entered into on December31, 1996, 19 96 by and between Mt. Hope Cemetery and Gwendolyn Jones, 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 $1084.38

Dated this ~~14~~ 8 Day of ~~July~~ August, 1998.

City of San Diego
Mt. Hope Cemetery

By: Karyn Baker
Administrative Aide

E-B358

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

September 17, 1996

Gwendolyn L. Jones
1050 Armacost Rd.
San Diego, CA 92114

Re: Pre-Need Lot
Lot 146, Grave 6, Section 1, Division 11

Dear Mrs. Jones:

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 $249.00. Please make your check payable to Mt. Hope Cemetery. Your monthly payments will be $31.00 per month for 23 months. The 24th payment will be for $33.00. I will be sending you a coupon book for your payments and a copy of the contract. Your payments will start November 10, 1996. You may pay more than the $31.00 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

VOID

original missing

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PRE-NEED LOT

Date September 17, 1996

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

in a _____ (Type of Burial Container) 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. _____

Lot 146 Grave 6 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	995.00
Paid receipt number _____	249.00
Balance due	746.00

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 13188

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

center right

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/02/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lorraine L. Peterson (X) WED 2-12

in a Ash Vault (Type of Burial Container) Funeral, date, time ~~Feb 7 Friday~~ 10:00

Church, Chapel, Graveside Graveside ; Family Mortuary.

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

will be applied and billed to undersigned. WITNESS

Lot 71 Grave 1 Row _____ Section 4 Division/Block 7

Grave space & Care Fund ..... Pre Need E-B-3450 0

Additional spaces and care fund ..... _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases – Marker setting fee ..... _____

Recording and filing fee 4.00

Sales taxes 4.26

PAID
JAN 2 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 269.26

Paid receipt number VISA 269.26

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.

X [signature]
Signature

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

_____
Signature of recorded holder of deed

X 813 BEL ESPRIT CIR.
Address

X SAN MARCOS CA 92069
City Zip Code

X 619-744-4793
Telephone

Invoice # _____

Work Order # E 13359

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Father Frank Johnson
buried already

E-13359

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 76

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lorraine	Lillian	Peterson	03/07/1919	12/02/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Marcos	San Diego	Philip B.Wood- Son 813 Bel Esprit Circle San Marcos, CA. 92069

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
North County Cremation Service 635 N. Twin Oaks Valley Road #18 San Marcos, CA. 92069	FD1463	▶ Johnny Davis	12/04/1996

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	12/04/1996	9616826
	Johnny Davis ▶	

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [x] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY 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	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
		2-12-97	▶ [illegible]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cremation Services, Inc. 2570 Fortune Way, Vista, CA. 92083	12B. DATE CREMATED 12/5/96	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ S. W Schock
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION RES: Eldon E. Peterson, 813 Bel Esprit Circle, San Marcos, CA. 92069	15B. DATE OF DISPOSITION 12/5/96	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ [illegible]

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 1-2-96

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

in a T.S. Vault (Type of Burial Container) Funeral, date, time Mon 1-6 11:00

Church, Chapel, Graveside Chapel/Graveside Serra Colonial Mortuary.

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

✓ Lot 47 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Pre-Need D-6290	~~0~~
Additional spaces and care fund		—
Opening/Closing & Setup	125.00	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
Total Due		874.38
Paid receipt number R-48159		250.00
Balance due		624.38

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 Della L. Hamilton
Signature

X 2319 Poinsettia Dr
Address

X San Diego Calif 92106
City Zip Code

X (619) 226-7707
Telephone

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

_____
Signature of recorded holder of deed

Invoice # 278582

Work Order # E 13360

Acct. # 091145

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

E
W.O. # 13360

NOTE

$ 624.38 San Diego, California Jan 3 1997

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 Twenty Four & 38/100 DOLLARS with interest from Feb 7, 1997 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 Nilla R Hamilton SIGNATURE X Nila R. Hamilton

ADDRESS X 2319 Poinsettia Dr - San Diego Calif 92106

CALIFORNIA DRIVER LICENSE NUMBER X H0718830 SSN # X 557-60-1108

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 159

Date: 1-3, 19 97

From: Nilla Hamilton Address: 3321 Alice St. San Diego 92105

Two Hundred Fifty Dollars ($ 250.00)

In part Payment of Interment of Thelma Pate

Lot 47 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E- 13360

BALANCE DUE 624.38

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
8328

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shelton

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

E-13360

89

APPLICATION 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
THELMA	C.	PATE	12/11/1908	01/02/1997	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	Nilla Raye Hamilton - Daughter 2319 Poinsettia Drive San Diego, CA 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Lewis Colonial/Benbough Mortuary 3051 El Cajon Blvd. San Diego, CA 92104	FD 480	▶ M Cond	01/06/1997

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	01/06/1997	▶ [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 PO Box 85222 San Diego, CA 92186	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market Street San Diego, CA	11B. DATE BURIED 1/6/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-3-97

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

in a T.S. Vault (Type of Burial Container) 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. _____

Lot 53 Grave 2 Row _____ Section MAS Division/~~Block~~ S

Grave space & Care Fund Pre-Need A-1037	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup 1-7-97	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setup fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number R 48217	874.38
Balance due	~~0~~

PAID
OK 1955
JAN 21 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Rec: 1-7-97

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

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

_____
Signature of recorded holder of deed

X Vera R. Saunder
Signature

X 4436 LOUISIANA ST. #4
Address

X SAN DIEGO, CALIF. 92116
City Zip Code

X 619-287-1263
Telephone

Invoice # _____

Work Order # E 13361

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40217

Date: 1-21, 19 97

From: Vera Saunder Address: 4436 Louisiana St #4 San Diego 92116

Eight Hundred Seventy Four & 38/100 Dollars ($ 874.38)

In full Payment of Pre-Need Trust

Lot 53 Grave 2 Row Section MAS Division Block S

Invoice No.

Acct. No.

W.O. E-13361

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐ 1955

AC-212 (Rev. 5-94)

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

ISSUED BY D. Shirlston

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	874	38
Sales Tax	60101 78390		
TOTAL PAID	$	874	38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-3-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Webster De Priest Henchen

in a urn (Type of Burial Container) Funeral, date, time Wed 1-8 1:00

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

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

Lot 1130 Grave _____ Row _____ Section 3 Division/Block 8

Grave space & Care Fund	Pre-need E-8859	-0-
Additional spaces and care fund	"	
Opening/Closing & Setup	" E-8865	-0-
Burial Container	" "	-0-
Handling Fees	" "	-0-
Flower vases – Marker setting fee		—
Recording and filing fee	" "	—
Sales taxes	" "	-0-
Total Due		-0-
Paid receipt number		
Balance due		

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

Invoice # _____

Work Order # E 13362 Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13362

OWNER

James A. Blakey
2192 Harrison Ave
San Diego 92113
(619) 233-7245

James A. Blakey

E-13362

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

81

USE BLACK 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
WEBSTER	DE PRIEST	HINCHEE	10/31/1915	01/01/1997	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	DOROTHY WALLACE - NIECE 5412 ROSWELL SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON-RAGSDALE MORTUARY 5050 FEDERAL BLVD., SAN DIEGO, CA 92102	F-1329	▶ Yvonne Davis	01/07/1997

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	01/07/1997 Y. Davis	9700310 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1/8/97	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.

E-13362

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

No. 5907

State of CALIF.

County of SAN DIEGO

On 7 JAN 1997 (DATE) before me, ROBERTO E. ANDERSON, NOTARY (NAME, TITLE OF OFFICER - E.G., "JANE DOE, NOTARY PUBLIC"),

personally appeared JUNIOR A. BLAKE JR (NAME(S) OF SIGNER(S)),

☐ personally known to me - **OR** - ☑ proved to me on the basis of satisfactory evidence to be the person(~~s~~) whose name(~~s~~) is/~~are~~ subscribed to the within instrument and acknowledged to me that he/~~she/they~~ executed the same in his/~~her/their~~ authorized capacity(~~ies~~), and that by his/~~her/their~~ signature(~~s~~) on the instrument the person(~~s~~), or the entity upon behalf of which the person(~~s~~) acted, executed the instrument.

WITNESS my hand and official seal.

Robert E. [illegible]

SIGNATURE OF NOTARY

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

☑ INDIVIDUAL
☐ CORPORATE OFFICER

TITLE(S)

☐ PARTNER(S) ☐ LIMITED ☐ GENERAL
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER:

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

DESCRIPTION OF ATTACHED DOCUMENT

INTERLOCUTORY ORDER
TITLE OR TYPE OF DOCUMENT

1
NUMBER OF PAGES

1-3-97
DATE OF DOCUMENT

NONE
SIGNER(S) OTHER THAN NAMED ABOVE

©1993 NATIONAL NOTARY ASSOCIATION • 8236 Remmet Ave., P.O. Box 7184 • Canoga Park, CA 91309-7184

E-13362

1438 University Ave.
San Diego, CA 92103

A Notary on the Go

Phone
(619) 298-5250

Bob Anderson
Traveling Notarial Service

Received From: _____ Date: 7 JAN 97

Travel Fee: $ 21.—

Notary Charge Per Signature: $ 10.00 X Number of Signatures 1 = $ 11.—

Cash ☐

Check ☑

Miscellaneous Charge: $.

TOTAL: 32.—

Make Check Payable to:

Bob Anderson
1438 University Avenue
San Diego, CA 92103-3405

Thank you,

Bob

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/6/96

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

in a Liner (Type of Burial Container) Funeral, date, time Jan 8, Wed 2:00 pm

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.

will be applied and billed to undersigned. HAB

Lot 130 Grave 8 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-48162	1564.73
Balance due	0

RECEIVED
JAN 06 1997
MT. HOPE CEMETERY

Herbert

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

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

Signature of recorded holder of deed

X Herbert A Breneman
Signature

X 4026 3rd St
Address

X San Diego Ca 92114
City Zip Code

X 2635207
Telephone

Invoice # _____

Work Order # E 13363

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

E-13363 45162

MOUNT HOPE CEMETERY
527-3400

Date: 1-6, 1997

From: Herbert Breneman Address: 407 63rd St. San Diego 92114

One thousand five hundred sixty four & 73/100 Dollars ($ 1564.73)

In full Payment of Interment of Robert Breneman

Lot 130 Grave 8 Row Section 3 Division Block 11

Invoice No.

Acct. No.

W.O. E-13363

BALANCE DUE -0-

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

AC-212 (Rev. 5-94)

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

ISSUED BY D. Shirkillon

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1564	73

E-13363

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 60

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROBERT	LEWIS	BRENEMAN	07/31/1936	01/03/1997	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	HERBERT A. BRENEMAN - BROTHER 402 63RD STREET, SPACE 59 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
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD-941		01/06/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 01/08/1997	9700381

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
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 1/8/97	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 1-6-96

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

in a liner (Type of Burial Container) Funeral, date, time Wed 1-8 11:00

Church, Chapel, Graveside Graveside : Erickson Anderson Mortuary

All Funeral cars must 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

Lot 138 Grave 4 Row ____ Section 1 Division/Block 11

Grave space & Care Fund 20= 179 80= 30	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 on Account 168	416.00
Balance due	1248.73

Balance 7/8/98 $1443.65 as of 8/3/98

PAID 4754 8-28-98 PAID IN FULL PER MIKE VOGL

MOUNT HOPE CEMETERY

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 Chard Lawless
Signature

X 6021 SAN YUBA
Address

X Buena Park 90620
City Zip Code

X
Telephone

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

Signature of recorded holder of deed

Invoice # 279031

Work Order # E 13364

Acct. # 091194

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY W.O. # E-13364

NOTE

$ 1664.73 San Diego, California 1-6 19 97

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand two hundred sixty eight 100 DOLLARS with interest from Feb. 9, 1997 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 CHARLES LAWLESS SIGNATURE Charles Lawless

ADDRESS 8021 SAN YUBA

CALIFORNIA DRIVER LICENSE NUMBER N0950746 SSN # 572922880

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13364 4 168

Date: 1-6, 19 97

From: Charles Lawless Address: 6021 San Pedro Rancho Park 90620

Four Hundred Sixteen Dollars ($ 416.00)

In part Payment of Interment of Carol Lawless

Lot 138 Grave 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-13364

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 S. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	416	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	416	00

E-13364

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 64

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CAROLINE	-	LAWLESS	06/12/1932	01/05/1997	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	CHARLESSLAWLESS - SON 6021 SAN WUBA BUENA PRRK, CA. 90620

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
ERICKSON-ANDERSON MORTUARY 8390 ALLIGON AVE LA MESA, CA. 91941	fd296

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Josh Anderson	01/07/1997

PERMIT AUTHORIZATION OF LOCAL REGISTRAR ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	01/08/1997 T. UNDERWOOD	9700382 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA. 92102	11B. DATE BURIED 1/10	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.

1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/7/97

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

in a Double Depth (Type of Burial Container) Funeral, date, time Friday Jan 10 3:00 pm

Church, Chapel, Graveside Graveside Only ; Lewis Colonial Mortuary.

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

will be applied and billed to undersigned. X FSD

Lot 732 Grave _____ Row _____ Section 5 Division/~~Block~~ 8

Grave space & Care Fund ..... Pre Need B-5051	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees ..... paid in full	32.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	1149.45
Paid receipt number R- 48185	1149.45
Balance due	0

RECEIVED
JAN 07 1997
MT. HOPE CEMETERY

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

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

_____
Signature of recorded holder of deed

X Ruth A Bonham
Signature

X 3450 MONROE
Address

X SAN DIEGO
City Zip Code

X 281-6731
Telephone

Invoice # _____

Work Order # E 13365

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

E-13365 4 1 1 5

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1/7, 19 97

From: Ruth M Voegele Address: 11044 S Lombard Chicago Ridge IL 60415

One thousand one hundred forty nine 45/100 Dollars ($ 1149.45)

In Full Payment of Interment of Edith Bonham

Lot 732 Grave — Row — Section 5 Division Block 8

Invoice No.

Acct. No.

W.O. E-13365

BALANCE DUE —

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
3386

AC-212 (Rev. 5-94)

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

ISSUED BY Kaufdk

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	350	00
Handling Fee	100 77185	350	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	24	45
TOTAL PAID	$	1149	45

E-13365

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
EDITH	EVELYN	BONHAM	05/25/1917	01/06/1997	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	RICHARD STANLEY BONHAM - HUSBAND 3430 MONROE AVENUE 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
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD. SAN DIEGO, CA 92104	FD-480	▶ [signature]	01/09/1997

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	01/09/1997	▶ [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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 1-10-97	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

Transfer of Pre-Need Lot

Date 1-8-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of to: Rev. Wesley Allen

in a _____ (Type of Burial Container) 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. _____

Lot 1073 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number R-48186	45.00
Balance due	0

PAID
JAN 08 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Date on deed from Transfer fee of lot

to Rev. Wesley Allen

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

1022 HELIX VILLAGE DRIVE
Address

EL CAJON, CA 92020
City Zip Code

461-0581
Telephone

Invoice # _____

Acct. # _____

Work Order # E 13366

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13360
12/9/1967

3406

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Alta C. McLalan for the sum of $ 185.00 (DOLLARS)

LEGAL DESCRIPTION Lot 1023 Section 1 Division 8

AS DESCRIBED ON PURCHASE ORDER NUMBER C-5184

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:

2' x 1' FLUSH MARKER ONLY

R. W. Dehne /RCC
Cemetery Manager

Eric Quantz
Public Works Director

FORM PW-584

E-13366

Bus. (619) 579-9456
FAX: (619) 444-1705

(619) 461-0581
Home

Cemetery Services Agency

Discount Sales
Lots and Crypts

FRED ZARSE
Cemetery Broker

P.O. Box 643
La Mesa, CA 91944-0643

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45136

Date: 1-8, 1997

From: Fred Garcia Address: P O Box 643 La Mesa 92020
Holy Line

Dollars ($ 45.00)

In 1023 Payment of Transfer of Lot from Otto McLain to Rev. Wesley Allen

Lot Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-15366

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

E-13366

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That

ALTA C. McLALIN

The undersigned (jointly and severally if more than one), hereby makes, constitutes and appoints FREDRIC E. ZARSE , a licensed and bonded cemetery broker in the State of California, his true and lawful attorney for him and his name, place and stead and for his use and benefit to perform and sign in his place in all matters pertaining to the sale, disposal, use, or to give burial rights to any other party or parties to that certain parcel of cemetery property described as follows:

MOUNT HOPE
LOT 1023 SEC 1
Division 8

GIVING AND GRANTING unto his said attorney full power and authority to do and perform all and every act and thing whatsoever requisite, necessary , or appropriate to be done in and about the premises as fully to all intents and purposes as he might or could do if personally present, hereby ratifying all that his said attorney shall lawfully do or cause to be done by virtue of these presents.

Wherever the context so requires, the masculine gender includes the feminine and/or neuter, and the singular includes the plural.

Signature

X alta C. McLalan
Signature

State of Colorado County of Fremont

On January 11 ,1996 before me, the undersigned, a Notary Public in and for said State personally appeared

Brenda L Jackson
Signature

Commission exp. 12/20/97

X Personally known to me (or proved to me on the basis of satisfactory evidence), to be the person/s whose name/s is/are subscribed to the within instrument and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal .

Notary Public In and For Said State

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/7/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 1209388 96-1886

in a Urn (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; ADA Mortuary.

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

will be applied and billed to undersigned.

Lot Grave Row Section Division/~~Block~~

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

Katherine Howard

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

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

Signature of recorded holder of deed

Mar 6/21 P.O. office

Signature

Address

City Zip Code

Telephone

Invoice #

Work Order # E 13367

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Called ADA on 3/24 (again)
Re this P.A.
was told homicide has taken skull
They do not know when burial will be

E-13367

Mary

694-2318

1209558

Store 1

ME 96-1886

Cancelled
per P.A office
6/1/97

84

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/9/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Estella White 11:00 AM

in a liner (Type of Burial Container) Funeral, date, time Thur, Jan 16, 1997

Church, Chapel, Graveside Church/Graveside: CA Burial Mortuary. Jeannette

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 C.C.

Lot 108 Grave 2 Row ____ Section 3 Division/Block 12

Grave space & Care Fund 20=159 80=245	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.23
Paid receipt number R-48201	391.00
Balance due	1173.73

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.

X Cretha Owens
Signature

X 3605 Shore St #104
Address

Pacific Shore, Ca
City Zip Code

619-461-2388
Telephone

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

Signature of recorded holder of deed

see attached note

Work Order # E 13368

Invoice # 280007 280249

Acct. # ~~091233~~ 091315

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13368. 1-27-1997

The original invoice #
280249 and account
091315 was billed
to the wrong address.
It had to be deleted.
Reissued a new invoice

Catina Jurgen

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13368 48201

Date: 1-13, 19 97

From: New creation Church Address: PO Box 884 Lemon Grove 91946

Three Hundred Ninety One Dollars ($ 391.00)

In part Payment of Interment of Estella White

Lot 108 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13368

BALANCE DUE 1173.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 369

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	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	391	00

E-13368

APPLICATION 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
ESTELLA	-	WHITE	09/27/1912	01/09/1997	FEMALE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LEMON GROVE	SAN DIEGO	ORETHA OWENS--DAUGHTER 3605 GROVE AVE. #104 LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	Jim Walker	01/15/1997

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	01/15/1997 K. WALKER	▶ 9700865

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO,CA 92102	11B. DATE BURIED 1-16-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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 1-9-97

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

in a Liner (Type of Burial Container) Funeral, date, time Fri 1-10 1:30

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

Lot 47 Grave 8 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	20=179 80=300	895.00
Additional spaces and care fund		
Opening/Closing & Setup	PAID 4-17-97	375.00
Burial Container	PER TREASURER'S	190.00
Handling Fees	OFFICE	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-48195		416.00
Balance due		1,248.73

30 day note

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.

X [signature]
Signature

X 3926 60th St #174
Address

X SD CA 92115
City Zip Code

X 619 287-[illegible]
Telephone

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

Signature of recorded holder of deed

Invoice # 279033

Work Order # E 13369

Acct. # 091193

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-133169

NOTE

$ 1248.73 San Diego, California January 9 19 97

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 February 10, 1997 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 Sheila N Tinker SIGNATURE X [illegible]

ADDRESS X 3954 60th St #mn

CALIFORNIA DRIVER LICENSE NUMBER X M413 8786 SSN # X 552-94-2994

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

42195

Date: 1-9 19 97

From: Sheila Jenkins Address: 3926 60th St. #177 S.D. 92115

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

In part Payment of Interment of Burnell Watson

Lot 47 Grave 8 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-133369

BALANCE DUE 1,248.73

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

3007

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jungin

CREDIT 20% Sales Care	67007 77184	416	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	416	00

E-13369

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
BURNELL	-	WATSON	01/14/1927	01/04/1997	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	SHEILA A JENKINS-NIECE 3926 60TH ST #177; SAN DIEGO CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
ANDERSON/RAGSDALE MORTUARY;5050 FEDERAL BL SAN DIEGO, CA 92102	F-1329	▶ [signature]	01/08/1997

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	01/08/1997	9700391 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY; 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 1-10-97	11C. SIGNATURE OF PERSON IN CHARGE OF F ▶ [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 1-9-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carol Anderson PA# 1209167

in a Liner (Type of Burial Container) Funeral, date, time TUES. 1-21 10:00

Church, Chapel, Graveside delivery only . 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. _____

Lot 26 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

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

paid on bill U-3697

Katherine Howard

Paid receipt number invoice 386.00

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 280121

Acct. # 000952

Work Order # E 13370

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

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-13370

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 6-3-97
BY: CA CK IF
PAYMENT REF NO 04-358785 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
01/23/97	02/22/97	DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13370
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
CAROL ANDERSON PA#1209167 SVCS	
LOT 26 GR 3 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. 280121

AC-22 (REV 10/96)

E-13370

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND 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
CAROL	-	ANDERSON	01/31/1939	01/06/1997	F

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUD MORTUARY 3051 EL CAJON BLVD. SAN DIEGO,CA 92104	FD-480	▶ [signature]	01/17/1997

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	01/17/1997	▶ [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 STREET, SAN DIEGO,CA 92102	11B. DATE BURIED 1/21/97	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 1/10/97

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

in a Liner (Type of Burial Container) Funeral, date, time Mon, Jan 13th 2:00pm

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

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

will be applied and billed to undersigned. X WHA

✓ Lot 1023 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund ..... Pre Need E-133166 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-48200 769.73

Balance due 0

PAID
JAN 10 1997
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

X Wesley H. Allen
Signature
6928 Benson Ave
Address
X San Diego, Ca. 92114
City Zip Code
X 619 - 262-9725
Telephone

Invoice # _____

Work Order # E 13371

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 200

Date: 1/10, 19 97

From: Marlin Danielly Address: 2942 L. St. San Diego 92102

Seven hundred sixty nine and 73/100 Dollars ($ 769.73)

in full Payment of Interment of Verona Culby

Lot 1023 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-13371

BALANCE DUE Ø

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

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Durgin

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

E-13371

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
Vervona	J	Curby	10/12/1917	01/06/1997	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	San Diego	Frank Eckles, Uncle 7121 Skyline Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Delta Wallace	01/09/1997

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7037b of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/13/1997	9700661 ▶ 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 1-13-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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.

Transfer of ~~Reserved~~ Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date ~~12~~ 1/10/97

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

in a _____ (Type of Burial Container) 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. _____

Lot 246 Grave 4 Row _____ Section GAR Division/~~Block~~ 2

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

From Hazel Hurt

Andy Craig
9307 Tomiko Ct
La Mesa CA 91941

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

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

_____
Signature of recorded holder of deed

X Andy Craig
Signature

X 9307 Tomiko Ct.
Address

X La Mesa CA 91941
City Zip Code

X 460-0123
Telephone

Invoice # _____

Work Order # E 13372

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Mrs. Hurts passed approximately
~~1988.~~ Her Daughter Ardys Craigo
1981
Ardys Craig

Oct 26th
Buried Avon Park, Canada

E-13372

RECORDING REQUESTED BY

AND WHEN RECORDED MAIL THIS DEED AND, UNLESS OTHERWISE SHOWN BELOW, MAIL TAX STATEMENTS TO:

NAME
STREET ADDRESS
CITY, STATE
ZIP

Title Order No. _____ Escrow No. _____

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX $_____
☐ computed on full value of property conveyed, or
☐ computed on full value less value of liens and encumbrances remaining at the time of sale.

Signature of Declarant or Agent Determining Tax — Firm Name

THE UNDERSIGNED GRANTOR(s) DECLARE(s) FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged, hereby remise, release and forever quitclaim to Ardy Craig

the following described real property in the County of San Diego, State of California:

Assessor's parcel No. Lot 246, Grave 4, Section GAR, Division 2 Mount Hope Cemetery

Executed on December 17, 1981, at Calgary, Alberta, Canada (City and State)

Adelaide G Hanna

Executors of the Will of Hazel Edith Hurt, deceased

~~STATE OF CALIFORNIA~~ Province of Alberta Canada
~~COUNTY OF~~ _____ } ss.

On December 17, 1981 before me, the undersigned, a Notary Public in and for said ~~State~~ Province, personally appeared Adelaide Genevieve Hanna and Charles Stephen Hanna

_____, known to me to be the person s whose name s subscribed to the within instrument and acknowledged that they executed the same.

WITNESS my hand and official seal.

Signature _____ ROY VICTOR DEYELL

(This area for official notarial seal)

MAIL TAX STATEMENTS TO _____
NAME ADDRESS ZIP

WOLCOTTS FORM 790, Rev. 1-81
QUITCLAIM DEED

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

©1981 WOLCOTTS, INC.

82

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

TOP
William Owens Jr.
on Bottom

Date 1-13-97

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

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time Thur 1-16 10:00

Church, Chapel, Graveside Graveside ; Rosedale Mortuary. alive

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

will be applied and billed to undersigned. _____

Lot 19 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	Pre-Need E-7418	0
Additional spaces and care fund		—
Opening/Closing & Setup		375.00
Burial Container	E-7418	
Handling Fees		0
Flower vases – Marker setting fee		—
Recording and filing fee	E-7418	45.00
Sales taxes		
Total Due		420.00
Paid receipt number	R-48213	420.00
Balance due		0

PAID
JAN 16 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

X Charles Owens
Signature

X 1738 Stearns R
Address

X LA CA 90035
City Zip Code

X 1-213-931-7750
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13373 ✓

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

4 136

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12/27, 19 96

From: Tony Charles Funeral Chapel Address: 5127 Logan Ave, San Diego Ca 92114

Two hundred sixty nine 26/00 Dollars ($ 269.26)

In Full Payment of the Need Interment for Eunice Charles

Lot 15 Grave 17 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O.

BALANCE DUE R-12973 Ø

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

AC-212 (Rev. 5-94)

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

ISSUED BY Karen Bell

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	269	26
Sales Tax	60101 78390		
TOTAL PAID	$	269	26

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 213

Date: 1-16, 19 97

From: Charles Owens Address: 1738 Stearns Dr. Los Angeles 90035

Four Hundred Twenty Dollars ($ 420.00)

In full Payment of Interment of Lillian Owens

Lot 19 Grave 7 Row Section 1 Division Block R

Invoice No.

Acct. No.

W.O. E-13373

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1856

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shchetke

CREDIT	67007		
20% Sales Cars	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-13373

APPLICATION 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
LILLIAN	M.	OWENS	05/20/1914	01/10/1997	FE

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LOS ANGELES	LOS ANGELES	CHARLES OWENS-SON 1738 STEARNS DRIVE LOS ANGELES, CALIF. 90035

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SPALDING MORTUARY 3045 SO. LA BREA L.A. CA.	FD1121	▶ [signature]	01-14-1997

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	01/15/1997	▶ [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
313 NORTH FIGUEROA ST. L.A. CA.	1700 PACIFIC HWY SAN DIEGO, CALIF. 92101

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CALIFORNIA	11B. DATE BURIED 1-16-97	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.

71

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-13-97

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

in a liner (Type of Burial Container) Funeral, date, time Wed 1-15 10:00

Church, Chapel, Graveside Graveside ; Featherhill Mortuary. ed

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

will be applied and billed to undersigned. _____

Lot 1392 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-need E-8805	0
Additional spaces and care fund	—
Opening/Closing & Setup ..... Bal. 183 to opening/closing	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee ..... PAID 2-13-97	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-48203	192.00
Balance due	577.73

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

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

_____
Signature of recorded holder of deed

X Donald A Durbin
Signature

X 7040 NERI DR
Address

X LA MESA, CA 91941
City Zip Code

X 619-464-6326
Telephone

Invoice # 280001

Work Order # E 13374

Acct. # 091229 1-21-97

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY W.O. # E- 13374

NOTE

$ 577.73 San Diego, California Jan. 13 19 97

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 Feb. 16, 1997 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 DONALD A. DURBIN SIGNATURE X Donald A. Durbin

ADDRESS X 7040 NERI DR LA MESA CA 91941

CALIFORNIA DRIVER LICENSE NUMBER X G0278961 SSN # X 414-48-2578

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

E-13374 4:203

MOUNT HOPE CEMETERY
527-3400

Date: 1-13, 1997

From: Donald Durbin Address: 655 S. Mellison

One Hundred Ninety Two Dollars ($ 192.00)

In part Payment of Interment of James Durbin

Lot 1892 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13374

BALANCE DUE 577.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1419

AC-212 (Rev. 5-94)

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

ISSUED BY L. Shelton

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

E-1334

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
James	D.	Durbin	03/03/1925	01/12/1997	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
La Jolla	San Diego	Don Durbin, brother 7040 Neri Dr. La Mesa, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featherington Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	Candice McGaul	01/13/1997

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	01/13/1997 Candice Maggard	9700685

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3751 Market, San diego, CA 92102	11B. DATE BURIED 1-15-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Lequen	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

ME-97506
PA-1203797

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Arrived 2:15 Date 1/13/97

*~~Thur. 1-30 12:00~~ ~~Tue 1-28 10:00~~

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA # 1203797 ~~Fri. 1-24~~

in a Liner (Type of Burial Container) Funeral, date, time ~~Thur. 1-23 - 12:00~~

Church, Chapel, Graveside Delivery Only ; Guadalupana Mortuary. Nancy

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

will be applied and billed to undersigned. _____

Lot 34 Grave 6 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	386.00
Balance due	0

paid in full 3-21-97

Katherine Howard

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 280459

Work Order # E 13375

Acct. # 000952 2-3-97

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

1-23-97
12:55 pm

Changed by Nancy to 1-24-97

1-24-97
2:05 pm

same 1-28-97

2:29
1-28-97
Jose changed to 1-30-97

1-30-97
2:00 Guadulupana not arrived yet
2:15 Guadulupana arrives
Previously set at 12:00

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

TE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

E-13375

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 3-21-97
BY: CA CK IF 04
PAYMENT REF NO 302316
AMT PAID: $ 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/03/97	03/05/97	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-13375
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#1203797 SERVICES	
LOT 34 GR 6 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

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

RETURN WITH PAYMENT

AC-22 (REV. 10/95)

INV NO. 280459

ME-1506 ME

E-13375

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOHN	-	DOE	UNKNOWN	07/29/1996	M.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
RANCHO SANTA FE	SAN DIEGO	KATHERIN HOWARD-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102	FD-1425	▶ [signature]	01/14/1997

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	01/14/1997	▶ [signature]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 1-30-77	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
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.

55

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-13-97

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

in a liner (Type of Burial Container) Funeral, date, time Wed 1-15 11:00

Church, Chapel, Graveside Graveside ; Ca Burial Mortuary.

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

✓ Lot 117 Grave 2 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund 159 20% 36 80%	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 48204	600.00
Balance due	964.73

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 Glenda Lusain
Signature

X 3038 CLAY AVE
Address

X San Diego CA 92113
City Zip Code

X (619) 239-1725
Telephone

Invoice # 280002

Work Order # E 13376

Acct. # 091228 1-21-97

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY W.O. # E -13376

NOTE

$ 964.73 San Diego, California Jan 15 1997

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 Sixty Four & 73/100 DOLLARS with interest from Feb 16, 1997 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 Glenda Lusain SIGNATURE X Glenda Lusain

ADDRESS X 3038 CLAY AVE

CALIFORNIA DRIVER LICENSE NUMBER X U2036532 SSN # X 569-51-5830

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40204

Date: 1-13, 1977

From: Glenda Lucain Address: 3038 Clay Ave San Diego 92113

Sex Hushed Dollars ($ 600.00)

in part Payment of Interment of Lillian Steele

Lot 117 Grave 2 Row Section 3 Division Block R

*Invoice No.

Acct. No.

W.O. F-13376

BALANCE DUE 964.73

Pre-Need Lot ☐ At Need ☐ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒ 907

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

ISSUED BY D. Shields

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	600	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	600	00

AC-212 (Rev. 5-94)

F-13376

APPLICATION 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
LILLIAN	-	STEELE	12/11/1941	01/08/1997	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	GLENDA LUSAIN-DAUGHTER 3038 CLAY 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Mark Mitchell	01/14/1997

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/14/1997 M. MITCHELL	▶ 9700785

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 1-15-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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.

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/13/97

Alma

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

in a Liner (Type of Burial Container) Funeral, date, time Thur. 1-16 1:00

Church Chapel Graveside (chapel + graveside CA Burial) Mortuary. Jeanette

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 HFJ

✓ Lot 98 Grave 9 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup 370	375.00
Burial Container PAID IN FULL 2-17-97	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-48212	900.00
Balance due	764.73

30 day note

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

Signature: Hardy J

Address: x 4141 Palm Ave #294

City: x Sacramento Zip Code: 95842

Telephone: x (916) 331-9018

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

Signature of recorded holder of deed

Invoice # 280009

Work Order # E 13377 ✓

Acct. # 091231

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-13377

NOTE

$ 764.73 San Diego, California January 15 19 97

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of seven hundred sixty four & 73/100 DOLLARS with interest from February 17, 1997 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 HARDY F JONES SIGNATURE X Hardy F Jones

ADDRESS X 4141 Palm Ave #294 Sacto CA 95842

CALIFORNIA DRIVER LICENSE NUMBER X N3023065 CA SSN # X 552-92-6976

PY-1012 (11-89)

OFFICIAL RECEIPT

4 212

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-15 19 97

From: Hardy F. Jones Address: 4141 Palm Ave #294 Sacramento 95842

Nine hundred and no/100 Dollars ($ 900.00)

In part Payment of Interment of Hardy Jones

Lot 98 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-13377

BALANCE DUE 764.73

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 Jurgen

CREDIT	67007	5	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	895	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	$	900	00

E-13377

APPLICATION 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
ALMA	VIRGINIA	JONES	03/04/1925	01/08/1997	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	LANETTE PRADD-DAUGHTER 2650 HIGHLAND AVE. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	Sam Walker	01/15/1997

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	01/16/1997 K. WALKER	9700872

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 1-16-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman 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.

E-13371

280009	01/21/97	091231	HARDY F.	JONES									BALANCE
	E-13377		100	072			02/17/97	CK	650	382.00	764.73		0.00
			100	072	77181	000072				184.82		PAID IN FULL	
			100	072	77182	000072				94.91			
			100	072	77183	000072				22.48			
			60101		77185	000072				72.43			
					78390					7.36			

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
280009	01/21/97	091231	HARDY F.	JONES				02/01/97	CK	647	382.73	764.73	382.00
	E-13377		100	072		77181	000072				185.18		PARTIAL PAYMENT
			100	072		77182	000072				95.09		
			100	072		77183	000072				22.52		
			100	072		77185	000072				72.57		
			60101			78390					7.37		

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MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

PA # 1209221

Date 1-13-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leonard Kruchniewski PA 1209221

in a Liner (Type of Burial Container) Funeral, date, time FRI. 1-17 1:00 ~~Thursday Jan 16th 1:00~~

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 $ _____

will be applied and billed to undersigned. _____

Lot 10 Grave 10 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	386.00
Balance due	0

Paid in full 3-21-97

Rebecca Barr

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # 280006

Work Order # E 13378

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

printed on recycled paper

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-13378

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 3-21-97
BY: CA CK IF
PAYMENT REF NO 04-302316 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
01/21/97	02/20/97	DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13378
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
LEONARD PRUCHNIEWSKI PA1209221	
LOT 10 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. 280006

AC-22 (REV. 10/95)

E-13378

APPLICATION 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
LEONARD	J.	PRUCHNIESKI	07/08/1933	01/05/1997	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	REBECCA BARR, 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	▶ Thos C Mitchell	01/16/1997

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	01/16/1997	9700947 T.C. MITCHELL ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-17-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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.

PRE-NEED LOT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-13-97

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

in a _____ (Type of Burial Container) 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. _____

Lot 73 Grave 9 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number R-48208	895.00
Balance due	0

PAID
JAN 13 1997
paid in full
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

Walter W. Shields Jr.
Signature
5133 Cobaw st
Address
San Diego, CA 92114
City Zip Code
264-8914
Telephone

Invoice # _____

Work Order # E 13379

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45208

Date: 1-13, 19 97

From: Walter Shields JR. Address: 5133 Cohan St. San Diego

Eight hundred ninety five and no/100 Dollars ($ 895.00)

In Full Payment of Pre-Need Lot

Lot 73 Grave 9 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13379

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3691

AC-212 (Rev. 5-94)

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

ISSUED BY Carina Jurgens

CREDIT	67007	179	00
20% Sales Care	77184	716	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	$	895	00

82

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-13-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John W. Bingaman Fri. 1-17 1:00

in a Liner (Type of Burial Container) Funeral, date, time ~~Thur. 1-16 10:00~~

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. _____

Lot 14 Grave 5 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	50.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	650.00
Paid receipt number R-48789	650.00
Balance due	0

PAID 7-16-97

Creditor's claim John Edwards. mailed creditor claim 1-21-97

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.

8-12-97 billed for additional 45.00 per John Edwards

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

_____ Signature of recorded holder of deed

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 13380

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

E-13380 49027

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10-1, 1997

From: Public Administrator Address: 5201-A Ruffin Rd San Diego 92123

Forty One & 50/100 Dollars ($ 41.50)

In full Payment of Interment of John W. Bingaman

Lot 14 Grave 5 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-13380

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 165872

AC-212 (Rev. 5-94)

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

ISSUED BY J. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77183	41	50
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	41	50

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13380 48789

Date: 7-16-97, 19

From: Public Administrator Address: 5201-A Ruffin Road San Diego 92123

Six Hundred Fifty Dollars ($ 650.00)

In full Payment of Interment of John Dingeman

Lot 14 Grave 5 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-13380

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	57007		
20% Sales Care	77184	126	00
80% Sales of Lots	100 77184	375	00
Opening/ Closing	100 77181	54	00
Burial Containers	100 77182	50	00
Handling Fee	100 77185	45	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	650	00

E-13380

APPLICATION 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	W.	BINGAMAN	03/12/1914	01/06/1997	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	▶ [illegible]	01/13/1997

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10326 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	01/14/1997 T.C. MITCHELL	9700718 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-17-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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 1-13-97

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

in a T.S. Vault (Type of Burial Container) Funeral, date, time TUES. 1-21 1:00

Church, Chapel, Graveside Delivery Only ; MacDougall Family Mort (Mortuary) 4116

All Funeral cars must 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

Lot 134 Grave 2 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund Pre-need E-12767	371.00
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	1,245.38
Paid receipt number R-48216	1,245.38
Balance due	0

PAID
JAN 17 1997
Paid in full
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

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

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

Signature of recorded holder of deed

X [signature]
Signature
X PO BOX 14338
Address
X IRVINE CA 92623
City Zip Code
X (714) 901-5052
Telephone

Invoice # ____

Work Order # E 13381

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

(714) 543-9351

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-12767

Pre-Need Lot

E-1338

Beatrice Bagdjian
904 State Street Apt. #1402
San Diego, CA 92101
(Lot 134 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above ▶ $ 25.00

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

$ _____

Amount Received $ 25.00

NAME BEATRICE BAGDJIAN

ADDRESS 904 STATE STREET. APT 1402

CITY SAN DIEGO, STATE CALIF ZIP 92101

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-13381

Beatrice Bagdjian
904 State Street Apt. #1402
San Diego, CA 92101
(Lot 134 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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 $ 25 00

NAME BEATRICE BAGDJIAN

ADDRESS 904 STATE ST, APT. 1402

CITY SAN DIEGO STATE CALIF ZIP 92101

☐ check (✓) if this is new address

6044

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

E-13381

Beatrice Baggjian
904 State Street, Apt #1402
San Diego, CA 92101
(Lot 134 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above. $ 25.00

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

$ 25.00

Amount Received $ 25.00

NAME Beatrice Baggjian

ADDRESS 904 State St. Apt. 1402

CITY San Diego STATE CALIF ZIP 92101

☒ check (✓) if this is new address

6044

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-13381

Beatrice Bagdjian
904 State Street Apt. #1402
San Diego, CA 92101
(Lot 134 Gr 2 Sec 3 Div 12)

Month and Day Due Indicated Below

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 $ 25.00

NAME Beatrice Bagdjian

ADDRESS 904 State St. Apt #1402

CITY San Diego STATE Calif ZIP 92101

☐ check (✓) if this is new address

...ring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot

Beatrice Bagdjian
904 State Street Apt. #1402
San Diego, CA 92101
(Lot 134 Gr 2 Sec 3 Div 12)

E-13381

Month and Day Due Indicated Below

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

Amount due when paid on or before due date above: $ 25.00

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

$ 25.00

Amount Received $ _____

NAME BEATRICE BAGDJIAN

ADDRESS 904 STATE ST, APT. 1402

CITY SAN DIEGO STATE CALIF ZIP 92101

☑ check (✓) if this is new address

6044

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need-tot

Beatrice Baddjian

904 State Street, Apt #1402

San Diego, CA 92101

(Lot 134 Gr 2 Sec 3 Div 12)

E-1338

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 $ 25.00

NAME Beatrice Baddjian

ADDRESS 904 State Street APT 1402

CITY SAN DIEGO STATE CALIF ZIP 92101-6044

Check (✓) if this is new address

...ing one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Property of

Beatrice Bagdjian

904 State Street Apt. #1402

San Diego, CA 92101

(Lot 13A Gr 2 Sec 3 Div 12)

E-13381

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 $ 25.00

NAME BEATRICE BAGDJIAN

ADDRESS 904 STATE ST, #1402

CITY SAN DIEGO STATE CA ZIP 92101

☒ check (✓) if this is new address

6044

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 216

Date: 1-17, 19 97

From: Edward Vezirian Address: P.O. BOX 14338 Irvine Ca. 92623

One thousand two hundred fourty five & 38/100 Dollars ($ 1,245.38)

In full Payment of Interment of Beatrice Bagdjian

Lot 134 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13381

BALANCE DUE 8

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

505

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jungk

CREDIT			
20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	212	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	63003 9022		
Sales Tax	60101 78390	19	38
TOTAL PAID	$	1,245	38

E-1338/47988

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11-5, 19 96

From: Beatrice Bagdjian Address: 904 State St. Apt 1402 San Diego 92101

Twenty-five and 00/100 Dollars ($ 25 00)

In part Payment of Pre-need lot

Lot 134 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12767

BALANCE DUE 396.00

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

1112

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jurgen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	25	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 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

E-13381 47[illegible]5

Date: 10-8, 19 96

From: Beatrice Boodjian Address: 904 State St. apt. 1402 San Diego, Ca

Twenty five and 00/100 Dollars ($ 25 00)

In part Payment of pre-need lot

Lot 134 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12767

BALANCE DUE 421.00

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

1096

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	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

E-13381 47671

Date: 8-5, 19 90

From: Beatrice Bagdjian Address: 904 State St. Apt 1402 S.D., Ca. 92101

Twenty Five & no/100 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 134 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12767

BALANCE DUE 471.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1068

AC-212 (Rev. 5-94)

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

ISSUED BY Carina Jurgen

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

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13381

47282

Date: 4-10, 19 96

From: Bertrice Bagdjian Address: 904 State Street #1402 SD 92101

twenty five Dollars ($ 25.00)

In part Payment of Pre-Need Lot

Lot 134 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12767

BALANCE DUE 571.00

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

1000

AC-212 (Rev. 5-94)

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

ISSUED BY D. Shadellin

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

E-13381 45073

Date: 12-4, 19 96

From: Beatrice Bagdjian Address: 904 State St. San Diego 92101-0044

Twenty five and 00/100 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 134 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12767

BALANCE DUE 371.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
1120

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Jungson

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	65101 78390	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13381 47149

Date: 3-6, 19 96

From: Beatrice Bagdyian Address: % Columbia Tower Apt 1403
904 Sixth Ave SD 92101

One Hundred Ninety Nine Dollars ($ 199.00)

In part Payment of Pre-Need Lot

Lot 134 Grave 2 Row Section 3 Division Block 17

Invoice No.

Acct. No.

W.O. E-12767

BALANCE DUE 596.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
982

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

ISSUED BY L. Shelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	199 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	199 00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13381 47574

Date: 7-5, 19 96

From: Beatrice Bagdjian Address: 904 State St. San Diego, Ca. 92101-1004

Twenty Five and no/100 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 134 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12767

BALANCE DUE 496.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
#1050

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	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

E-13381 47461

Date: 10-4, 19 96

From: Beatrice Bagtjian Address: 904 State St. San Diego

Twenty five and 00/100 Dollars ($ 25.00)

In Cash Payment of pre-need lot

Lot 134 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12767

BALANCE DUE 571.00

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 Cynthia Juarez

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 78360		
TOTAL PAID	$	25	00

E-13381

NAME BAGDJIAN, BEATRICE ACCT. NO. E-12767

ADDRESS 904 State Street Apt 1402, San Diego, 92101 RATING LIMIT

DATE		ITEMS	DEBIT	✓	CREDIT	BALANCE
03-06	96	Pre-Need Lot opened:				
		Lot 134 Gr 2 Sec 3 Div 12	795.00			795.00
		20% 159 80% 636				
03-06	96	Receipt #47149			199.00	596.00
4-10	96	Coupon #1 R-47287			25.00	571.00
5-8	96	" #2 R-47374			25.00	546.00
6-4	96	" #3 R-47461			25.00	521.00
7-3	96	" #4 R-47574			25.00	496.00
8-5	96	" #5 R-47671			25.00	471.00
9-9	96	" 6 R-47764			25.00	446.00
10-8	96	" 7 R-47885			25.00	421.00
11-5	96	" 8 R-47988			25.00	396.00
12-4	96	" 9 R-48073			25.00	371.00

E-13381

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

83

USE BLACK 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
BEATRICE	-	BAGDJIAN	05/09/1913	01/12/1997	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	EDWARD VIZIRIAN: SON 7622 KATELLA AVENUE,#366 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
MACDOUGALL FAMILY MORTUARY: 1610 EAST FIRST STREET, SANTA ANA, CA 92701	F-740	▶ [illegible]	01/20/1997

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	Victoria Meza 01/21/1997	9701112 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1/21/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

60

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/14/97

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

in a T3 Vault (Type of Burial Container) Funeral, date, time Thur 1/16/97 10:30

Church, Chapel, Graveside Graveside Guadalpana 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

Lot 153 Grave 5 Row Section 2 Division/Block 12

Grave space & Care Fund 20=199 near three 80=371.	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees paid in full 2-24-97	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1869.38
Paid receipt number R-48214	425.00
Balance due	444.38
R-944080	1444.38

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 Daniel Flores
Signature

X 905 D AVE.
Address

X NATIONAL CITY
City

X CA. 91095
Zip Code

Telephone 619-477-2824

Invoice # 280008

Work Order # E 13382

Acct. # 091232

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-13382

NOTE

1414.38 San Diego, California January 14 19 97

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand four hundred forty four 38/100 DOLLARS with interest from February 14, 1997 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 Daniel Flores SIGNATURE X Daniel Flores

ADDRESS X 905 'D' AVE. National City, CA. 91095

CALIFORNIA DRIVER LICENSE NUMBER X B3676411 SSN # X 653-32-1351

PY-1012 (11-89)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 214

Date: 1-16, 19 97

From: Guadalupana Address: 2601 Imperial Ave San Diego 92102

four Hundred Twenty five Dollars ($ 425.00)

In part Payment of Interment of Adolfo Montes

Lot 153 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13382

BALANCE DUE 1444.38

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 6223

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shelldon

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	425 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	$	425 00

E-13382

APPLICATION 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
ADOLFO	-	MONTES	11/15/1936	01/14/1997	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	DANIEL FLORES-SON 905 D. AVE. SAN DIEGO, CA 91905

7A. TYPED NAME AND ADDRESS OF 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	▶ [illegible]	01/15/1997

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	JOSE CHAVEZ 01/15/1997	9700844 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 1-16-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMA[illegible] ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY 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-13382

CITY OF SAN DIEGO
CALIFORNIA

OFFICIAL RECEIPT

944080

DEPARTMENT/DIVISION NAME	DATE
Treas / Collections	2-24-97

AMOUNT: One thousand, four hundred forty four DOLLARS thirty eight CENTS $1,444.38

RECEIVED FROM: Lutca Flores

ADDRESS:

IN PAYMENT OF: Invoice # 280008 Refer # E-13382

Name: Daniel Flores

☒ CHECK ☐ CASH

RECEIVED BY: Xana Hauge

FOR ABOVE NAMED DEPARTMENT

FUND	DEPARTMENT	ORGANIZATION	ACCOUNT	JOB ORDER	FACILITY	AMOUNT
						1,444.38

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

AC-1218 (REV. 1-86)

25

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/15/97

Muslim Organization of S.D.

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Abdul AKA Marcus Coffer

in a _____ Funeral, date, time Thursd Jan 16th 2:00

Type of Burial Container

Church, Chapel, Graveside Graveside Greenwood Mortuary.

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

will be applied and billed to undersigned. X

✓ Lot 43 Grave _____ Row _____ Section _____ Division/~~Block~~ Muslim

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	425.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	470.00
Paid receipt number R-48215	470.00
Balance due	0

PAID
JAN 16 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF.

will bring check for balance

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

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

_____
Signature of recorded holder of deed

X _____ M.O.S.D.
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 13383 ✓

Acct. # _____

REA-104 (7-96)

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Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 215

Date: 1/16, 19 91

From: Muslim Organization Address: P.O. Box 261158 San Ca 92126

Four hundred Seventy Dollars ($ 470.00)

In Full Payment of Interment of Marcus Cotter

Lot 43 Grave Row Section Division Block Muslim

Invoice No.

Acct. No.

W.O. E-13383

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 Bk

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	425	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	470	00

AC-212 (Rev. 5-94)

E-13383

APPLICATION 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
MARCUS	EMMITT	COFFER	03/18/1971	01/12/1997	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BRAWLEY	IMPERIAL	RUTH ROY-COFFER: MOTHER 1500 SHADOWRIDGE DRIVE, #60 VISTA, CA 92083

7A. TYPED NAME AND ADDRESS OF 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 Mar	01/16/1997

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

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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	01/16/1997	▶ [signature] zyk

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
925 BROADWAY EL CENTRO, CA 92243	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'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, CALIFORNIA 92102	11B. DATE BURIED 1-16-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Lequero	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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 1-15-97

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

in a T.S. Vault (Type of Burial Container) Funeral, date, time Sun. 1-19 10:00

Church, Chapel, Graveside (Graveside) : Merkley Mitchell Scott Mortuary

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

✓ Lot 9 Grave ____ Row 9 Section 1 Division/Block Chinese

Grave space & Care Fund ..... Pre-need D-7533 ..... Ø

Additional space and care fund ..... ____

Opening/Closing & Setup 375.00

Burial Container 250.00

Handling Fees 185.00

Flower vases, Marker setting fee ..... SUNDAY SERVICE FEE 600.00

Recording and filing fee 45.00

Sales taxes 19.38

Total Due 1,474.38

Paid receipt number VISA 1474.38

Balance due ~~0~~

PAID JAN 16 1997 MT. HOPE CEMETERY

Ed Yip
581-6414
550-6029

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

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

Signature of recorded holder of deed

X David Yip
Signature

X 558 Worley Ave
Address

X Sunnyvale CA 94086
City Zip Code

X (408) 720-9050
Telephone

Invoice # ____

Work Order # E 13384

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13384

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

82

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
LINN	FUN	YIP	09/15/1914	01/15/1997	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	ED YIP, GRANDSON 4020 HONEYCUTT STREET SAN DIEGO, CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
HERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ [illegible]	01/17/1997

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	01/17/1997 T.C. MITCHELL	9701042 ▶

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 1-17-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-16-97

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

in a T.S. Vault (Type of Burial Container) Funeral, date, time Tues 1-21 10:00

Church, Chapel, Graveside Church, Graveside; Sevis Colonial Mortuary.

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

Lot 4779 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need E-2899	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number VISA	874.38
Balance due	0

PAID
JAN 16 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

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

_____
Signature of recorded holder of deed

X Henry Kyide
Signature
X 5447 VIA ALCAZAR
Address
X SAN DIEGO 92111-4608
City Zip Code
X (619) 277-6987
Telephone

Invoice # _____

Work Order # E 13385

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13385

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
MIWA	-	KOIDE	06/15/1900	01/15/1997	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	HENRY KOIDE - SON 5447 VIA [redacted] SAN DIEGO,CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD. SAN DIEGO,CA 92104	FD-480	▶ [signature]	01/17/1997

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	01/17/1997	▶ [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,SANDIEGO,CA 92102	11B. DATE BURIED 1/21/97	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.

Center Right

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-16-97

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

in a ash Vault (Type of Burial Container) Funeral, date, time Fri 2-21 3:00

Church, Chapel, Graveside Graveside : Greenwood Mortuary.

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

will be applied and billed to undersigned. _____

Lot 567 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-Need C-1807	—
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker staking fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-48246	269.26
Balance due	0

PAID
JAN 31 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

Marie E Knobel

Signature Marie E Knobel, Sister

Address 2875 Idaho St

City Unit #108 In Care Reno Nv.

Telephone (702) 323 4767

Invoice # 89509

Acct. # _____

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

_____
Signature of recorded holder of deed

Work Order # E 13386

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

4 246

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-31, 19 97

From: Marie Knobel Address: 7875 Adelwold Dr Apt 108 Reno Nv 89509

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Interment of Betty Ann Hollenbeck

Lot 567 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-13386

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct. ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1002

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

ISSUED BY S. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	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

AC-212 (Rev. 5-94)

E-13386

STATE OF NEVADA — DEPARTMENT OF HUMAN RESOURCES
DIVISION OF HEALTH — SECTION OF VITAL STATISTICS
BURIAL—TRANSIT PERMIT

PERMANENT BLACK INK

LOCAL FILE NUMBER | STATE FILE NUMBER

DECEDENT

1. DECEASED—NAME First: Betty | Middle: Ann | Last: HOLLENBECK
2. DATE OF DEATH (Month, Day, Year): November 12, 1996
3a. COUNTY OF DEATH: Washoe
3b. CITY, TOWN, OR LOCATION OF DEATH: Reno
3c. HOSPITAL OR OTHER INSTITUTION—Name (If not either, give street and number): Reno Healthcare
3e. If Hosp. or Inst. indicate DOA, OP/Emer. Rm. Inpatient (Specify): Inpatient
4. SEX: Female
5. RACE—(e.g., White, Black, American Indian, etc) (Specify): White
6. Was Decedent of Hispanic Origin? Specify ☐ yes ☒ no if yes, specify Mexican, Cuban, Puerto Rican, etc.
7a. AGE—Last Birthday (Years): 72
7b. UNDER 1 YEAR: MOS. DAYS
7c. UNDER 1 DAY: HOURS MINS
8. DATE OF BIRTH (Mo., Day, Yr.): December 23, 1923
9a. STATE OF BIRTH (If not U.S.A., name country): Washington D.C.
9b. CITIZEN OF WHAT COUNTRY: U.S.A.
10. Decedent's Education. Specify highest grade completed: 12
11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
12. SURVIVING SPOUSE (If wife, give maiden name)
13. SOCIAL SECURITY NUMBER: 563-22-5452
14a. USUAL OCCUPATION (Give Kind of Work Done During Most of Working Life. Even if Retired): Bookkeeper
14b. KIND OF BUSINESS OR INDUSTRY: Independant Business

IF DEATH OCCURRED IN INSTITUTION SEE HANDBOOK REGARDING COMPLETION OF RESIDENCE ITEMS

15a. RESIDENCE—STATE: Nevada
15b. COUNTY: Washoe
15c. CITY, TOWN, OR LOCATION: Reno
15d. STREET AND NUMBER: 3590 West Plumb Lane
15e. INSIDE CITY LIMITS (Specify Yes or No): Yes

PARENTS

16. FATHER—NAME First: Eugene | Middle | Last: Emmett
17. MOTHER—MAIDEN NAME First: Hallie | Middle: B. | Last: Sayre
18a. INFORMANT—NAME (Type or Print): MArie Knobel
18b. MAILING ADDRESS (Street or R.F.D. No., City or Town, State, Zip): 2875 Idlewild Drive #1008 Reno, NNvada 89509

DISPOSITION

19a. BURIAL, CREMATION, REMOVAL, OTHER (Specify): Cremation
19b. CEMETERY OR CREMATORY—NAME: Masonic Memorial Gardens
19c. LOCATION: City or Town: Reno, State: Nevada
20a. FUNERAL DIRECTOR—SIGNATURE (Or Person Acting as Such) ➤
20b. FUNERAL DIRECTOR LICENSE NUMBER: 1
20c. NAME AND ADDRESS OF FACILITY: Ross, Burke & Knobel 2155 Kietzke Lane, Reno, Nevada 89502

CERTIFIER

To be Completed by CERTIFYING PHYSICIAN

21a. To the best of my knowledge, death occurred at the time, date and place and due to the cause(s) stated. (Signature and Title) ➤
21b. DATE SIGNED (Mo., Day, Yr.)
21c. HOUR OF DEATH: 1400
21d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or Print)

To be completed by Coroner's Office

22a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place and due to the cause(s) and manner stated. (Signature and Title) ➤
22b. DATE SIGNED (Mo., Day, Yr.)
22c. HOUR OF DEATH
22d. PRONOUNCED DEAD (Mo., Day, Yr.) ON
22e. PRONOUNCED DEAD (Hour) AT

23a. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, ATTENDING PHYSICIAN, MEDICAL EXAMINER, OR CORONER) (Type or Print)
23b. LICENSE NUMBER

24a. REGISTRAR (Signature) ➤ [signature]
24b. DATE RECEIVED BY REGISTRAR (Mo., Day, Yr.): 11-15-96
24c. DEATH DUE TO COMMUNICABLE DISEASE: YES ☐ NO ☒

CAUSE OF DEATH

CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE STATING THE UNDERLYING CAUSE LAST

25. IMMEDIATE CAUSE (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c).)

PART I
(a) Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF
(b) Interval between onset and death
DUE TO, OR AS A CONSEQUENCE OF
(c) Interval between onset and death

PART II
OTHER SIGNIFICANT CONDITIONS—Conditions contributing to death but not resulting in the underlying cause given in Part I.
26. AUTOPSY (Specify Yes or No)
27. WAS CASE REFERRED TO CORONER (Specify Yes or No)

AUTHORITY FOR BURIAL, TRANSPORTATION, REMOVAL, CREMATION OR OTHER DISPOSITION

Having complied with all rules and regulations governing the preparation of dead human bodies and upon receiving the signatures of the person who is to certify the cause of death, the funeral director or person acting as funeral director, and the local registrar, permission is granted to dispose of this body. The burial-transit permit must be signed below by the cemetery or crematory authority. Where there is no full time person in charge of the cemetery the funeral director may sign as sexton. Upon completion the permit must be returned to the local registrar where death occurred or to the funeral director.

(Name of Cemetery or Crematory)

Signature of person in charge of the cemetery or crematory _____ Date _____

No. 092138

BURIAL PERMIT

E-13386

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
BETTY	ANN	HOLLENBECK	12/23/1923	11/12/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
RENO	NEVADA	MARIE KNOBEL: DAUGHTER 2875 IDLEWILD DRIVE, #108 RENO, NEVADA 89509

7A. TYPED NAME AND ADDRESS OF 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	02/14/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 02/14/1997 ▶	9702580

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

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [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 2/21/97	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 1-16-97

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

in a Liner (Type of Burial Container) Funeral, date, time Tues, Jan 21, 10:30

Church, Chapel, Graveside Delivery : Berge Robinson Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 130 Grave 2 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	545.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	1300.00
Paid receipt number 48387	1304.32
Balance due	Ø

paid in full 3-17-97

See Jaime Pettis admin. creditor claim

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

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

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 13387

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

45387

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-17, 19 97

From: County of San Diego Address: 5201-A Ruffin Rd SD 92123

one thousand four and 32/100 Dollars ($ 1304.32)

In full Payment of interment of Frederick Hughes

Lot 130 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-13387

BALANCE DUE Ø

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

153373

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	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	49	32
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	1304	32

E-13387

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
FREDRICK	-	HUGHES	03/16/1911	12/30/1996	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE ROBERTS MORTUARY 607 NATIONAL CITY BLVD. NATIONAL CITY, CA91950	FD-284	▶ [signature]	01/17/1997

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	01/21/1997	9701090 C.STEPHENSON ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92002	11B. DATE BURIED 1/21/97	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 1-16-97

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

in a liner (Type of Burial Container) Funeral, date, time Tues 1-21 11:00

Church, Chapel, Graveside Chapel/Graveside : Rosedale Mortuary Mark

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

will be applied and billed to undersigned. _____

Lot 95 Grave 4 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-48218	1564.73
Balance due	0

PAID
JAN 21 1997
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 Mark Jr Jr A/R Mgt.
Signature
X 5050 Federal Blvd
Address
92102
Zip Code
X SAN DIEGO CA
City
Telephone 263-3141

Invoice # _____

Work Order # E 13388

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 218

Date: 1-21, 19 97

From: Anderson-Ragsdale Mort. Address: 5050 Federal Blvd. San Diego 92102

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

In Full Payment of Interment of Grace Yancey

Lot 95 Grave 4 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13388

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
9437

AC-212 (Rev. 5-94)

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

ISSUED BY Cathina Swagger

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	*60101* 78390	14	73
TOTAL PAID	$	1564	73

E-13388

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

97

USE BLACK 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
Grace	-	Yancey	10/27/1899	01/16/1997	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	Lovenia Broussard, Friend 740 S. 36th St. Apt. 325 San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Wellman	01/17/1997

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/21/1997	9701100 ▶

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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 1/21/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ JWait	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

CDB

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/2/97

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

in a liner (Type of Burial Container) Funeral, date, time Wed 4-2 1:00

Church, Chapel, Graveside Delivery Only : Reagsdale Mortuary Dettie

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

will be applied and billed to undersigned. _____

Lot 124 Grave 11 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-48423	1564.73
Balance due	—

PAID
APR 02 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

notary to bring check for full amount

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 13389

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13389 43423

Date: 4-2, 1997

From: Rogdale Address: 5050 Federal Blvd San Diego 92102

One thousand five hundred sixty four & 73/100 Dollars ($ 1564.73)

In full Payment of Interment of Antonio Navarro

Lot 124 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13389

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
9786

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Hutchison

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	795	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	14	73
TOTAL PAID	$	1564	73

E-13389

APPLICATION 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
Antonio	Samuel	Tavares	01/16/1929	01/10/1997	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	Barbara Guinn, Friend 4324 33rd 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
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	Debbie Williams	04/01/19[illegible]

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/02/1997	[illegible]

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
- [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. Rope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-2-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

NE 96-09 26

Date 1/17/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe PA 1209493 (skull)

in a _____ Funeral, date, time Wed Jan. 22nd 12:00p
Type of Burial Container

Church, Chapel, Graveside Delivery Only: Neptune Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 70 Grave 7 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number INVOICE	386.00
Balance due	0

paid in full 2-21-97

Katherine Howard 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 _____

Invoice # 280119

Work Order # E 13390

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

80119	01/23/97	000952	COUNTY OF SAN DIEGO			02/21/97 CK	04-281761	386.00	386.00	0.01
E-13390			100	072	77181	000072		165.00	13390	PAID IN FULL
			100	072	77182	000072		50.00		
			100	072	77183	000072		45.00		
			100	072	77184	000072		126.00		

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

E-13390

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 2-21-97
BY: CA (CK) IF
PAYMENT REF NO 04-281761 AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
01/23/97	02/22/97	DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13390
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JANE DOE PA#1209493 SERVICES	
LOT 70 GR 7 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. 280119

AC-2z (REV. 11/95)

PM # 1209493

E-13390

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JANE	-	DOE	UNKNOWN	04/16/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN MARCOS	SAN DIEGO	SAN DIEGO COUNTY MEDICAL EXAMINER 5555 OVERLAND AVENUE SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021	FD-1352

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ J Anderman	01/17/1997

PERMIT 96-0934 AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		7.00	01/22/1997	▶ [illegible]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	PO BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOC[illegible] AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 1/22/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURI[illegible] ▶ [illegible]	
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

m.e.
96-1257

Date 1/17/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA#1208667 Bones

in a _____ (Type of Burial Container) Funeral, date, time Jan, Wed 22nd 12:00

Church, Chapel, Graveside Delivery Only: Neptune Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 38 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	125.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	0
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number INVOICE	386.00
Balance due	0

paid in full
June 17, 1997

Katherine Howard 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

Invoice # 280120

Work Order # E 13391

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13391

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

E-13391

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 6-17-97
BY: CA (CK) IF
PAYMENT REF NO 371439 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
01/23/97	02/22/97	DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13391
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#1208667 SERVICES	
LOT 38 GR 3 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. 280120

AC-22 (REV 10/95)

PA # 1208667

E-13391

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOHN	-	DOE	Unknown	06/24/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	SAN DIEGO COUNTY MEDICAL EXAMINER 5555 OVERLAND AVE 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
NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON,CA 92021	FD-1352	▶ [illegible]	01/17/1997

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	01/22/1997	▶ [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
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 3761 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 1/22/97	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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Full Body

Date 1/17/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA #1209574 M.E. 96-1319

in a Liner (Type of Burial Container) Funeral, date, time Jan 23 Wed 12:00pm

Church, Chapel, Graveside Delivery Only : Neptune Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 18 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 — paid in full	
Flower vases – Marker setting fee — 2-21-97	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number invoice	386.00
Balance due	0

Katherine Howard paid

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 280122

Work Order # E 13392

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

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-13392

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 2-21-97
BY: CA (CK) IF
PAYMENT REF NO 04-28176 | AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
01/23/97	02/22/97	DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13392
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#1209574 SERVICES	
LOT 18 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. 280122

AC-22 (REV - 10/95)

PA # 1209574

E-13392

APPLICATION 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	07/14/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CARDIFF	SAN DIEGO	SAN DIEGO COUNTY MEDICAL EXAMINER 5555 OVERLAND AVENUE 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
NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021	FD-1352	▶ Janet Herman	01/17/1997

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 96-1399
AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	01/17/1997	9701021

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 1/22/97	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.

E-13392

280122	01/23/97	000952	COUNTY OF SAN DIEGO			02/21/97 CK	04-281761	386.00	386.00	0.00
	E-13392		100	072	77181	000072		165.00		PAID IN FULL
			100	072	77182	000072		50.00		
			100	072	77183	000072		45.00		
			100	072	77184	000072		126.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-17-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Kuberek

in a T.S. vault (Type of Burial Container) Funeral, date, time Thur. 1-23 11:00

Church, Chapel, Graveside Witness / delivery Goodbody Bill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 2683 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Pre-need D-1704 ~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number R-48223	874.38
Balance due	~~0~~

PAID JAN 23 1997 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

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

Invoice # _____

Work Order # E 13393 ✓

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 223

Date: 1-23, 1997

From: Adams Funeral Home Address: 1050 North Dodge Blvd Tucson Az 85716

Eight Hundred Seventy Four & 38/100 Dollars ($ 874.38)

In full Payment of Interment of Robert Roberts

Lot 9683 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13393

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 8898

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D. Shadden

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	38
TOTAL PAID	$	874	38

F-13393

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

67

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ROBERT	-	KUBEREK	10/13/1929	01/16/1997	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TUCSON	ARIZONA	ANNIE MARIEKUBEREK: WIFE 2718 E. DEVON STREET TUCSON, AZ 85716

7A. TYPED NAME AND ADDRESS OF 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	▶ Dolores Meza	01/22/1997

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	Victoria Meza 01/23/1997	9701302 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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. BO -	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] 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 1/23/97	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.

Ed Viles

E-13393

ADAIR

Funeral Home

AVALON CHAPEL
[illegible]
[illegible]
Phone: [illegible]

[illegible] CHAPEL
[illegible]
[illegible]
Phone: [illegible]

ADAIR'S CARTOON MORTUARY
[illegible] GRAND AVENUE
[illegible]
Phone: [illegible]

FACSIMILE TRANSMISSION

TO: Catherine Jurgens at Hope Fund

FAX #: 619 527-3403

FROM: Ed Viles

FAX # (520) 326-3591

DATE: Jan 17, 1997

COMMENTS: Thank you so much I will have Goodbody's call a time with you. Goodbody's will have your check

Ed

We are transmitting 2 pages (including this cover page). IF YOU DO NOT RECEIVE ALL PAGES, PLEASE CONTACT ME AT (520) 326-4343.

E-13393

INTERMENT ORDER

1-17-97

ROBERT KUBICEK

T.S. YANKT

Witness Everybody

150.00

X

2483

Pre-need D-1704

10

375.00
250.00
185.00

45.00
19.38
874.38

X Wife

Kevin M Kubicek
X 2818 E. Irvan St.
X Tucson, Az 85716
X (520) 326-0945

E 13393

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/21/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Juanita Butler

in a liner (Type of Burial Container) Funeral, date, time Tues 1-28 11:00

Church, Chapel, Graveside Church / Graveside Ragsdale (Olivet) Mortuary.

All Funeral cars must 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 DOR

Lot 85 Grave 4 Row — Section 2 Division/Block 12

Grave space & Care Fund Pre Need E-5873 Ø

Additional spaces and care fund —

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases – Marker setting fee —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-48228 769.73

Balance due Ø

PAID
JAN 24 1997
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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.

Signature: Derick B. Ragsdale

Address: 5050 Federal Blvd.

City: San Diego, Zip Code: 92102

Telephone: 263-3141

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice #

Work Order # E 13394

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

4 228

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 1-24 19 97

From: Anderson-Ragsdale Mort Address: 5050 Federal Blvd. S.D. 92102

Seven hundred sixty nine and 73/100 Dollars ($ 769.73)

In full Payment of Interment of Juanita Butler

Lot 85 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 13394

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

1216

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Wagner

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	775	00
Burial Containers	100 77182	140	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	14	13
TOTAL PAID	$	769	73

E-13394

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
Juanita	-	Butler	01/07/1920	01/15/1997	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	Fred Butler, Husband 6669 Manning 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	▶ Lettie Wheldon	01/21/1997

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	01/23/1997	▶ 9701352

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 1/21/97	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.

96
ME-1808
PA 1209531

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Arrived 2:15 ~~12:00~~ Date 1-21-97

~~Thur. 1-30~~ ~~Tue 1-28 10:00~~

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe PA#1209531 ~~Fri 1-24~~

in a Liner (Type of Burial Container) Funeral, date, time ~~Thur 1-23 12:00~~

Church, Chapel, Graveside delivery only : Guadalupana (Nancy) Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 26 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	386.00
Balance due	0

paid in full 3-21-97

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 _____

Invoice # 280458

Work Order # E 13395

Acct. # 000952 2-3-97

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

1-23-97
12:55 pm
changed by nancy to 1-24-97.

1-24-97
2:05 pm
Same 1-28-97

2:29
1-28-97
Jose changed to 1-30-97

2:00 Guadalupana
still not arrived

1/30/97
2:15 Guadalupana
arrived
Delivery ~~set~~ scheduled at 12:00

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-13395

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 3-21-97
BY: CA CK IF
PAYMENT REF NO 04-302316 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/03/97	03/05/97	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-13395
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JANE DOE PA#1209531 SERVICES	
LOT 26 GR 5 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT ABOVE.

RETURN WITH PAYMENT

AC-22 (REV 10-89)

INV NO. 280458

E-13395

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JANE	-	DOE	UNKNOWN	09/10/1996	F.

5A. CITY OF DEATH: ESCONDIDO

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SUSAN JAIME-DEPUTY PUBLIC GUARDIAN
5201-A RUFFIN RD.
SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
GUADALUPANA MEM. CHAPEL & MORT.
2601 IMPERIAL AVE., SAN DIEGO, CA 92102

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD-1425

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature]

8B. DATE SIGNED: 01/14/1997

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: $ 7.00

9B. DATE PERMIT ISSUED: 01/14/1997

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA
VITAL RECORDS P.O., BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LO[illegible] AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 1-30-71	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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 [illegible] CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-13396
is not included in
this spindle

E-13399_13300

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Cornell Harrison

in a Liner (Type of Burial Container) Funeral, date, time Tues 1-28 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 SDS.

Lot 98 Grave 2 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	20 = 159 80 = 245	795.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		14.73
	Total Due	1,564.73
	Paid receipt number R-48219	391.00
	Balance due	1173.73

Paid July 22, 1997 per City Treasurer Carlos Suarez

OVER

30 day note

I hereby certify I am the X Sharon Small 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 Sharon Small
Signature

X 1405 Benfield Ct
Address

X SD CA 92113
City Zip Code

X 619 264-4678
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 280323

Work Order # E 13397

Acct. # 091337

REA-104 (7-96)

This information is available in alternative formats upon request.

printed on recycled paper

1173.73
900.00 PAID 2-18-97 General Invoice

273.73

MT. HOPE CEMETERY W.O. # E-13397

NOTE

$ 1,173.73 San Diego, California January 22 19 97

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 February 28, 1997 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Sharon Small SIGNATURE X Sharon D. Small

ADDRESS X 2405 Benfield Court

CALIFORNIA DRIVER LICENSE NUMBER X N4569874 SSN # X 333-50-3948

PY-1012 (11-89)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 219

Date: 1-22, 19 97

From: Sharon Small Address: 4405 Bentfield Ct. SD 92112

Three hundred ninety one and no/100 Dollars ($ 391.00)

In part Payment of Interment of John Earnest Harrison

Lot 98 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13397

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 Lorna Surgeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

E-13397

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 23

1A. NAME OF 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	CORNELL	HARRISON	01/12/1974	01/19/1997	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	SHARON HARRISON SMALL-MOTHER 4405 BENEFIELD CT. SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	01/27/1997

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	01/28/1997 M. MITCHELL	9701569 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 1/31/97	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-13397

280323	01/29/97	091337	SHARON SMALL			02/18/97 CA	900.00	1,173.73	273.73
	E-13397		100	072	77181	000072	287.54		PARTIAL PAYMENT
			100	072	77182	000072	145.69		
			100	072	77183	000072	34.51		
			100	072	77184	000072	187.86		
			100	072	77185	000072	111.18		
			60101		78390		11.29		
			67007		77184		121.93		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Myrtle REED

In a Liner (Type of Burial Container) Funeral, date, time Fri. 1-24 10:30

Church, Chapel, Graveside chapel & graveside Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X Mrs Joe Wiley

Lot 273 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
Total Due	1,564.73
Paid receipt number VISA	1,564.73
Balance due	Ø

PAID
JAN 22 1997
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the X Sister-in-law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Mrs Joe Wiley
Signature
X 1888 Ballina Dr
Address
X 619-262-4837
City
X San Diego Ca 92114
Zip Code
Telephone

Invoice # _____

Acct. # _____

Work Order # E 13398

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13398

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
Myrtle	-	Reed	02/14/1919	01/18/1997	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	Joe Wiley, Brother 1888 Ballina Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ Arthur William	01/23/1997

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/23/1997	9701343 ▶ Arthur William

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1-24-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ragsdale	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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 1-22-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ma Sui Hong

in a liner (Type of Burial Container) Funeral, date, time Sat, Feb 1, 1997 2:00

Church, Chapel, Graveside Graveside/chapel LEWIS-COLONIAL Reginald Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 1849 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Pre-need E-9374	0
~~Additional spaces and care fund~~	galvanized flower vase	23.70
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases – Marker setting fee	SATURDAY OVERTIME overtime	600.00
Recording and filing fee	paid in full	45.00
Sales taxes		14.73
Total Due		1393.51
Paid receipt number	R-48222	400.00
Balance due	R-48240	993.51
		993.51

PAID
JAN 29 1997
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. SCUNG HONG FUNERAL FRANCO

X Signature

X Address 7711 Downey Road

X City Suite Diego, 92126 Zip Code

X Telephone (619) 271-7352

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13399

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E-13399 4 222

Date: 1-23, 19 97

From: Leung Hong Franco Address: 7711 Dancy Pl San Diego 92126

Four Hundred Dollars ($ 400.00)

In part Payment of Interment of ma Sui Hong

Lot 1849 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13399

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	400	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

OFFICIAL RECEIPT

4 240

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-29, 19 97

From: Seung Hong Franco Address: 4393 36th St. San Diego 92104

Unemployed Chinese Office and Sitter Dollars ($ 993 51)

In Full Payment of Interment of Ma Siu Hong

Lot 1849 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13399

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

1573

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carina Jurgen

CREDIT	67007		
20% Sales Care	77164		
80% Sales of Lots	100 77164		
Opening/ Closing	100 77181		
Burial Containers	100 77182	175	00
	100	158	00
Handling Fee	77165		
Recording & Misc. Fees	100 77183	645	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	15	51
TOTAL PAID	$	993	51

E-13399

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 70

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MA	SUI	HONG	08/16/1926	01/22/1997	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	SEUNG HONG FRANCO - DAUGHTER 4393 36TH. 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
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD. SAN DIEGO,CA 92104	FD-480	▶ [signature]	01/24/1996

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/27/1997	▶ [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 2-1-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre Need. For

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/23/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beverlean Montgomery

in a Liner (Type of Burial Container) 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. _____

Lot 111 Grave 10 Row _____ Section 3 Division/~~Block~~ 18

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-48220	1000.00
Balance due	564.73

Money Refunded to Elbert Hart 8/26/97 $865.00 DP-5820703

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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: Edward H. Hart

Address: 5772 Potomac Street

City: San Diego, CA 92139 Zip Code

Telephone: 619 472-0618

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13400

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust E-13400

Elert Hunt
5772 Potomac St.
San Diego, CA 92139
(111-10-3-12)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		10									

Amount due when paid on, or before, due date above. $ 24.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME ELBERT H HUNT

ADDRESS 5772 POTOMAC ST

CITY SAN DIEGO STATE CA ZIP 92139

☐ check (✓) if this is new address

OFFICIAL RECEIPT

4 220

CITY OF SAN DIEGO, CALIFORNIA

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Precious Hunt

Date: 1/23, 19 97

From: Elbert Hunt Address: 5772 Potomac Street, S.D. CA 92139

One Thousand 00/100 Dollars ($ 1000.00)

In Part Payment of Pre Need Trust for Beverleun Montgomery

Lot 111 Grave 10 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-13400

BALANCE DUE 564.73

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karyn Dekker

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	200	00
Sales Tax	60101 78390		
TOTAL PAID	$	1000	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

AC-212 (Rev. 5-96)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 3 7 6

Date: 3-11 19 97

From: Elch Hurt Address: 5772 Potomac St. S.D. 92139

Twenty four and no/100 Dollars ($ 24.00)

In part Payment of pre-need lot and trust

Lot 111 Grave 10 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-13460

BALANCE DUE 540.73

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 Catina Burgess

CREDIT			
20% Sales Care	57007 77154	24	00
80% Sales of Lots	100 77154		
Opening/ Closing	100 77161		
Burial Containers	100 77162		
Handling Fee	100 77165		
Recording & Misc. Fees	100 77163		
Pre-Need Trust	63055 9322		
Sales Tax	60101 76300		
TOTAL PAID	$	24	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-27-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Eduardo Smith

in a Liner (Type of Burial Container) Funeral, date, time Fri. 1-31 1:00

Church, Chapel, 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. P.S.

Lot 60 Grave 11 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund 20=179 80=300	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees Paid in full	145.00
Flower vases – Marker setting fee 2-28-97	
Recording and filing fee	45.00
Sales taxes	74.73
Total Due	1664.73
Paid receipt number R-48232	416.00
Balance due	1248.73

30 day Note

Invoice 1248.73

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature: Patricia Smith

Address: 3535 altadena ave

City: S.D. Ca Zip Code: 92105

Telephone: 619-284-8514

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 280470

Work Order # E 13401

Acct. # 091392

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY W.O. # E-13401

NOTE

$ 1249.13 San Diego, California January 27, 19 91

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 nine 13/12 DOLLARS with interest from February 28, 1997 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME x PATRICIA SMITH SIGNATURE x Patricia Smith

ADDRESS x 3535 Altadena ave

CALIFORNIA DRIVER LICENSE NUMBER x A4616974 SSN # x 458-25-3510

PY-1012 (11-89)

E- 13401

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

67

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4.
EDUARDO	A.	SMITH	05/23/1929	01/26/1997	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	PATRICIA SMITH-WIFE 3535 ALTADENA SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ Mont Mitch	01/28/1997

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	01/29/1997 M. MITCHELL	9701658 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 1-31-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 232

Date: 1/27, 19 97

From: Patricia Smith Address: 3535 A Hadena Ave S.D. CA 92105

Four hundred Sixteen Dollars ($ 416.00)

In Part Payment of Interment of Eduardo Smith

Lot 60 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13401

BALANCE DUE 1249.73

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 Karyn Dik

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	416	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	416	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/23/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bessie L. Duresseau

in a Linea (Type of Burial Container) Funeral, date, time Tue, Mon 27, 10:00

Church, Chapel, Graveside Chapel/Graveside, Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. XA.W.

✓ Lot 35 Grave 2 Row _____ Section 2 Division/Block 12

Grave space & Care Fund 20 = 199 80 = 349	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	23.78
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1788.51
Paid receipt number R-48321	447.00
Balance due	1341.51

Paid as of 4/23/97

32 Lot Note Family will call with time of service

I hereby certify I am the X Brother Al Winford of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: Al Winford

Address: 1018 Beverly St.

City: San Diego Ca. Zip Code: 92114

Telephone: 619-263-5604

Invoice # 2802600

Work Order # E 13402

Acct. # 091319

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY W.O. # E-13402

NOTE

$ 1341.51 San Diego, California January 23 19 97

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 forty one 51/100 DOLLARS with interest from Feb 24, 1997 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 AL WINFORD SIGNATURE X Al Winford

ADDRESS X 1018 Beverly St. San Diego, Ca. 92114

CALIFORNIA DRIVER LICENSE NUMBER X P686702 SSN # X 436-56-3910

PY-1012 (11-89)

E-13402
68

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Bessie	Louise	Duresseau	06/18/1928	01/20/1997	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	Al Winford, Brother 1018 Beverly St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Arthur Williams	01/23/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/24/1997	9701444

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 1/27/97	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

4 221

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11/23 19 97

From: Alvin Winford Address: 1018 Beverly St. San Diego Ca 92114

Four Hundred forty seven 00/100 Dollars ($ 447.00)

In Part Payment of Interment of Bessie Duresseau

Lot 35 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13402

BALANCE DUE 1341.57

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karyn Bik

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	447 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	$	447 00

AC-212 (Rev. 5-94)

Pre Need lot & Trust for

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/23/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John & Bertha Lawson

in a Double Depth (Type of Burial Container) 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. _____

Lot 175 Grave 10 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	paid in full 2-19-97
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2044.45
Paid receipt number 48224	$544.45
48300 Balance due	1500.00 / 1500.00

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 John L. Lawson
Signature

X 321 CORTE NACION
Address

X CHULA VISTA, CA 91910
City Zip Code

X (619) 420-8256
Telephone

Invoice # _____

Work Order # E 13403

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13403

LAWSON, JOHN & BERTHA 321 CORTE NACION CHULA VISTA, CA 91910

01-23	97	Pre-need Lot and Trust Opened:			
		Lot 175, Grave 10, Section 2, Division 12	895.00		
		Trust includes: (1) Opening/Closing, (1) Double Depth Crypt, (1) HAndling Fee, (1) Recording Fee, Tax on Double Crypt	1149.45		2,044.45
01-23	97	Receipt 48224		544.45	1,500.00
2-19	97	Receipt 48300			1500.00
					0
		paid in full 2-19-97			
		✓ sent			
		LAWSON, JOHN + BERTHA	PRE-NEED LOT + TRUST		

Deed Given to Family 2/19/97

OFFICIAL RECEIPT

4 224

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1/23, 19 97

From: John & Bertha Lawson Address: 321 Corte Nacion, Chula Vista 91910

Five hundred fotyfive 45/00 Dollars ($ 544.45)

In Pard Payment of Pre Need Lot & Trust for John & Bertha Lawson

Lot 175 Grave 10 Row Section 2 Division Block B2

Invoice No.

Acct. No.

W.O. E-13463

BALANCE DUE 150.00

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 Harry Baker

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77164	544.	45
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	$	544	45

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 300

Date: 2/19, 19 97

From: John Lawson Sr Address: 321 Corte Dacron Chula Vista Ca 91910

One thousand five hundred Dollars ($ 1500.00)

In Full Payment of Pre Need Lot & Trust

Lot 175 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13403

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karyn Baker

CREDIT	67007		
20% Sales Care	77184	179	00
80% Sales of Lots	100 77184	172	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	1149	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1500	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-24-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Henry Metzler

in a Liner (Type of Burial Container) Funeral, date, time Tues 1-28 10:30

Church, Chapel, Graveside Witness Delivery only : Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 64 Grave 1 Row _____ Section 16 Division/Block 7

Grave space & Care Fund ..... Pre-Need D-5071	~~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-48225	769.73
Balance due	~~0~~

PAID
JAN 24 1997
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 Helen L. Metzler
Signature

X 4145 Ponoma St.
Address

X San Diego 92105
City Zip Code

X 281-3637
Telephone

Invoice # _____

Work Order # E 13404 ✓

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 13404

86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Henry	George	Metzler	02/28/1910	01/23/1997	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lemon Grove	San Diego	Helen Metzler-Wife 4145 Poplar St. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶ Laura Smith	01/24/1997

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	01/27/1997 Laura Smith	9701502 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1/30/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

OFFICIAL RECEIPT

4 225

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-24, 1997

From: Helen Metzler Address: 4145 Poplar San Diego 92105

Seven Hundred Sixty Nine & 73/100 Dollars ($ 769.73)

In full Payment of Interment of Henry Metzler

Lot 64 Grave 1 Row Section 16 Division Block 7

Invoice No.

Acct. No.

W.O. E - 13404

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

4171

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Shackelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
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 1/24/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Moore 10:00

in a Liner (Type of Burial Container) Funeral, date, time Jan, Tues, 28, 1997

Church, Chapel, 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

will be applied and billed to undersigned. XMA

Lot 74 Grave 12 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	20= 159 80= 636	795.00
Additional spaces and care fund		
Opening/Closing & Setup		315.00
Burial Container		190.00
Handling Fees	paid in full	145.00
Flower vases – Marker setting fee	2-27-97	
Recording and filing fee		45.00
Sales taxes		14.73
Total Due		1564.73
Paid receipt number	INVOICE	1564.73
Balance due		Ø

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.

Signature: X D Mathews

Address: X 7550 Seabrook Ln

City: X San Diego Zip Code: CA 92139

Telephone: X 470-1503

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 280324

Work Order # E 13405 ✓

Acct. # 091336

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY W.O. # E - 13405

NOTE

$ 1564.73 San Diego, California January 24, 1997

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 February 25, 1997 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 D Martelli SIGNATURE D Martelli

ADDRESS 1550 Seabrook Dr

CALIFORNIA DRIVER LICENSE NUMBER E0142889 SSN # 563-82-6200

PY-1012 (11-89)

E - 13405

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
JAMES	-	MOORE	09/29/1911	01/24/1997	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	MAE HOLTZ-DAUGHTER 1550 SEABROOK LANE 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	▶ Mae Holtz	01/27/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/28/1997 M. MITCHELL	9701556 ▶

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 L[illegible] AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 1/31/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

E-13405

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.

CALIFORNIA BURIAL CHAPEL
5880 EL CAJON BLVD.
SAN DIEGO CA 92115

ACCT NO
091336

TREASURERS USE ONLY

PAYMENT DATE 2-27-97
BY: CA (CK) IF
PAYMENT REF NO 3209 AMT PAID: $1564.73

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
01/29/97	02/28/97	DECEMBER

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13405
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JAMES MOORE SVCS	
LOT 74 GR 12 SEC 2 DIVN 11	795.00
OPENING/CLOSING	375.00
LINER	190.00
HANDLING FEE	145.00
TAX ON LINER	14.73
RECORDING FEE	45.00
TOTAL DUE	1,564.73

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.

CUSTOMER COPY INV NO. 280324

AC-2 (REV 1/96)

Pre-need
Lot & trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-24-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Janet Hubbard

in a T.S. Vault (Type of Burial Container) 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. _____

Lot 2370 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1,869.38
Paid receipt number R-48229	1,869.38
Balance due	0

PAID
JAN 24 1997
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X Jared A. Hubbard of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Jared A. Hubbard
Signature
X 10222 Del Rio Rd.
Address
X Spring Valley CA 91978
City Zip Code
X 670-6545
Telephone

Invoice # _____

Work Order # E 13406

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

4 229

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-24, 19 97

From: Janet Hubbard Address: 10222 Del Rio Rd S.V. CA 92078

One thousand eight hundred sixty nine 38/100 Dollars ($ 1,869.38)

In full Payment of pre-need lot and trust

Lot 2370 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13406

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

102

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Surgeon

CREDIT	87007	199	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	796	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	874	38
Sales Tax	60101 78390		
TOTAL PAID	$	1,869	38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

AND ashes in grave already center

Date 1/22/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Valborg Kittelson (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time AKD Wed, Jan 29

Church, Chapel, Graveside Delivery Only ; Conrad Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 817 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund ..... Pre Need E 7320 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

bottom center

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 # _____

Work Order # E 13407

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 13407

APPLICATION 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
VALBORG	E.	KITTELSON	05/10/1911	11/06/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
ALBERT LEA	MN	WARREN RABEN - NEPHEW ALBERT LEA, MI 56007

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD-941	▶	01/27/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 01/27/1997	9701483 ▶

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 PERSON 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
- [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 91950	11B. DATE BURIED 1/29/97	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 1-27-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of RUTHER ASH

in a T.S. VAULT (Type of Burial Container) Funeral, date, time FRI. 1-31 1:30

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

Lot 146 Grave 9 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund PRE-NEED E-4914	0
Additional spaces and care fund	—
Opening/Closing & Setup PRE-NEED E-11732	0
Burial Container " "	0
Handling Fees " "	0
Flower vases – Marker setting fee	—
Recording and filing fee	—
Sales taxes " "	—
Total Due	0
Paid receipt number	
Balance due	

FAX # 263-1507

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 13408

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13408

MT HOPE CEMETERY

INTERMENT ORDER

City of New York

1-27-96

RUTHER ASH

T. S. VAULT

FR. 1-31 1:30

CHURCH GRAVESIDE RAGSDALE

150.00

146 9 1

PRE-NEED E-4914 12

PRE-NEED E-4734 6

9

0

5

0

E 13408

E- 13408

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

52

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ruther	D.	Ash	12/30/1944	01/27/1997	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	Bridgette O. Lane, Daughter 1201 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	▶ [signature]	01/27/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/29/1997	9701680 ▶ [signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER *THAN IN A CEMETERY*
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 1-31-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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.

Pre-need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-27-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David Tevis

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside 7-16-97 : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

changed to grave 11

Lot 35 Grave 4 Row _____ Section 17 Division/~~Block~~ 7

Grave space & Care Fund Tree	1,495.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1,495.00
Paid receipt number VISA	748.00
Balance due	747.00
	747.00

PAID IN FULL 3-4-1997

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X David Tevis
Signature

X 2404 West Ingersoll St
Address

X San Diego CA 92111
City Zip Code

X 619 279-5993
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13409

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13409

TEVIS, DAVID 2404 West Ingersoll Street San Diego, CA 92111

		DEBIT	CREDIT	BALANCE
01-27 97	Pre-need Lot Opened	1,495.00		1,495.00
01-[illegible]-97	Receipt Visa 35-4-17-7		748.00	747.00
3-4 97	R- 48335		747.00	0
	✓deed # 12146			

TEVIS, DAVID

PRE-NEED LOT

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46335

Date: 3-4 19 97

From: David Tevis Address: 2404 W. Ingersoll St. S.D. 92111

Seven hundred forty seven and no/100 Dollars ($ 747.00)

In full Payment of Pre-need lot

Lot 35 Grave 4 Row Section 17 Division 7 Block

Invoice No.

Acct. No.

W.O. E-13469

BALANCE DUE

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3669

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgen

CREDIT	67007	299	00
20% Sales Care	77184	448	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		
Sales Tax	9022 60101 78390		
TOTAL PAID	$	747	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-28-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ignacio Orozco

in a T.S. Vault (Type of Burial Container) Funeral, date, time Thur. 1-30 10:30

Church, Chapel, Graveside graveside ; Guadalupana Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X R. D. de Jose

Lot 265 Grave 5 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund 139 211	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-48242	425.00
Balance due	1244.38
	1244.38

PAID IN FULL

Ruben De Alba
30 day note

I hereby certify I am the X brother 2-26 paid on general account of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Ruben de Alba
Signature
X 733 S. 33 nd. St.
Address
X San Diego CA.
City Zip Code
X 239.2840
Telephone

Invoice # 280461

Work Order # E 13410 Acct. # 091385 2-3-97

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-13410

NOTE

$ 1,252.38 San Diego, California January 27 19 97

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 February 30, 1997 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 Ruben de Alba SIGNATURE X Ruben de alba

ADDRESS X 733 S 33 OR St SAN DIEGO CA

CALIFORNIA DRIVER LICENSE NUMBER X N7696377 SSN # X 551-19-7129

PY-1012 (11-89)

E-13410
33

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1964 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
IGNACIO	-	DE ALBA-OROZCO	06/27/19[illegible]	01/27/1997	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	RUBEN DE ALBA-BROTHER 733 S. 33rd RD. 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	▶ [illegible]	01/29/1997

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	[illegible] 01/29/1997 ▶	9701684

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 [illegible]GO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, #[illegible]751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 1-30-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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.

OFFICIAL RECEIPT

4 242

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-30, 19 97

From: Guadalupera Address: 2601 Imperial Ave San Diego 92102

Four Hundred Twenty Five Dollars ($ 425.00)

In part Payment of Interment of Ignacio De Alba - Orozco

Lot 265 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E - 13410

BALANCE DUE 1244.38

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
6284

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D. Shirkilton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	425	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	$	425	00

Pre-need lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-28-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rosa Lidia Guerrero

In a _____ (Type of Burial Container) 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. _____

Lot 101 Grave 10 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	795.00
Paid receipt number R-48233	200.00
Balance due	595.00

PAID
MAR 06 2003
MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Rosa L. Guerrero
Signature
X 3866 Superior St
Address
X San Diego CA 92113
City Zip Code
X 264-2954
Telephone

Invoice # _____

Work Order # E 13411

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13411

GUERRERO, ROSA LIDIA 3866 Superior St. San Diego, CA 92113

01-28	97	Pre-need Lot Opened	101-10-3-12			795.00		795.00
01-[illegible]-97		Receipt 48233		159	636		200.00	595.00
3-11	97	" 48375	cpn # 1				25.00	570.00
4-11	97	" 48464	# 2				25.00	545.00
5-12	97	" 48561	no cpn				25.00	520.00
6-11	97	" 48684	"				25.00	495.00
7-10	97	" 48769	"				25.00	470.00
8-18	97	" 48884	"				25.00	445.00
10/15	97	" 49084	"				25.00	420.00
4-28	98	R - 49891					100.00	320.00
9-6-	01	R - 54102					50.00	270.00
11-26-	01	R - 54379					25.00	245.00
3-15-	01	R - 54769					145.00	100.00
3-[illegible]-03		R 55996					100.00	—
3[illegible]	03	Mailed delinquent						

PAID

MAR 06 2003

MT. HOPE CEMETARY
~~CITY OF SAN~~ DIEGO

GUERRERO, ROSA

PRE-NEED LOT

OFFICIAL RECEIPT

4 233

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-28 19 97

From: Rosa Guerrero Address: 3866 Superior St. S.D. 92113

Two hundred and No/100 Dollars ($ 200.00)

In part Payment of pre-need lot

Lot 101 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13411

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 Carina Aragon

CREDIT	61001		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

43375

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-11, 19 97

From: Rosa Guerrero Address: 3866 Superior St. S.D. 92113

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 101 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13411

BALANCE DUE 570.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

142

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Corina Duarte

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

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

40401

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-11, 1997

From: Rosa Guerrero Address: 3966 Superior St SD 92113

Twenty Five Dollars ($ 25.00)

In part Payment of Pre Need Lot

Lot 101 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13411

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 S. Shackelton

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

45561

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-12, 19 97

From: Rosa Guerrero Address: ~~4080 Winona~~ 3860 Superior St. S.D. 92113

Twenty five and no/100 Dollars ($ 25.00)

In part Payment of pre-need lot

Lot 101 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13411

BALANCE DUE 520.00

Pre-Need Lot ☐ At Need ☐ On Acct. ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 773

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Calina Lizarraga

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

48681

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6/11, 19 97

From: Rosa Guerrero Address: 3866 Superior St San Diego Ca 92113

Twenty Five 00/00 Dollars ($ 25.00)

In Payment of Pre Need Lot For Rosa Guerrero

Lot 101 Grave 10 Row — Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13411

BALANCE DUE $495.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 993

AC-212 (Rev. 5-84)

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	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

48769

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-10 19 97

From: Rosa Guerrero Address: 3866 Superior St. S.D. 92113

Dollars ($ 25.00)

In Payment of pre-need ~~[illegible]~~ a lot

Lot 101 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13411

BALANCE DUE 470.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1014

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Calina 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 78390		
TOTAL PAID	$	25	00

43884

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-18, 19 97

From: Rosa Ellenfeld Address: 3960 Superior St San Diego 92113

Twenty five and no/100 Dollars ($ 25 00)

In Part Payment of Pre-Need lot

Lot 101 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13411

BALANCE DUE 445.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

1039

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY (Illegible)

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	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	25 00

OFFICIAL RECEIPT

49081

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10/15, 19 97

From: Rosa Guerrero Address: 3866 Superior Street SD 92113

Twenty five and no/100 Dollars ($ 25.00)

In Part Payment of Pre need lot

Lot 101 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13411

BALANCE DUE 420.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1103

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Ravana Jungan-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 78390		
TOTAL PAID	$	25	00

OFFICIAL RECEIPT

49891

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-28, 1978

From: Rosa Guerrero Address: 3866 Superior St. San Diego 92113

One Hundred Dollars ($ 100.00)

In part Payment of Pre-Need Lot

Lot 101 Grave 10 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-13411

BALANCE DUE 320.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1161

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Sherlin

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-13411

Rosa Guerrero
3866 Superior Street
San Diego, CA 92113

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
		10									

Amount due when paid on, or before due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-13411

Rosa Guerrero
3866 Superior Street
San Diego, CA 92113
(101-10-3-12)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
		10									

Amount due when paid on or before due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/29/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Akida Werevu Cunningham

in a Liner (Type of Burial Container) Funeral, date, time Fri, Feb 31st 10:30

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

Lot 125 Grave 11 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund 20=179 80-350 w/Tree	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	14.75
Total Due	1664.73
Paid receipt number R-48243	416.00
Balance due	1248.73

Paid in full 3-17-98 per Greg Woods at Treasurer 7-28-98

30 day Note

1248.73

I hereby certify I am the Stepmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Patricia Cunningham
Signature

6124 DRACAENA CT
Address

SAN DIEGO 92114
City Zip Code

472-0784
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 280471

Work Order # E 13412

Acct. # 091391

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY W.O. # E-B412

NOTE

$ 1248.73 San Diego, California January 30 1997

[illegible]rty 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 nine 73/00 DOLLARS with interest from March 2, 1997 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.

[illegible]NT NAME PATRICIA A. CUNNINGHAM SIGNATURE Patricia A. Cunningham

ADDRESS 6124 Dunham Court San Diego Ca 92114

CALIFORNIA DRIVER LICENSE NUMBER N2469280 SSN # 552-08-0493

PY-1012 (11-89)

E-13412

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 24

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Akida	Werevu	Cunningham	08/15/1972	01/25/1997	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	Robert D. Cunningham, Father 6124 Dracaena 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	▶ Debra Williams	01/29/1997

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	01/29/1997	9701672 ▶ 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; POO. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 1-31-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 243

Date: 1/30/97, 19 97

From: Patricia Morris Address: 6124 Dracaena Ct. SD 92114

four hundred sixteen 00/00 Dollars ($ 416.00)

In Part Payment of Interment of Kida Werewv

Lot 125 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13418

BALANCE DUE 1249.73

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 Karen Baker

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	416 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	416 00

OFFICIAL RECEIPT

50315

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8/21, 19 98

From: JL. Cunningham Address: 5490 Lenox Dr. SD 92114

One hundred forty eight & 78/100 Dollars ($ 148.78)

In full Payment of marker setting fee and galvanized flower vase for Alida Cunningham

Lot 125 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13412

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avallone

CREDIT	67001		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	10	00
Handling Fee	100 77185	13	00
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63093 9022		
Sales Tax	60101 78390		78
TOTAL PAID	$	148	78

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-30-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lola Kraft

in a liner (Type of Burial Container) Funeral, date, time Tues 2-4 1:30

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 $ _____

will be applied and billed to undersigned. _____

Lot 19 Grave _____ Row 13 Section 1 Division/Block 5

Grave space & Care Fund	Pre-Need D-2974	
Additional spaces and care fund		—
Opening/Closing & Setup	Pre-Need D-4947	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 # _____

Work Order # E 13413

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 13413
91

APPLICATION 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
LOLA	L.	KRAFT	08/25/1905	01/30/1997	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	THEODORE CRANSTON: ATTORNEY 4365 EXECUTIVE DRIVE, #1600 SAN DIEGO, CA 92121

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GOODBODY MORTUARY 5027 EL CAJON BLVD., SAN DIEGO, CA 92115	F-790	▶ Victoria Meza	02/03/1997

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	VICTORIA MEZA 02/04/1997	9701927 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2-4-97	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 1/30/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Garren Chris Mallory

in a Liner (Type of Burial Container) Funeral, date, time Wed, Feb 5, 12:00

Church, Chapel, Graveside Church Graveside; Rugsdale 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. Kim

Lot 4540 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	45.00
Recording and filing fee	
Sales taxes	14.73
Total Due	1864.73
Paid receipt number R78244 R-48245	466.00
Balance due	1398.73

PAID JAN 30 1997 Paid in full MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF

30 day note

I hereby certify I am the A of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Natalie B. Mallory
Signature

1011 - 56th Street
Address

San Diego 92114
City Zip Code

264-0745
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice #

Work Order # E 13414

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 13414

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 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
Garren	Chris	Mallory	01/13/1964	01/27/1997	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	Natalie B. Mallory, Mother 1011 56th St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.; 5088 Federal Blvd. San Diego, CA 92102	F-1329

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Debbie Williams 8B. DATE SIGNED: 01/30/1997

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/03/1997	9701896

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/5/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 244

Date: 1/30, 19 97

From: Natalie Mallory Address: 1011 36th Street SD Ca 92114

Four hundred sixteen 00/00 Dollars ($ 416.00)

In Part Payment of Interment of Gavenlius Mallory

Lot 4540 Grave — Row — Section — Division 10 Block

Invoice No.

Acct. No.

W.O. E-13414

BALANCE DUE 1348.73

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 Karya Bak

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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 245

Date: 1/30, 19 97

From: Natalie B Mallory Address: 1011 56th St San Diego Ca 92117

One thousand three hundred ninety eight 73/100 Dollars ($ 1398.73)

In Full Payment of Interment of Garrett & Nels Mallory

Lot 45 40 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-13414

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 Dak

CREDIT	87007	719	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	410	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	140	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1398	73

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-31-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gregory Warren

In a liner (Type of Burial Container) Funeral, date, time Mon 2-3 11:00

Church, Chapel, Graveside Church/Graveside; Ca Burial Mortuary Gary

All Funeral cars must 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

Lot 61 Grave 8 Row ____ Section 2 Division/Block 11

Grave space & Care Fund 20=159 80=245	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	—
Recording and filing fee 3-14-97	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-48275	391.00
Balance due	1173.73

30 day note

I hereby certify I am the X COUSIN of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X April BLACKMAN
Signature

X 5839 ALTA VISTA AVE
Address

X SAN DIEGO 92114
City Zip Code

X 262-5578.
Telephone

Invoice # 280874

Acct. # 0914601

Work Order # E 13415

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-13415

NOTE

$ 1173.73 San Diego, California Jan 31 1997

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 March 4, 1997 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 APRIL BLACKMAN SIGNATURE X April Blackman.

ADDRESS X 5839 ALTA VISTA AVE. SAN DIEGO CA 92114

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X 564-11-5990.

PY-1012 (11-89)

E-13415

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 37

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Gregory	–	Warren	12/02/1959	01/29/1997	Male

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Chino	San Bernardino	Betty Joyce Moore-mother 1194 Deerfield St. Ontario, CA 91761

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking report	8B. DATE SIGNED
California Cremation & Burial Chapel 5880 El Cajon Blvd. San Diego, CA 92115	F-1357	▶ [signature]	01/31/1997

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10576 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/03/1997	▶ [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 Bernardino Vital Records 222 W. Hospitality Ln. San Bernardino, CA92415	San Diego Vital Records P.O. Box 85222 San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-3-97	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

4 275

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-7, 19 97

From: Ca. Burial Chapel Address: 5880 El Cajon Blvd San Diego 92115

Three Hundred Ninety One and no/100 Dollars ($ 391.00)

In part Payment of Interment of Gregory Warren

Lot 01 Grave 8 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-13415

BALANCE DUE 1173.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3177

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Dungen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-3-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Florence Lindsay

in a LINER (Type of Burial Container) Funeral, date, time Wed. 2-5 10:00

Church, Chapel, Graveside Church/Graveside Merkley-Mitchell Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X

✓ Lot 90 Grave 12 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... Pre-Need E-279	Ø
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number VISA	769.73
Balance due	Ø

PAID
FEB 03 1997
Paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Suzanne Picarello
270-2476

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 Suzanne Picarello
Signature
X 3927 Kendall St.
Address
X SD Ca 92109
City Zip Code
X 2702476
Telephone

Invoice # ____

Work Order # E 13416

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Suzanne Picarello
270-2476

E-13416

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
FLORENCE	ANN	LINDSAY	05/14/1907	02/01/1997	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	DONALD LINDSAY, GRANDSON 3133 KEMPER STREET SAN DIEGO, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ Victoria Mitchell	02/04/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/05/1997 V.I. MITCHELL	9702008 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY)	11B. DATE BURIED 2/5/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/3/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernest R Cooper

in a TS Vault (Type of Burial Container) Funeral, date, time Feb Tues 4th 11:00AM

Church, Chapel, Graveside Chapel ; Featherngill 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

Lot 114 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	Paid 10 9657 0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	850.00
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 R- 45256	874.38
Balance due	0

PAID
FEB 03 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the Widow of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature: Willie J. Cooper

Address: 3575 Thousand Oaks Ave.

City: San Diego, CA Zip Code: 92117-5613

Telephone: 270-9735

Invoice #

Work Order # E 13417

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-1341T

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
Ernest	R.	Cooper	02/05/1918	02/01/1997	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	Nellie Cooper, wife 3575 Ethan Allen Ave San Diego, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking action	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	[illegible]	02/03/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/03/1997 Candice Maggard	9701910

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222, San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 4751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-4-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman 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.

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 256

Date: 2/3, 1997

From: Nellie J. Cooper Address: 3575 Ethan Allen Ave S.D. CA 92117

Eight hundred seventy four 38/00 Dollars ($ 874.38)

In Full Payment of Interment of Ernest R. Cooper

Lot 114 Grave — Row — Section — Division/Block 10

Invoice No.

Acct. No.

W.O. E-13417

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karen DeKoo

CREDIT	67007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	38
TOTAL PAID	$	874	38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-4-96

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Downing Jr. (DOWNING)

in a liner (Type of Burial Container) Funeral, date, time Fri 2-7 12:00

Church, Chapel, Graveside Church / Graveside; Co 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

✓ Lot 134 Grave 9 Row ____ Section 1 Division/Block 17

Grave space & Care Fund	20=179 80=296	895.00
Additional spaces and care fund		—
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees	Paid in full	145.00
Flower vases – Marker setting fee	3-26-97	—
Recording and filing fee		45.00
Sales taxes		14.73
Total Due		1664.73
Paid receipt number	R-48259	420.00
Balance due		1244.73

1244.73

I hereby certify I am the X Anja L. Downing of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Anja L. Downing
Signature

I hereby authorize the interment in lot I hold under deed.

X 6725 Mezina Way
Address

X S.D. 92114
City Zip Code

X 527 7119
Telephone

Signature of recorded holder of deed

Invoice # 280879

Work Order # E 13418

Acct. # 091464

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E - 13418

NOTE

$ 1244.73 San Diego, California Feb 4 19 97

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 four 73/100 DOLLARS with interest from March 8, 1997 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 SONJA DOWNING SIGNATURE X Sonja L. Downing

ADDRESS X

CALIFORNIA DRIVER LICENSE NUMBER X C4465436 SSN # X 554047831

PY-1012 (11-89)

E-13418

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
CHARLES	WAYNE	DOWNING, JR.	04/27/1963	01/30/1997	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	SONJA LYNETTE DOWNING-WIPE 6725 MEZIN WAY SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	Kim Walker	02/04/1997

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	02/05/1997	9702058 K. WALKER

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2-7-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Lenguer	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

4 259

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-4 , 19 97

From: Longie Downey Address: 6725 Mesin Way SD 92114

Four Hundred Twenty Dollars ($ 420.00)

In part Payment of Interment of Charles Downey Jr.

Lot 134 Grave 9 Row Section I Division Block 12

Invoice No.

Acct. No.

W.O. E- 13418

BALANCE DUE 1244.73

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. Shields

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	420	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	$	420	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-4-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Theresa ~~Tadwald~~ Tadevaid

in a Liner (Type of Burial Container) Funeral, date, time Thur. 2-6 12:00

Church, Chapel, Graveside Graveside ; Berge-Roberts Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X F.G

Lot 278 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
Total Due	1,564.73
Paid receipt number R-48260	6.24
Balance due	1,558.49
R-48306	1,558.49

paid in full 2-20-97

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.

Signature

505 SACRAMENTO
Address

S.V. 91977
City Zip Code

475-4665
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E 13419

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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over →

258-3006

Judy Baker
per Danielle + Chris at
H. Moore Hospital regarding
Theresa Jadwald her trust
check will be mailed directly
to us and payable to
Mt. Hope Cemetery. Family
to sign 30 day note.

E-13419 607

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 02-01-97

1A. NAME OF 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 TERESA	GONZALEZ	TADEWALD	12/12/1929	02/00/1997	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	FRANCISCO GONZALEZ - SON 505 SACRAMENTO AVE. SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
BERGE ROBERTS MORTUARY 607 NATIONAL CITY BLVD., NATIONAL CITY, CA 91950	FD-284

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.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Amy Sandin 8B. DATE SIGNED 02/05/1997

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/05/1997	9702050 C. STEPHENSON ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O.BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 2/6/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ 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

4 260

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-4, 19 97

From: Francisco Gonzalez Address: 505 Sacramento Spring Valley 91977

Six and 24/100 Dollars ($ 6.24)

In part Payment of Interment of Theresa Tadwald

Lot 278 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13419

BALANCE DUE 1558.49

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 Mina Dungeon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	6	24
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 75390		
TOTAL PAID	$	6	24

OFFICIAL RECEIPT

4 306

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-20, 19 97

From: County of San Diego Address: 1600 Pacific Highway San Diego 92101-2478

One thousand five hundred fifty eight & 94/100 Dollars ($ 1,558.94)

In full Payment of interment of Theresa Adward

Lot 278 Grave Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13419

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

C4-284292

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Mina Dungan

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	629	76
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	45
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1,558	94

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mario Consuelo

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time Fri. 2-7 11:00

Church, Chapel, Graveside graveside ; Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X M. C

Lot 155 Grave 4 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund Pre-need E-9230	0
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	1,149.45
Paid receipt number R-48266	287.00
R-48272 Balance due	862.45
	569.68
balance	292.77

PAID IN FULL 2-11-97

218.32

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 229060 hold under deed.

*Signature of recorded holder of deed

X Maria Consuelo
Signature

X
Address

X 1213 33rd st 92102
City Zip Code

X San Diego Ca.
Telephone 544-6417

Invoice # 280878

Work Order # E 13420

Acct. # 091465

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

over

2-7-97 $862.45 balance

- 569.68 payment

$ 292.77 balance

2-11-97 292.77

0

MT. HOPE CEMETERY

W.O. # E-13420

NOTE

$ 862.45 San Diego, California February 5 19 97

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eight hundred Sixty two & 45/100 DOLLARS with interest from March 7, 1997 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 Maria Consuelo SIGNATURE X Maria Consuelo

ADDRESS X 1213 33rd St

CALIFORNIA DRIVER LICENSE NUMBER X C0374121 SSN # X 547-67-3141

PY-1012 (11-89)

OFFICIAL RECEIPT

48266

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-5, 19 97

From: Maria Campuzco Address: 1213 33rd St. San Diego 92102

Two hundred eighty seven and no/100 Dollars ($ 287.00)

In part Payment of Installment A Maria Campuzco

Lot 155 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-13426

BALANCE DUE 862.45

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carina Duran

CREDIT	67007	
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	60101 78390	
TOTAL PAID	$	287 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

4 272

Date: 2-7, 19 97

From: Maria Consuelo Address: 1213 33rd St. San Diego 92102

Five hundred Sixty ~~eight~~ nine & 68/100 Dollars ($ 569.68)

In part Payment of Interment of Mario Consuelo

Lot 155 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-13420

BALANCE DUE 292.77

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 Vargas

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	88	00
Burial Containers	100 77182	390	00
Handling Fee	100 77185	101	68
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	569	68

E-13420

30

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mario	Q	Consuelo	03/20/1966	02/03/1997	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	Guadalupe Sanchez, sister 2234 N. Ave. National City, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El CajonBlvd San Diego,CA 92115	FD1083	Lei Tendal	02/05/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/05/1997	9702048 Edward Fessell

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO Box 85222 San Diego,CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt.Hope Cemetery 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-7-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman 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 2-7-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edna May Miller

in a Liner (Type of Burial Container) Funeral, date, time TUES. 2-11 1:00 12:00

Church, Chapel, Graveside graveside ; Featheringill Mortuary. Ed / Steve

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X S.D.

Lot 12 Grave 5 Row ____ Section MAS Division/~~Block~~ T

Grave space & Care Fund Pre-need A-3073 ~~0~~

Additional spaces and care fund ____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases – Marker setting fee paid in full

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number R-48280 769.73

Balance due ~~0~~

PAID
FEB 10 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Sandra Daniel
582-3118

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.

X Saundra L. Daniel
Signature

X 5520 Hamill Ave.
Address

X San Diego Ca 92120
City Zip Code

X 619-582-3118
Telephone

I hereby authorize the interment in lot I hold under deed.

____
Signature of recorded holder of deed

Invoice # ____

Work Order # E 13421 ✓

Acct. # ____

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 13421

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
Edna	Mae	Miller	03/19/1913	02/07/1997	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	Saundra Daniel, niece 5520 Hamill Ave San Diego, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd., San Diego, CA 92115	FD1083	▶ [signature]	02/07/1997

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	02/07/1997	9702240 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 LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 2/11/97	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- 13421

MILLER EDNA M

13044 BONITA VISTA SP 248

POWAY CA 92064

DECAL NO. 555615
SERIAL NO. KBCA5NA015192

PAID

6471179 31024

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

4 2 3 0

Date: 2-10 19 97

From: Saundra Daniel Address: 5520 Hamill Ave San Diego 92120

Seven hundred sixty nine and 73/100 Dollars ($ 769.73)

In full Payment of Interment of Edna May Miller

Lot 12 Grave 5 Row Section MAS Division ~~Block~~ T

Invoice No.

Acct. No.

W.O. E-13421

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

598

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Cathina Duxard

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
	100	146	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	4.5	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	769	73

Pre-need
Lot & trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-7-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edelys Zapata

in a Liner (Type of Burial Container) 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. _____

Lot 72 Grave 11 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,564.73
Paid receipt number R-48276	400.00
Balance due	1,164.73

See E-14106

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 2451 morkingside st
Address

X San Diego CA. 92139.
City Zip Code

Telephone

Invoice # _____

Work Order # E 13422

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

48225

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 12/2, 19 97

From: Edelys Zapata Address: 2451 Morningside St. San Diego 92139

one hundred and no/100 Dollars ($ 100.00)

In part Payment of pre need lot and trust

Lot 72 Grave 11 Row 1 Section 3 Division Block 12

* Invoice No.

Acct. No.

W.O. E-13422

BALANCE DUE 664.73

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 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	100	00
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

4 276

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-7, 19 97

From: Edelyt Zapata Address:

Four hundred and no/100 Dollars ($ 400.00)

In part Payment of pre-need lot and trust

Lot 72 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13422

BALANCE DUE 1164.73

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 Aragon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	400	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43343

Date: 3-5 19 97

From: Edelys Zapata Address: 2451 Morningside St. S.D. 92139

Fifty and no/100 Dollars ($ 50.00)

In Part Payment of Pre-need lot and trust

Lot 72 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13422

BALANCE DUE 1,114.73

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 Durgin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

45440

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4/8, 19 97

From: Evelyn Zapata Address: 2151 Morningside St. San Diego 92139

Fifty Dollars ($ 50.00)

In part Payment of Pre-Need Set + Trust

Lot 72 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13422

BALANCE DUE 1064.73

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. Charlotte

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

AC-212 (Rev. 5-94)

43520

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
S27-3400

Date: 5-5, 19 97

From: Edelys Zapata Address: 2451 Morningside St. San Diego 92139

Fifty and no/100 Dollars ($ 50.00)

In part Payment of pre need lot and trust

Lot 72 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13422

BALANCE DUE 1014.73

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 Durgan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	50	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

45636

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-2, 19 97

From: Edelys Zapata Address: 2451 Morningside St. San Diego 92137

Fifty and no/100 Dollars ($ 50.00)

In part Payment of pre-need lot and trust

Lot 72 Grave 111 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13422

BALANCE DUE 964.73

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 Lahna Surgon

CREDIT 20% Sales Care	57007 77184		
80% Sales of Lots	100 77184	50	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	$	50	00

48749

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-7, 19 97

From: Edelys Zapata Address: 2451 Morningside St. San Diego 92139

Fifty and no/100 Dollars ($ 50.00)

In Part Payment of Pre-need lot and trust

Lot 72 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13422

BALANCE DUE 914.73

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 Cauna Avalos

CREDIT	67007	14	00
20% Sales Care	77164		
80% Sales of Lots	100 77184	36	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

48825

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-1, 19 97

From: Edelys Zapata Address: 2451 Morningside St. San Diego 92139

Fifty and no/100 Dollars ($ 50.00)

In part Payment of Pre need lot and trust

Lot 72 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-12422

BALANCE DUE 564.73

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 Carmen Aguilar

CREDIT	67007	50	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	$	50	00

OFFICIAL RECEIPT

43523

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9/2 , 19 97

From: Edelys Zapata Address: 2451 Miramirgide St SD, CA 92139

Fifty 00/100 Dollars ($ 50.00)

In _____ Payment of Pre Need Lot - 1 Trust

Lot 72 Grave 11 Row _____ Section 3 Division _____ Block 12

Invoice No. _____

Acct. No. _____

W.O. E-13420

BALANCE DUE 814.73

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 Tanya Black

CREDIT 20% Sales Care	67007 77184	50	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	$	50	00

49091

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10/21, 19 97

From: Edely Zapata Address: 2451 Morningside St SD CA 92139

Fifty 00/100 Dollars ($ 50.00)

In Part Payment of Pre Need Lot / Trust

Lot M2 Grave 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 13422

BALANCE DUE 764.73

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 Kanja Oak

CREDIT	67007	50	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 76390		
TOTAL PAID	$	50	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/10/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marcellus Moore (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time Thur. 2-13 11:00

Church, Chapel, Graveside graveside : Eternal Hills Mortuary.

All Funeral cars must 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

Lot 3668 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-48295	269.26
Balance due	0

Claudia
754-6660

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 13423

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

© Printed on recycled paper

Genovia Graham is mother of deceased

754-6600

73 E-13425

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

F20166

USE BLACK 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
Marcellus	Jack	Moore	10/04/1923	02/07/1997	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Carlsbad	San Diego	Bette L. Robbins, Sister 5661 Olvera Avenue San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Eternal Hills Mortuary 1999 El Camino Real, Oceanside, CA 92054	FD-234	▶	

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/11/1997 P. Coco	9702404 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222, San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 2-13-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Eternal Hills Crematory 1999 El Camino Real, Oceanside, CA 92054	12B. DATE CREMATED 2/11/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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

4 295

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2/13, 19 97

From: Eternal Hills Address: 1999 El Camino Real Oceanside Ca 92054

Two hundred sixty-nine 26/00 Dollars ($ 269.26)

In Full Payment of Interment of Marcellus Moore

Lot 3668 Grave — Row — Section — Division/Block 10

Invoice No.

Acct. No.

W.O. E - 13423

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karen Pat

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
	100	60	00
Handling Fee	77185		
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 2-10-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Christina Prodonovich

in a Double Deep cryp Funeral, date, time Tues 2-11 11:00
Type of Burial Container

Church, Chapel, Graveside Church/Graveside; Lewis Funeral Mortuary.

All Funeral cars must 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 MR

Lot ____ Grave 14 Row 4 Section 8 Division/Block 7

Grave space & Care Fund ..... Pre-Need	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container ..... Pre-Need	0
Handling Fees	0
Flower vases – Marker setting fee	0
Recording and filing fee	45.00
Sales taxes	—
Total Due	420.00
Paid receipt number R-48293	420.00
Balance due	0

PAID FEB 11 1997 paid in full 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 Mary M. Raney
Signature

X 5259 Cushman Pl
Address

X San Diego, Ca 92110
City Zip Code

X (619) 298-5295
Telephone

Invoice # ____

Work Order # E 13424

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13424

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinter/Reinter

Date 4-1-94

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Milo Prodanovich

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 14 Grave _____ Row 4 Section 8 Division/~~Block~~ 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	380.00
Handling Fees	320.00
~~Flower vases - Marble & Bronze~~ Reinter	1000.00
Recording and filing fee	
Sales taxes	26.60
Total Due	1726.60
Paid receipt number	
Balance due	

PAID
APR 1 1994
MT. HOPE CEMETERY
CITY of SAN DIEGO

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

Mary M. Kenney
Signature
5259 Cushman Pl
Address
San Diego, Ca 92110
City Zip Code
(619) 298-5295
Telephone

Invoice # _____

Acct. # _____

Work Order # E 11437

PY-593 (Rev. 8-92)

E-13424

OFFICIAL RECEIPT

44790

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA
PROPERTY DEPARTMENT
MOUNT HOPE CEMETERY
527-3400

Date: 4-1, 19 94

From: Mary Romey Address: 5259 Cushman Place SD 92110

Seventeen Hundred Twenty-Six 60/100 Dollars ($ 1726.60)

In Payment of Disinter/Reinter Mike Prodanovich in double depth lot

Lot 14 Grave — Row 4 Section 8 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E-11437

BALANCE DUE

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

AC-212 (Rev. 1-91) 7944

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
APR 1 1994
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

ISSUED BY J. Watt

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	-	
Opening/ Closing	100 77181		
Burial Containers	100 77182	380	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	1,000	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	26	60
TOTAL PAID	$	1726	60

E-13424

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

107

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CHRISTINA	-	PRODANOVICH	04/15/1889	02/08/1997	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARY M. ROONEY - DAUGHTER 5259 CUSHMAN PLACE SAN DIEGO, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/SENBOUGH MORTUARY 3051 EL CAJON BLVD. SAN DIEGO, CA 92104	FD-480	▶ [signature]	02/10/1997

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	02/10/1997	▶ [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 2/11/97	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

4 293

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-11, 19 77

From: William W. Pedney Address: 5259 Cushman Place S.D. 92110

Four hundred twenty and no/100 Dollars ($ 420.00)

In full Payment of Interment of Christina Pozdnevich

Lot 14 Grave 4 Row Section 8 Division Block 7

Invoice No.

Acct. No.

W.O. E-13424

BALANCE DUE

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1335

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Zuzgolz

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

M.E. #96-1657

Date 2-10-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe P.A. # 1208675

in a liner (Type of Burial Container) Funeral, date, time Wed 2-12 10:00

Church, Chapel, Graveside Delivery Only : Guadalupana Nancy Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 42 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	386.00
Balance due	0

Paid in full 3-21-97

Susan Paine

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of 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 # 281145

Work Order # E 13425

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2-14-97

E-13425

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOHN	-	DOE	UNKNOWN	08/20/1996	M.

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
JAMUL	SAN DIEGO	SUSAN JAIME-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD., SAN DIEGO, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEM.CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102	FD-1425	▶ [signature]	01/14/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	01/14/1997	▶ [signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O., BOX 85222 SAN DIEGO, CA 92186-5222	----

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-12-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Pequen	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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-13425

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 3-21-97
BY: CA CK IF
PAYMENT REF NO 04-302316 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/14/97	03/16/97	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-13425
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE #1208675 SERVICES	
LOT 42 GRAVE 5 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

RETURN WITH PAYMENT INV NO. 281145

AC-22 (REV 11/95)

33

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-10-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joel E. Cunningham

in a T.S Vault (Type of Burial Container) Funeral, date, time Tues 2-14, 11:00

Church, Chapel, Graveside Church / Graveside; LD Memorial 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. CC

Lot 123 Grave 4 Row _____ Section 2 Division/Block 11

Grave space & Care Fund 125.62 to 20%	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	1769.38
Paid receipt number R-48278	769.38
Balance due	1000.00

PAID IN FULL 3-8-97

Kat 692-8896 692-3090

I hereby certify I am the PARENTS of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Clifford & Catherine Cunningham (Signature)

354 Los Reyes Dr (Address)

San Diego 92114 (City, Zip Code)

(619) 262-2944 (Telephone)

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 281175

Work Order # E 13426

Acct. # 091510

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-13426

NOTE

$ 1000.00 San Diego, California Feb 10 1997

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 DOLLARS with interest from March 15, 1997 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 CLIFTON & CATHERINE CUNNINGHAM SIGNATURE Clifton & Catherine Cunningham

ADDRESS X 354 LOS REYES DR

CALIFORNIA DRIVER LICENSE NUMBER X P0181815 SSN # X 429-62-7620

PY-1012 (11-89)

E-13426

APPLICATION 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
Joel	Edward	Cunningham	10/08/1963	02/06/1997	M

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	Catherine Cunningham - Mother 354 Los Reyes 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
San Diego Memorial Chapel 2441 University Ave.; San Diego, CA 92104-2721	FD-1575	▶ Frances L Martin	02/12/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/13/1997	▶ WS Galbraith MD

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
Birth & Death Registrations P.O. Box 6128; Santa Ana, CA 92706	San Diego Health Department P. O. Box 85222; San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 2-14-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

OFFICIAL RECEIPT

4 278

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-10, 19 97

From: Catherine Cunningham Address: 354 Los Reyes Dr. S.D. 92114

Seven Hundred Sixty Nine & 38/100 Dollars ($ 769.38)

In part Payment of Interment of Joel Cunningham

Lot 123 Grave 4 Row Section 3 Division Block 11

Invoice No.

Acct. No.

W.O. E-13426

BALANCE DUE 1000.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
2768

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Hachelin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	716	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	$	769	38

13426

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAID DATE / OPER	PD BY / BN/EQ	PAID REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
281175	02/14/97	091510	CLIFTON AND CATHERINE CUNNINGHAM					03/08/97	CK	2783	1,000.00	1,000.00	0.00
	R-13426		100	072		77181	000072				375.00		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		
			67007			77184					125.62		

D. I. P. Kit
Logan Bottom
on

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-10-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lorenzo Smith

in a T. S. Vault (Type of Burial Container) Funeral, date, time Wed 2-12 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 $ _____

will be applied and billed to undersigned. _____

Lot 1736 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund Pre-Need E-7470	-0-
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number R-48279	874.38
Balance due	-0-

PAID
FEB 10 1997
MT. HOPE CEMETERY

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 reconded holder of deed

[illegible]
Signature
1159 So. 36th St
Address
San Diego CA 92113
City Zip Code
619-266-8796
Telephone

Invoice # _____

Work Order # E 13427

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13427
U2

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lorenzo	Leviode	Smith	05/30/1934	02/04/1997	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	Anna Frye Johnson, Sister 1251 S. 47th St. No. 112 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	▶ [illegible]	02/06/1997

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/10/1997	9702320 ▶ [illegible]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-12-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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.

OFFICIAL RECEIPT

4 279

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-10, 19 97

From: J. B. Johnson Address: 1251 S. 47th St #112 92103

Eight Hundred Twenty Four & 38/100 Dollars ($ 874.38)

In full Payment of Interment of Lorenzo Smith

Lot 1736 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13427

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 A. Shirkhelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	38
TOTAL PAID	$	874	38

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/10/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donna Burley

in a Liner (Type of Burial Container) Funeral, date, time Feb. Thur 13th 1:00

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. x JB

Lot 2008 Grave — Row — Section 3 Division ~~Block~~ 8

Grave space & Care Fund ..... Pre Need G-10739	0
Additional spaces and care fund	
Opening/Closing & Setup ..... 175.	375.00
Burial Container	190.00
Handling Fees ..... paid in full 3-4-1997	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-48281	200.00
Balance due	569.73

30 day note

AMX. INV. 569-73

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 Joel A. Burley
Signature

x 992 Cowper ST.
Address

x S.D. Calif. 92154
City Zip Code

x 619-424-2214
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 281160

Work Order # E 13428

Acct. # 091507

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

13428

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
281160	02/14/97	091507	JOHN A. BURLEY					03/04/97	CA		569.73	569.73	0.00
		E -13428	100	072		77181	000072				175.00		PAID IN FULL
			100	072		77182	000072				190.00		
			100	072		77183	000072				45.00		
			100	072		77185	000072				145.00		
			60101			78390					14.73		

MT. HOPE CEMETERY

W.O. # E-13428

NOTE

$ 569.73 San Diego, California February 10 19 97

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 March 13, 1997 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 John A. Burley SIGNATURE X John A. Burley

ADDRESS X992 Cowand ST.

CALIFORNIA DRIVER LICENSE NUMBER X R0263256 SSN # X 564-60-4295

PY-1012 (11-89)

E-13428

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
DONNA	MARIE	BURLEY	09/30/1945	02/07/1997	F

5A. CITY OF DEATH: Chula Vista

5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
John A. Burley - Husband
992 Cunard Street
San Diego CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Humphrey Chula Vista Mortuary
855 Broadway Chula Vista CA 91911

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: F-964

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Judith E King

8B. DATE SIGNED: 02/11/1997

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: $7.00

9B. DATE PERMIT ISSUED: 02/11/1997

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 9702395 J.E. King ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA
Vital Records P.O. Box 85222
San Diego CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 2-13-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

E-B428

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 091507

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 3-4-97

PAID BY (CIRCLE ONE): CA CK NF

PAYMENT REFERENCE NUMBER

AMOUNT PAID 569.73

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME John A Burley

PAYOR NAME
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 992 Conrad St.
San Diego, Ca. 92154

REMARKS Catina M. Durgem
MS 72

CASHIER

INV. NO. 281160

TR-1561 (2-82)

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43251

Date: 2-10, 19 97

From: John Burley Address: 992 Conrad St. San Diego 92154

Two hundred and no/100 Dollars ($ 200.00)

In Part Payment of Interment of Delina Burley

Lot 2008 Grave Row 1 Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. C-13428

BALANCE DUE 569.38

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 Catina Jungen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	200	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

AC-212 (Rev. 5-94)

81

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-11-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerry Edwards

In a Liner (Type of Burial Container) Funeral, date, time Fri 2-14 10:00

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 Ac 2

✓ Lot 135 Grave 10 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund 20 = 159 80 = 136	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-48289	500.00
Balance due	1064.73

I hereby certify I am the X Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Alberta Dillard
Signature

X 8011 Cartridge Dr.
Address

X La Mesa Ca. 91941
City Zip Code

X 463-2235
Telephone

Invoice # 281176

Acct. # 091511

Work Order # E 13429

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

1064.73
-175.00

889.73

MT. HOPE CEMETERY

W.O. # E-13429

NOTE

$1064.73 San Diego, California Feb 11 1997

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand sixty four & 73/100 DOLLARS with interest from March 15, 1997 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 Albert Dillard SIGNATURE X Albert D Dillard

ADDRESS X 8011 Eastridge Dr. La mesa Ca.

CALIFORNIA DRIVER LICENSE NUMBER X A0171523 SSN # X 437-82-1048

PY-1012 (11-89)

E-13429

APPLICATION 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
JERRY	-	EDWARDS	07/10/1915	02/09/1997	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	ALBERT DILLARD, JR.-NEPHEW 8011 EASTRIDGE DR. 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Kim Walker	02/12/1997

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/12/1997 K. WALKER	▶ 9702462

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-14-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Aimee 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.

OFFICIAL RECEIPT

48289

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-11, 19 97

From: Albert Dillard Address: 8011 Eastridge Dr La Mesa 91941

Five Hundred Dollars ($ 500.00)

In part Payment of Interment of Jerry Edwards

Lot 135 Grave 10 Row Section 3 Division ~~Block~~ B

Invoice No.

Acct. No.

W.O. E-13129

BALANCE DUE 1064.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3585

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shackelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	500	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

ID 5/12/2008 Sandra Jean Centore DOB 12/1/1936

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-11-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Doe PA# 12086659 ME# 96-2276

in a Liner (Type of Burial Container) Funeral, date, time Thur. 2-13 10:00

Church, Chapel, Graveside delivery only : ADA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 46 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number INVOICE	386.00
Balance due	0

paid in full 4-14-97

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

Invoice # 281103

Work Order # E 13430

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

1208659 96-2076 E-13430

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JANE	-	DOE	UNKNOWN	11/19/1996	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	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
A D A MORTUARY SERVICES, INC. 3444 CITRUS ST., LEMON GROVE, CA 91945	FD-1469	▶ A Shiroma	01/16/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/17/1997	▶ [signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-13-97	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

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-13430

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 4-14-97
BY: CA CK IF
PAYMENT REF NO 04-322448
AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/14/97	03/16/97	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13430
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JANE DOE PA#1208659/ME#96-2276	
LOT 46 F=GR 3 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE. RETURN WITH PAYMENT INV NO. 281163

AC-22 (REV. 10/95)

E-13430

County of San Diego

GLENN N WAGNER, D.O.
CHIEF MEDICAL EXAMINER

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

DEPARTMENT OF THE MEDICAL EXAMINER
5555 Overland Ave., Suite 1411, San Diego, California 92123-1270
TEL: (858) 694-2895 FAX: (858) 495-5956

May 12, 2008

City of San Diego
Mount Hope Cemetery
3751 Market Street
San Diego CA 92102

Attn: Cemetery Records – Maria 619-527-3403

Re: Jane Doe (Medical Examiner Case #96-2276)

Ladies and Gentlemen:

This letter is to inform you of the identification of Jane Doe, Medical Examiner case number 96-2276. The date of death of Jane Doe was 11/19/1996. She was positively identified on 05/12/2008 through a fingerprint comparison and subsequent investigation.

The decedent's identity has been established as: Sandra Jean Centore with date of birth 12/01/1936. Her next of kin are her sons Glenn Steven Centore, Anthony M. Centore, and Robert J. Centore who reside in New York. Could you please respond to this notice and provide this decedent's plot location?

Thank you for your assistance in this matter.

Sincerely,

Gretchen B. Geary

Gretchen B. Geary
Medical Examiner John/Jane Doe Investigator

Public Administrator number not available

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-11-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 1209582 ME# 96-2067

in a Liner (Type of Burial Container) Funeral, date, time Thur. 2-13 10:00

Church, Chapel, Graveside delivery only : ADA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 50 Grave 6 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container — paid in full 4-14-97	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number INVOICE	386.00
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 281161

Work Order # E 13431

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

1209582 96-2067 E-13431

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
JOHN	-	DOE	UNKNOWN	10/19/1996	M

5A. CITY OF DEATH: ALPINE

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT:
PUBLIC ADMINISTRATOR
5201 - A RUFFIN ROAD
SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH:
A D A MORTUARY SERVICES, INC.
3444 CITRUS ST., LEMON GROVE, CA 91945

7B. CALIF. LICENSE NUMBER—IF APPLICABLE: FD-1469

8A. SIGNATURE OF APPLICANT—Person Taking Report: ▶ H Shirama

8B. DATE SIGNED: 01/16/1997

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: $7.00

9B. DATE PERMIT ISSUED: 01/17/1997

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA:
P.O. BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED: 2-13-77	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ Norma 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.

E-13431

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 04-14-97
BY: CA (CK) IF
PAYMENT REF NO 04-322448 AMT PAID: $ 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/14/97	03/16/97	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13431
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#1209582/ME#96-2067	
LOT 50 GR 6 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. 281161

AC-22 (REV - 10/95)

bones only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-11-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 1209566 ME# 96-2337

in a ~~Liner~~ (Type of Burial Container) Funeral, date, time Thur. 2-13 10:00

Church, Chapel, Graveside delivery only : ADA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 4 Grave 1 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number INVOICE	386.00
Balance due	Ø

paid in full 4-14-97

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

Invoice # 281164

Work Order # E 13432

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E-13432

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 4-14-97
BY: CA (CK) IF
PAYMENT REF NO 04-322448 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/14/97	03/16/97	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13432
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#1209566/ME#96-2337	
LOT 4 GR 1 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE. RETURN WITH PAYMENT INV NO. 281164

AC-22 (REV - 10/95)

120956 96-2337 E-13432

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHN	-	DOE	UNKNOWN	11/28/1996	

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
A D A MORTUARY SERVICES, INC. 3444 CITRUS ST., LEMON GROVE, CA 91945	FD-1469	▶ [signature]	01/16/1997

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

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/21/1997	▶ [signature]

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P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
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- [ ] 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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2-13-77	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 ▶	
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COPY 2 IS RETAINED BY 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

Transfer of pre need lot - limit

City of San Diego

Date 2-12-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ivo Elmer Vierkant

in a _____ (Type of Burial Container) 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. _____

Lot 33 Grave 3 2 4 Row _____ Section _____ Division/Block 11

PAID FEB 12 1997 MT. HOPE CEMETERY

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 48294	45.00
Balance due	-0-

Elmer Vierkant
P.O. Box 567
Descanso 91916

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Russell E. Davis
Signature
1320 Honeysuckle
Address
Medford, Or. 97504
City Zip Code
(541) 779-8147
Telephone

Invoice # _____

Work Order # E 13433

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13433

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 Russell E & Wilma Davis

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Elmer Vierkant

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 33 Grave 3 & 4 Row _____ Section 1 Division/~~Block~~ 11

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said _____, its successors and assigns forever.

WITNESS my/our hand this 2-~~1~~ day of 12 19 97

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Sue Shelton

Karen Oak

Witnesses

Russell E. Davis

Wilma M Davis

1320 Honeysuckle

Medford, Or. 97504

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40204

Date: 2-12 19 97

From: Russell Davis Address: 1320 Honeysuckle Ave Medford Or 97504

Forty five Dollars ($ 45.00)

In full Payment of Transfer of Pre need lot - Trust to Elmer Vierhant

Lot 33 Grave 3 - 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E - 13433

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 2215

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Shedden

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/13/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Edward Ray Hunter

in a liner (Type of Burial Container) Funeral, date, time Feb 18 Tues 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 $ 150.00 will be applied and billed to undersigned. Jim

Lot 101 Grave 3 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund 20=179 80=$300	895.00
Additional spaces and care fund	
Opening/Closing & Setup	305.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number VISA	416.00
Balance due VISA Payment	1248.73

30 Day Note

I hereby certify I am the X Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

→ over

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X James A Murphy
Signature

X22 Mark Ave
Address

X National City 91950
City Zip Code

X2641835
Telephone

Invoice # 281280

Work Order # E 13434

Acct. # 091532

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2-21-97 1248.73 balance
100.00 payment ✓

$ 1148.73

3/5/97 200.00 JAH (paid by)

948.73

3-7-97 - 148.73 ✓

800.00 balance

Master Card 3/28/97 300.00

500.00 Balance

MT. HOPE CEMETERY

W.O. # E-13434

NOTE

$ 1248.73 San Diego, California February 13 19 9

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand two hundred forty eight 73/100 DOLLARS with interest from March 19, 1997 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 JAMES A. MURPHY SIGNATURE X James A Murphy

ADDRESS X 22 MESA AVE. N.C. CA 91950

CALIFORNIA DRIVER LICENSE NUMBER X N3292835 SSN # X 559-66-3571

PY 1012 (11-89)

E-13434

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

48

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
EDWARD	RAY	HUNTER	10/16/1948	02/11/1997	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	JAMES A. HUNTER-FATHER 3904 FLORENCE ST. SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	Sam Walker	02/14/1997

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	02/14/1997 K. WALKER	9702609

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2/18/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Waite	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-13434

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 091532

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 3-7-97 (H.D. to Mt Hope)

PAID BY (CIRCLE ONE): CA CK NF

PAYMENT REFERENCE NUMBER

AMOUNT PAID $148.73

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME James Hunter

PAYOR NAME Michael Hunter
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 3904 Florence
San Diego, Ca. 92113

REMARKS Catina Durgom
M.S 72

CASHIER

INV. NO. 281284

TR-1961 (3-82)

E-13434

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 091532

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 2-21-97 (H.D. to Mt. Hope)

PAID BY (CIRCLE ONE): CA CK NF

PAYMENT REFERENCE NUMBER

AMOUNT PAID $100.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME James Murphy

PAYOR NAME Michael Hunter
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS Michael Hunter
3904 Florence
San Diego, Ca 92113

REMARKS Catina M. Ourgen
MS 72

CASHIER

INV. NO. 281286

TR-1861 (2-82)

CITY OF SAN DIEGO, CALIFORNIA

E-13434

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

GENERAL INVOICE
REBILL

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

JAMES MURPHY
22 MESA AVENUE
NATIONAL CITY CA 91950

ACCT NO
091532

TREASURERS USE ONLY

PAYMENT DATE 3-21-97
BY: CA CK IF
PAYMENT REF NO 783 | AMT PAID: $250.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/19/97	03/21/97	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13434
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ORIGINAL INVOICE AMOUNT	1,248.73
PAYMENTS RECEIVED TO DATE	448.73-
REMAINING TOTAL DUE	800.00

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. 10/96)

INV NO. 281286

OFFICIAL RECEIPT

49109

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 10-29, 1997

From: Barbara Hunter-Rankin Address: 3904 Florence St. San Diego 92113

One Hundred Twenty Five Dollars ($ 125.00)

In full Payment of Installation fee for VA marker Edward Ray Hunter

Lot 101 Grave 3 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. F-13434

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 42.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shedlitsky

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)

13434

281286 02/19/97 091532	JAMES MURPHY				03/07/97 CA		148.73	1,246.73	-800.00
E-13434	100	072	77181	000072			44.66		PARTIAL PAYMENT
	100	072	77182	000072			22.63		
	100	072	77183	000072			5.36		
	100	072	77184	000072			35.73		
	100	072	77185	000072			17.27		
	60101		78390				1.75		
	67007		77184				21.33		

281286 02/19/97 091532	JAMES MURPHY				03/21/97	783	250.00	1,248.73	550.00
E-13434	100	072	77181	000072			75.08		PARTIAL PAYMENT
	100	072	77182	000072			38.04		
	100	072	77183	000072			9.01		
	100	072	77184	000072			60.06		
	100	072	77185	000072			29.03		
	60101		78390				2.95		
	67007		77184				35.83		

281286 02/19/97 091532	JAMES MURPHY				03/05/97 CA		200.00	1,248.73	948.73
E-13434	100	072	77181	000072			60.06		PARTIAL PAYMENT
	100	072	77182	000072			30.43		
	100	072	77183	000072			7.21		
	100	072	77184	000072			48.05		
	100	072	77185	000072			23.22		
	60101		78390				2.36		
	67007		77184				28.67		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-10-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Johnnie Fisher

in a liner (Type of Burial Container) Funeral, date, time 2-19 9:00 Wed

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 $ _____

will be applied and billed to undersigned. _____

✓ Lot 5190 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-Need E 1421	~~0~~
Additional spaces and care fund ..... Pre-Need E-10907	~~0~~
Opening/Closing & Setup ..... " "	
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 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.

Walter J. Fisher
Signature

5174 Golt Way
Address

San Diego 92117
City Zip Code

270-7711
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13435 ✓

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 13435

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
JOHNNIE	LEE	FISHER	09/07/1922	02/14/1997	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 FISHER: SON 5174 GALT WAY SAN DIEGO, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ Victor Meza	02/18/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/19/1997	Victoria Meza 9702757 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [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 2-17-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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 2-19-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MAHMOUD ALAHMAD

in a _____ (Type of Burial Container) Funeral, date, time Tues, 2/18 3:00pm

Church, Chapel, Graveside Graveside : Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Tarik

Lot 49 Grave _____ Row _____ Section _____ Division/~~Block~~ Muslim

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	425.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	470.00
Paid receipt number Pd Via M/C	470.00
Balance due	0

I hereby certify I am the son in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. (ALAHMAD)

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Tarik
Signature

x 6909 Ridge Manor
Address

x San Diego. CA 92120
City Zip Code

x 619-582-2849
Telephone

Invoice # _____

Work Order # E 13436

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13436

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

64

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MAHOUD	JOUBER	ALAHAMAD	10/09/1932	02/15/1997	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 PAZ	BAJA CFA, SUR, MEXICO	TARIK ALAHMAD: SON-IN-LAW. 6909 RIDGE MANOR AVENUE SAN DIEGO, CA 92120

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY [I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ Victoria Meza	02/18/1997

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
F-843	Victoria Meza 02/18/1997	9702692 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
–	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 2-18-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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 2-18-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Belpha Baker P.A. # 1211234

in a Liner (Type of Burial Container) Funeral, date, time Fri 2-21 10:00

Church, Chapel, Graveside Delivery Only; El Cajon Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 54 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	—
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	386.00
Paid receipt number INVOICE	386.00
Balance due	0

paid in full 4-14-97

Katherine Howard
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 # 281508

Acct. # 000952

Work Order # E 13437

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

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-13437

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 4-14-97
BY: CA (CK) IF
PAYMENT REF NO 04-322448 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/26/97	03/28/97	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13437
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ZELPHA BAKER PA#1211234 SVCS	
LOT 54 GR 3 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. 281508

AC-22 (REV 10/95)

E-13437

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

59

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Zelpha	-	Baker	01/26/1938	02/11/1997	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	Katherine Howard-Public Admin. 5201-A Ruffin Rd San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
El Cajon Mortuary 684 S Mollison Avenue El Cajon, CA 92020	FD-1022	▶ [illegible]	[illegible]

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 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.

8A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/18/1997 CD Hardesty	9702711 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery/3751 Market Street/ San Diego, CA 92101	11B. DATE BURIED 2/21/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-18-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Selleck JR.

in a _____ Funeral, date, time Fri. 2-21 11:00

Type of Burial Container

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. _____

Lot _____ Grave _____ Row _____ Section _____ Division/Block _____

Grave space & Care Fund ..... _____

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... _____

Burial Container ..... _____

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Total Due ..... _____

Paid receipt number _____ _____

Balance due _____

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 13438

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Norman Sanchez

in a liner (Type of Burial Container) Funeral, date, time Fri 2-21 11:00

Church, Chapel, Graveside Church / Graveside Rosedale Mortuary Public

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 254 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	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 48308	1564.73
Balance due	—

PAID
FEB 21 1997
paid in full
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

see fax copy attached for signature

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature

X Address

X City Zip Code

X Telephone

Invoice # _____

Work Order # E 13439

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13439

OFFICIAL RECEIPT

4 308

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-21, 19 97

From: Anderson-Ragsdale Address: 5050 Federal Blvd. San Diego 92102

One thousand five hundred sixty four & 73/100 Dollars ($ 1564.73)

In full Payment of Interment of Norman Sanchez

Lot 254 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13437

BALANCE DUE X

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

9601

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jungen

CREDIT 20% Sales Care	57007 77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1564	73

E-13439

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

28

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Norman	-	Sanchez	02/15/1969	02/15/1997	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP OF INFORMANT
San Diego	San Diego	Angela R. Sanchez, Wife 236 50th St. Apt. 13 San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	02/18/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/19/1997	9702779 ▶ [signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2/21/97	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 2-19-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cuong Pham

in a T.S Vault (Type of Burial Container) Funeral, date, time MON 2-24 8:30 (11:30)

Church, Chapel, Graveside ~~Graveside~~ Bill Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X

Lot 104 Grave 4 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund 20=159 80=219	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container PAID IN FULL	250.00
Handling Fees 3-3-1997	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1669.38
Paid receipt number VISA	417.00
Balance due	1252.38
	700.00

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 certify I am the

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature

X Address 4232 SHARON PL.

X City SD Zip Code CA 92115

X Telephone 582 2251.

Invoice # 281505

Work Order # E 13440

Acct. # 0915860

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Total as of 2/28/97

Balance $552.38

3-3-97 552.38

0

MT. HOPE CEMETERY

W.O. # E-13440

NOTE

$ 1252.30 San Diego, California Feb 19 1997

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 & 30/100 DOLLARS with interest from March 24, 1997 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 PHAN BE SIGNATURE X [illegible]

ADDRESS X 4232 SHARON PL. SD 92115.

CALIFORNIA DRIVER LICENSE NUMBER X A7877856. SSN # X 614 40 3436.

PY-1012 (11-89)

CITY OF SAN DIEGO, CALIFORNIA E-13440

GENERAL INVOICE

REBILL

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.

BE PHAM
4232 SHARRON PLACE
SAN DIEGO CA 92115

ACCT NO
091586

TREASURERS USE ONLY

PAYMENT DATE _____
BY: CA CK IF

PAYMENT REF NO _____ AMT PAID: _____

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/26/97	03/28/97	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13440
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ORIGINAL INVOICE AMOUNT	1,252.38
PAYMENTS RECEIVED TO DATE	700.00-
REMAINING TOTAL DUE	552.38

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

RETURN WITH PAYMENT

INV NO. 281505

AC-22 (REV. 10/95)

END

CITY OF SAN DIEGO, CALIFORNIA E-13440

GENERAL INVOICE

* * * REBILL * * *

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.

BE PHAM
4232 SHARRON PLACE
SAN DIEGO CA 92115

ACCT NO
091586

TREASURERS USE ONLY

PAYMENT DATE _____
BY: CA CK IF

PAYMENT REF NO _____ AMT PAID: _____

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/26/97	03/28/97	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13440
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ORIGINAL INVOICE AMOUNT	1,252.38
PAYMENTS RECEIVED TO DATE	700.00-
REMAINING TOTAL DUE	552.38

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

AC-22 (REV 10/89)

CUSTOMER COPY

INV NO. 281505

* END *

E- 13440

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

27

USE BLACK 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
CUONG	QUOC	PHAM	11/23/1969	02/18/1997	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
BELLFLOWER	LOS ANGELES	BE PHAM: FATHER 4232 SHARRON PLACE 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	▶ Victor Moya	02/24/1997

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	02/24/1997	▶ [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
313 N. FIGUEROA STREET LOS ANGELES, CA 90012	P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. 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 2/24/97	11C. SIGNATURE OF PERSON IN CHARGE OF BU[illegible] ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON [illegible] CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-13446

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 091586

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 3-3-97 (H.D. to Mt. Hope)

PAID BY (CIRCLE ONE): CA CK NF

PAYMENT REFERENCE NUMBER

AMOUNT PAID $552.38

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Be Pham

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 4232 Sharron Place
San Diego, Ca 92115

REMARKS Catina Jurgen
MS 72

CASHIER

INV. NO. 281505

TR-1561 (2-82)

13440

281505	02/26/97	091586	BE PHAM				03/03/97 CA	552.38	1,252.38	0.00
	E- 13440		100	072	77181	000072		165.40		PAID IN FULL
			100	072	77182	000072		110.27		
			100	072	77183	000072		19.85		
			100	072	77184	000072		96.59		
			100	072	77185	000072		81.60		
			60101		78390			8.55		
			67007		77184			70.12		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/19/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Guy Selleck Jr 2yr

in a Liner (Type of Burial Container) Funeral, date, time Friday, Feb 21st 11:00Am

Church, Chapel, Graveside Chapel/Graveside Greenwood Mortuary. Michelle

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. MM

✓ Lot 17 Grave 2 Row _____ Section MAS Division/~~Block~~ G

Grave space & Care Fund ..... Pre Need	0
Additional spaces and care fund	
Opening/Closing & Setup	325.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-48298	769.73
Balance due	0

I hereby certify I am the Conservator of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

x Mary Ann Meyer
Signature
x 4906 Lorraine Dr
Address
x San Diego, CA 92115
City Zip Code
x (619) 286-9042
Telephone

Invoice # _____

Work Order # E 13441

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

13440

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

79

USE BLACK 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	GUY	SELLECK, JR.	10/02/1917	02/16/1997	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	MARY ANN MEYERS: CONSERVATOR 4906 LORRAINE DRIVE SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ Victoria Meza	02/20/1997

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	Victoria Meza 9702922 02/20/1997	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2/21/97	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

4 298

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2/19 19 97

From: Conservatorship of Selleck & Nancy Selleck Mary Ann Meyers Address: 1620 5th Ave. San Diego Ca 92101

Dollars ($ 769.73)

In Full Payment of Interment of Charles Guy Selleck JR

Lot 17 Grave 2 Row Section MAS Division Block G

Invoice No.

Acct. No.

W.O. E-13441

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1018

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karyn Ikeri

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)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of GLEN GOOD Jr

In a ash vault (Type of Burial Container) Funeral, date, time Mon 2-24 11:00

Church, Chapel, Graveside Graveside ~~Goodwin~~ / Family Mortuary.

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.

Lot 49 Grave 10 Row Section MAS Division/~~Block~~ J

Grave space & Care Fund Pre-Need	0
Additional spaces and care fund	—
Opening/Closing & Setup Pre-Need E-10895	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

table
4 chairs

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.

Evangeline H Good
Signature

3535 Sterne St.
Address

San Diego, Ca. 92106
City Zip Code

222-9267
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice #

Work Order # E 13442

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13442

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 82

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GLEN	HARVEY	GOOD, SR.	12/15/1914	02/18/1997	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	EVANGELINE GOOD: WIFE 3535 STERNE STREET SAN DIEGO, CA 92106

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ [illegible]	02/20/1997

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	Victoria Meza 9702929 02/20/1997	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2/24/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	12B. DATE CREMATED 2-21-97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [illegible]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lee Williams

in a _____ Funeral, date, time Tue 3-4 AYD
Type of Burial Container

Church, Chapel, Graveside Delivery Only ; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 127 Grave _____ Row _____ Section 4 Division/Block 8

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	450.00
Paid receipt number R-48299	450.00
Balance due	0

PAID
FEB 19 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Ashes on left side

I hereby certify I am the BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Signature: Larry R. Moore

Address: 805 Westinghouse St

City: San Diego CA Zip Code: 92111

Telephone: 495 0731

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13443

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13443

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 44

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lee	Anthony	Williams	12/23/1952	02/16/1997	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	Darryl Thomas-Brother 1805 Westinghouse 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
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶	02/20/1997

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated hereon is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/20/1997 Laura Smith	9702927 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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)
- [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 92104	11B. DATE BURIED 3/4/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY P.C.I. 571 Crane St., Lake Elsinore, CA 92350	12B. DATE CREMATED 2-26-97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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

4 299

CITY OF SAN DIEGO, CALIFORNIA

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 2-19, 19 97

From: Darryl Thomas Address: 1805 Westinghouse St AD 92111

Four Hundred Fifty Dollars ($ 450.00)

In full Payment of Interment of Lee Williams

Lot 122 Grave 1 Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E 13443

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shackelton

CREDIT	67007	
20% Sales Care	77184	60 00
80% Sales of Lots	100 77184	240 00
Opening/ Closing	100 77181	105 00
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	450 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Grayce M. Hirsch

in a T.S. Vault (Type of Burial Container) Funeral, date, time Fri. 2-21 1:00

Church, Chapel, Graveside Chapel & graveside Greenwood Terrace Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X M.M.N

✓ Lot 1429 Grave ____ Row ____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund	Pre-need B-34100		Ø
Additional spaces and care fund			
Opening/~~Closing~~ & Setup			375.00
Burial Container	M.N	190.00	~~250.00~~
Handling Fees	M-N	145.00	~~185.00~~
Flower vases – Market setting fee			
Recording and filing fee			45.00
Sales taxes	M N	14.73	~~19.38~~
	M N	Total Due 769.73	~~874.38~~
Paid receipt number	R-48302		769.73
		Balance due	Ø

PAID
FEB 19 1997
Paid in Full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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.

X Margaret M. Nelson
Signature

4582 Monroe Ave
Address

San Diego CA 92115-3118
City Zip Code

(619) 284-0829
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 13444 ✓

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-B444

97

APPLICATION 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
GRAYCE	M.	HIRSH	09/15/1899	02/18/1997	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	MARGARET NEESON: COUSIN 4582 MONROE AVENUE SAN DIEGO, CA 92115-3118

7A. TYPED NAME AND ADDRESS OF 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 Mez	02/20/1997

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	Victoria Mez 02/21/1997	▶ 9702943

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2/21/97	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

4 302

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-19 19 97

From: Margaret Nelson Address: 4582 Monroe Ave. S.D. 92115

Seven hundred sixty nine and 73/100 Dollars ($ 769.73)

In full Payment of Interment of Grace M. Hirsch

Lot 1429 Grave Row Section 3 Division ~~Block~~ 8

Invoice No.

Acct. No.

W.O. E-13444

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1322

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jungren

CREDIT	67007		
20% Sales Care	77154		
80% Sales of Lots	100 77154		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	769	73

Pre-need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cornell Small

in a Liner (Type of Burial Container) 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. _____

Lot 79 Grave 1 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund Pre-need D-7815	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-48301	769.73
Balance due	0

PAID
FEB 19 1997
paid in full
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 Cornell Small
Signature
X 3905 F Street
Address
X San Diego 92102
City Zip Code
X 266-2517
Telephone

Invoice # _____

Work Order # E 13445

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 301

Date: 2-19, 19 97

From: Cornell Small Address: 3905 F Street San Diego Ca. 92102

Seven hundred sixty nine and 73/100 Dollars ($ 769.73)

in full Payment of Pre-need trust

Lot 79 Grave / Row / Section / Division Block 11

Invoice No.

Acct. No.

W.O. E-13445

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 Duran

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	769	73
Sales Tax	60101 78390		
TOTAL PAID	$	769	73

Transfer of Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul J. Potter

in a _____ (Type of Burial Container) 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. _____

Lot 1430 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund ..... from Grayce Hirsch

Additional spaces and care fund .....

Opening/Closing & Setup .....

Burial Container .....

Handling Fees .....

Flower vases - Marker setting fee ..... Paid in full Transfer fee 45.00

Recording and filing fee .....

Sales taxes .....

PAID FEB 19 1997 MT. HOPE CEMETERY CITY of SAN DIEGO

Paul J. Potter
4582 Monroe Ave.
San Diego, CA 92115

Total Due 45.00

Paid receipt number R-48303 45.00

Balance due 0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Margaret Nelson Guardian
Signature
4582 Monroe Ave
Address
San Diego, CA 92115-3118
City Zip Code
(619) 284-0829
Telephone

Invoice # _____

Work Order # E 13446

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13446

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 LOT 1430

I/We Grayce M. Hirsh

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to Paul J. Potter

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 1430 Grave _____ Row _____ Section 3 Division/Block 8

TO HAVE AND TO HOLD the above-described quitclaimed property unto the said Paul J. Potter, its successors and assigns forever.

WITNESS my/our hand this 4 day of FEB 19 97

EXECUTED IN THE PRESENCE OF THE FOLLOWING WITNESSES:

Grayce M Hirsh

Witnesses

E - 13446

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of CALIFORNIA

County of SAN DIEGO

On 4 FEB 97 before me, ROBERT E. ANDERSON, NOTARY PUBLIC,

personally appeared GRACE M. HINSH,

☐ personally known to me - **OR** - ☑ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/~~are~~ subscribed to the within instrument and acknowledged to me that ~~he~~/she/~~they~~ executed the same in ~~his~~/her/~~their~~ authorized capacity(~~ies~~), and that by ~~his~~/her/~~their~~ signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

ROBERT E. ANDERSON
Commission # 1112236
Notary Public — California
San Diego County
My Comm. Expires Dec 14, 2000

WITNESS my hand and official seal.

Robert E. A

OPTIONAL

Though the data below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

CAPACITY CLAIMED BY SIGNER

☑ INDIVIDUAL
☐ CORPORATE OFFICER

TITLE(S)

☐ PARTNER(S) ☐ LIMITED ☐ GENERAL

☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER:

SIGNER IS REPRESENTING:
NAME OF PERSON(S) OR ENTITY(IES)

DESCRIPTION OF ATTACHED DOCUMENT

TC DEED CEMETERY LOT
TITLE OR TYPE OF DOCUMENT

1
NUMBER OF PAGES

4 FEB 97
DATE OF DOCUMENT

NONE
SIGNER(S) OTHER THAN NAMED ABOVE

E-13446

THE CITY OF
SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Real Estate Assets Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday through Friday • Gates open daily

February 12, 1997

Grace Hirsh
4582 Monroe Avenue
San Diego, CA 92115

Re: Quitclaim Deed

Dear Ms. Hirsh:

In regards to the Quitclaim deed that you sent us, it can not be finalized until the $45.00 transfer fee has been paid to us. You can either come into the office or mail a check or money order payable to Mt. Hope Cemetery.

If you have any questions, please do not hesitate to write or contact me at (619) 527-3400.

Sincerely,

Catina Turgeon
Catina Turgeon
Clerical Assistant II

Enclosure

DIVERSITY
BRINGS US ALL TOGETHER

© Printed on recycled paper

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

40303

Date: 2-19, 19 97

From: Margaret Nelson Address: 4582 Monroe Ave. San Diego 92115

Forty five and no/100 Dollars ($ 45.00)

In full Payment of transfer of lot

Lot 1430 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E-13446

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct. ☒
Pre-need Trust ☐ Cash ☐ Check ☒

414

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Calina Dungan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	45	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/19/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Iris Lake

in a Liner (Type of Burial Container) Funeral, date, time Mon 2-24-97 11:00

Church, Chapel, Graveside Chapel/Graveside SD Memorial 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 [signature]

Lot 108 Grave 6 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	20=179 80=300	895.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		14.73
Total Due		1664.73
Paid receipt number	R-48304	416.00
Balance due		1,248.73

30 day note

I hereby certify I am the X [redacted] 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 922 Alvin St.
Address

X San Diego CA 92114
City Zip Code

X 619-263-5139
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 281506

Work Order # E 13447

Acct. # 091587

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-13447

NOTE

$ 1248.73 San Diego, California February 19 19 97

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 March 24, 1997 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 C.A. Joseph SIGNATURE X A Yuseph

ADDRESS X 422 Alvio Street San Diego CA 92114

CALIFORNIA DRIVER LICENSE NUMBER X N6107306 SSN # X 127-22-5693

PY-1012 (11-89)

E- 13447

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
Iris	-	Lake	12/12/1907	02/18/1997	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	Claude Joseph - Son 922 Alvin Street San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
San Diego Memorial Chapel 2441 University Ave.; San Diego, CA 92104	FD-1575	▶ John S Borden	02/21/1997

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	02/24/1997	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 2/24/97	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

4 304

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-19 19 97

From: Claude A. Joseph Address: 922 Alvin San Diego Ca. 92114

Four hundred sixteen and no/100 Dollars ($ 416.00)

In part Payment of Interment of Iris Lake

Lot 68 Grave 66 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-13447

BALANCE DUE 1248.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
392

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Durgin

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	416	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	416	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-20-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dora Harvey

in a liner (Type of Burial Container) Funeral, date, time Mon. 2-24 11:00

Church, Chapel, Graveside Church/Graveside Rosedale Mortuary Duffie

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 4567 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-Need D-4550	0
Additional spaces and care fund	—
Opening/Closing & Setup ..... Pre-Need D-5271	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 # _____

Work Order # E 13448

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13448

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
Nora	-	Harvey	08/26/1905	02/16/1997	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	David Harvey, Son 714 Bonsall St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	Debra Wallace	02/18/1997

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	02/21/1997	9702975

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/24/97	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 2-20-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bobbie Fitzgerald

in a liner (Type of Burial Container) Funeral, date, time Mon 2-24 1:00

Church, Chapel, Graveside Delivery Only; Solomone of L.A. Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 213-757-1754 will be applied and billed to undersigned.

✓ Lot 83 Grave 9 Row Section 16 Division/Block 7

Grave space & Care Fund ..... Pre-need D-493	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-48211	769.73
Balance due	0

Fax 213-757-1533

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of 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 13449 Acct. # _____

REA-104 (7-96) *This information is available in alternative formats upon request.*

Printed on recycled paper

E-13449

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

96

USE BLACK 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
ADLINE	-	FIZGERALD	03/20/1900	02/18/1997	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
GARDENA	LOS ANGELES	THELMA MOORE GRAND-DAUGHTER 327 W. 56th ST. L.A.,CA. 90037

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
SOLOMONS 10625 SO. BROADWAY L..A.,CA	FD1428	▶ [illegible]	02/21/1997

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-	02/21/1997	[illegible]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 NO. FIGUEROA ST. L.A.,CA.	P.O. BOX 85222 SAN DIEGO,CA. 92138

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT HOPE CEM. 3751 MARKET ST SAN DIEGO,CA 92102	11B. DATE BURIED: 2/24/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

4 311

Date: 2/24, 19 97

From: Solomon Mortuary Address: 10625 S. Broadway St Los Angeles CA

Seven hundred sixty nine 73/00 Dollars ($ 769.73)

In Full Payment of Interment of Adaline Fitzgerald

Lot 83 Grave 9 Row Section 16 Division Block 7

Invoice No.

Acct. No.

W.O. E-13012

BALANCE DUE 1344/9

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 Lanyn B.K.

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 2/20/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Noah J Billings P.A. 1210750

in a Liner (Type of Burial Container) Funeral, date, time 2-25-97 1:00 P.M. Tues

Church, Chapel, Graveside Deliverly Only : Humphrey Ray Wedding Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 54 Grave 7 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number INVOICE	386.00
Balance due	0

paid in full 4-14-97

John Edward P.A.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of 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 # 281511

Work Order # E 13450

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Could not do morninng delivery
Per Ray Wooding.

E - 13450

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

70

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
NOAH	J.	BILLINGS	08/17/1926	02/02/1997	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	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	02/21/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/21/1997 J.E. King	9702949

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 LOC[redacted]AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 2/25/97	11C. SIGNATURE OF PERSON IN CHARGE OF BUR[redacted]		
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION		
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY		
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER		
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE	

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-13450

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 4-14-97
BY: CA (CK) IF
PAYMENT REF NO 04-322448 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/26/97	03/28/97	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13450
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
NOAH BILLINGS PA#1210750 SVCS	
LOT 54 GR 7 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT *MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO* AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE. RETURN WITH PAYMENT INV NO. 281511

AC-22 (REV - 10/90)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-21-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Doris Salome

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time Tues 2-25 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. XCP

Lot 135 Grave 6 Row _____ Section 1 Division/Block 11

Grave space & Care Fund ..... Pre-Need E-9419	-0-
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 ..... Pre-Need E-9420 -0- additional	45.00
Sales tax	29.45
Total Due	1524.45
Paid receipt number R-48307	1524.45
Balance due	-0-

PAID
FEB 21 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Daughter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature: Deborah Purnell

Address: 728-56th St.

City: San Diego Zip Code: 92114

Telephone: 262-7448

Invoice # _____

Work Order # E 13451

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13451

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

68

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
DORIS	RUTH	SALONE	03/16/1928	02/20/1997	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	DEBORAH PURNELL-DAUGHTER 1121 APPLIN LANE COCOA, FL 32927

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	02/24/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/24/1997	▶ [signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [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 2/25/97	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

4 307

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-21, 19 97

From: Robert Solone Address: 728 56th Street San Diego 92114

One thousand five hundred twenty four - 45/100 Dollars ($ 1524.45)

In full Payment of Interment of Doris Solone

Lot 135 Grave 6 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. F- 13451

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1580

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

009689

ISSUED BY S. Hartlin

CREDIT 20% Sales Care	87007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	750	00
Burial Containers	100 77182	380	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	15	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	29	45
TOTAL PAID	$	1524	45

AC-212 (Rev. 5-94)

full body of Thomas Howarth in grave but clerks took time to update

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

center Right

Date 2-24-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Romana Valerie Howarth

in a ash vault (Type of Burial Container) Funeral, date, time Wednes 10:00 3-5-97

Church, Chapel, Graveside Witness Only ; Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 2311 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Sur-Need D-8633	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-48309	269.26
Balance due	0

FEB 24 1997 MT. HOPE CEMETERY CITY

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X Eugene S Howarth
Signature

PO Box 836
Address

Pine Valley CA 91962
City Zip Code

(619) 473-8636
Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 13452

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

RAMONA HOWARTH

[redacted]

2311

DIV 10

Removing for final date
by Clemens 8/26

Include Capoten Early in Heart Failure

CAPOTEN
(captopril tablets)
Bring them under the rainbow
See accompanying full prescribing information.

E- 13452

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

87

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RAMONA	VALERIE	HOWARTH	09/09/1909	02/16/1997	F

5A. CITY OF DEATH: SAN DIEGO

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: SAN DIEGO

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
EUGENE HOWARTH-SON
P O BOX 836
PINE VALLEY, CA 91962

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
NEPTUNE SOCIETY
14065 HWY 8 BUS EL CAJON, CA 92021

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: FD-1352

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ [signature]

8B. DATE SIGNED: 02/18/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: 7.00

9B. DATE PERMIT ISSUED: 02/20/1997 LORI M MONROE

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 9702921 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
P O BOX 85222
SAN DIEGO, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET SAN DIEGO, CA 92102	11B. DATE BURIED 3/5/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY LENEDA INC 14065 HWY 8 BUS EL CAJON, CA 92021	12B. DATE CREMATED 2/20/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

E- 13452

4 309

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-24, 1997

From: Eugene Howarth Address: P.O. Box 836 Pine Valley 91962

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Interment of Romana Howarth

Lot 2311 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E- 13459

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
	100	60	00
Handling Fee	77185		
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 2-24-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Frederick Wagner

in a liner (Type of Burial Container) Funeral, date, time Wed 2-26 10:00

Church, Chapel, Graveside Delivery Only : marley 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. _____

Lot 109 Grave 3 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	282.50
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	
Total Due	1037.50
Paid receipt number 48386	1037.50
Balance due	Ø

paid in full 3-17-97

Rome - Stronach creditors claim

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 13453

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13453

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
FREDERICK	-	WAGNER	01/13/1914	02/16/1997	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	RONA STRONACH - 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	▶ [illegible]	02/25/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	02/25/1997 T.C. MITCHELL	9703145 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 2/26/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

OFFICIAL RECEIPT

4S38 C

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-17 , 19 97

From: County of San Diego Address: 5201-A Ruffin Rd. San Diego 92123

one thousand thirty seven and 50/100 Dollars ($ 1,037.50)

In full Payment of interment of Frederick Wagner

Lot 109 Grave 3 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-13453

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
153375

AC-212 (Rev. 5-84)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgen

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	282	50
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1037	50

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/24/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clara Scott

in a TS Vault (Type of Burial Container) Funeral, date, time Wed 2-26-97 1:30

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

will be applied and billed to undersigned. ✓

✓ Lot 209 Grave 6 Row _____ Section 2 Division ~~Block~~ 17

20=179 80=2606

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	1769.38
Paid receipt number R-48310	450.00
Balance due	1319.38

paid in full per Greg Wood

30 day Note

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X Alex Berry
Signature

X 2010 Marquette RD
Address

X Chula Vista, CA 91913
City Zip Code

(619) 656-2727
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 281529

Work Order # E 13454

Acct. # 091594

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Service at Mt Erie Baptist Church

MT. HOPE CEMETERY W.O. # E-13454

NOTE

1319.38 San Diego, California February 24 1997

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 nineteen 38/100 DOLLARS with interest from March 26, 1997 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 PHEAS BERRY SIGNATURE Phea Berry

ADDRESS 2010 MARQUETTE RD. Chula Vista, CA 91913

CALIFORNIA DRIVER LICENSE NUMBER S0106826 SSN # 348-28-1754

PY-1012 (11-88)

E-13454

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 76

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Clara	-	Scott	06/07/1920	02/20/1997	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	Pleas Berry, Son 2010 Marquette Rd. Chula Vista, CA 91913

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		▶ [illegible]	02/24/1997

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	02/26/1996 [illegible]	▶ 9703198

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 [illegible]	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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 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

4 310

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2/24, 19 97

From: Mes Berry Address: 2010 Marquette Rd. Chula Vista Ca 91913

Four hundred fifty 00/00 Dollars ($ 450.00)

In Full Payment of Interment of Clara Scott

Lot 209 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-13454

BALANCE DUE 131938

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 Baker

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

1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-24-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rev. Dr. Hollis Pleasant

in a double depth crypt (Type of Burial Container) Funeral, date, time Fri 2-28 11:00

Church, Chapel, Graveside Church Graveside; Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X

✓ Lot 22 Grave 4 Row ____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need E-6595	-0
Additional spaces and care fund	—
Opening/Closing & Setup Auxiliary 88.00	375.00
Burial Container Paid by Invoice	380.00
Handling Fees	320.00
Flower vases – Marker setting fee 3-6-97 862.45	—
Recording and filing fee	45.00
Sales taxes Paid in Full	29.45
Total Due	1149.45
Paid receipt number R-48322	287.00
Balance due	862.45

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.

X Esther Pleasant
Signature

X 860 S Gregory St.
Address

X San Diego, Ca 92113
City Zip Code

X 619-286-1597
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 281625

Work Order # E 13455

Acct. # 091623

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

13455

281625	03/03/97	091623	ESTER PLEASANT			03/06/97 CK 1096	862.45	862.45	0.00
	E-1345		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		

MT. HOPE CEMETERY

W.O. # E-13455

NOTE

$ 862.45 San Diego, California February 26 19 97

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Eight hundred sixty two & 45/100 DOLLARS with interest from March 28, 1997 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 ESTER PLEASANT SIGNATURE X Ester Pleasant

ADDRESS X 860 S Gregory St San Diego, Ca. 92113

CALIFORNIA DRIVER LICENSE NUMBER X F0906108 SSN # X 560-32-5118

PY-1012 (11-89)

E-13455

APPLICATION 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
Hollis	Lee	Pleasant	04/19/1925	02/23/1997	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	Ester L. Pleasant, Wife 860 S. Gregory St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		Debbie Williams	02/24/1997

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/27/1997	9703251 A Williams

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2/26/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43323

Date: 2-26, 19 97

From: Ester Pleasant Address: 860 S. Gregory St. S.D. 92113

Two hundred eighty seven and no/100 Dollars ($ 287.00)

In part Payment of Interment of Rev. Dr. Hollis Pleasant

Lot 22 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-13455

BALANCE DUE 862.45

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
7526

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	287	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	$	287	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

91

Date 2-24-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn Ray

in a Liner (Type of Burial Container) Funeral, date, time Thur. 2-27 1:00

Church, Chapel, Graveside Chapel & graveside Ragsdale Debbie Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X

Lot 33 Grave 5 Row Section 3 Division/~~Block~~ 12

Grave space & Care Fund Pre-need D-7915 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-48318 769.73

Balance due 0

PAID
FEB 25 1997
Paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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]
Signature

X 5050 [illegible] Blvd
Address

S.D. 92107
City Zip Code

X 263-3145
Telephone

Invoice #

Work Order # E 13456

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13456

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Evelyn	R	RAY	04/12/1905	02/21/1997	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lynwood	Los Angeles	Bobbie J Noble-Niece 1725 N Short Ave Compton CA 90221

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mortuary 5050 Federal Blvd San Diego CA 92102	PD 1329

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
▶ Rachel Newton	02/26/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/26/1997	▶ Mark Lamm

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
313 N Figueroa St RmL1 Los Angeles CA 90012	P.O. Box 85222 San Diego CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St San Diego CA 92102	11B. DATE BURIED 2/27/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

OFFICIAL RECEIPT

48313

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: _____ 19____

From: Anderson-Ragsdale Address: 5050 Federal Blvd S.D. 92102

Seven hundred sixty nine & 73/100 Dollars ($ 769.73)

In full Payment of Interment of Evelyn Ray

Lot 53 Grave 5 Row _____ Section 3 Division Block 12

Invoice No. _____

Acct. No. _____

W.O. E-134560

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐
4700036412

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	375	00
Burial Containers	100 77182	190	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	769	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-24-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JamesHarold Scott PA# 1210599 Fri 2-28

In a Liner (Type of Burial Container) Funeral, date, time ~~Thur 2-27 2:00~~ 10:00

Church, Chapel, Graveside delivery only ; Mayer Lawn Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

Lot 58 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 Invoice	386.00
Balance due	0

paid in full 4-14-97

Katherine Howard

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # 281593

Work Order # E 13457 ✓

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13457.

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
James	Harold	Scott, Jr.	05/10/1963	01/30/1997	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
Spring Valley	San Diego	K. Howard-Public Administrator 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶ Laura Smith	02/26/1997

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	02/26/1997 Laura Smith	9703218 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92104	11B. DATE BURIED 2/6/97	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-13457

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 4-14-97
BY: CA CK IF
PAYMENT REF NO 04-322448
AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/28/97	03/30/97	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13457
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JAMES SCOTT JR. PA#1210599 SVS	
LOT 58 GR 2 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

RETURN WITH PAYMENT INV NO. 281593

AC-22 (REV 10/95)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-25-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leola Williams

in a _____ Funeral, date, time Fri 2-28 2:00

Type of Burial Container

Church, Chapel, Graveside Graveside ; LD Memorial Chapel Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ MARK

will be applied and billed to undersigned. _____

✓ Lot 3037 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-48324	270.00
Balance due	Ø

PAID
FEB 28 1997
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address 2444 Kennedy ave

City S. D. Ca Zip Code 92104

Telephone 692-3090

Invoice # _____

Work Order # E 13458

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13458

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
Leola	Zamanumi	Williams	02/22/1997	02/22/1997	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	Louie McRae - Grandfather 1308 Kelton Road San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
San Diego Memorial Chapel 2441 University Ave.; San Diego, CA 92104	FD-1575	Frances L. Martin	02/28/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/28/1997	[signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222 San Diego, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 2/28/97	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

40320

Date: 2-26-97, 19

From: Alpha Dent Address: 10130 Austin Dr No 1 Spring Valley 91977

Eight Hundred Eighty-four & 38/100 Dollars ($ 874.38)

In full Payment of Pre-Need trust

Lot 32 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E- 131/57

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☐

101

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY S. Shirlette

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	874	38
Sales Tax	60101 78390		
TOTAL PAID	$	874	38

OFFICIAL RECEIPT

43321

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-28, 19 97

From: San Diego Memorial Chapel Address: 2441 University Ave. San Diego 92104

Two hundred seventy and no/100 Dollars ($ 270.00)

In ~~part~~ full Payment of Interment of Leola Williams

Lot 3037 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-13458

BALANCE DUE X

Pre-Need Lot ☐ At Need ☒ On Acct ☒
Pre-need Trust ☐ Cash ☐ Check ☒

1159

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	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	270	00

Pre-Need trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-26-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Bynick

in a T.S. Vault (Type of Burial Container) 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. _____

Lot 32 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund ..... Pre-Need E-1034	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	874.38
Paid receipt number R-48320	874.38
Balance due	0

PAID FEB 26 1997 MT. HOPE CEMETERY CITY

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

Signature

10130 Austin Dr. #1

Address

Spring Valley CA. 91977

City Zip Code

619-660-9783

Telephone

Invoice # _____

Work Order # E 13459

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/26/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John E. Engelstad ⊗

in a Ash Vault (Type of Burial Container) Funeral, date, time FRI. 4-4 AYD

Church, Chapel, Graveside delivery only: Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 21 Grave 3 Row _____ Section 5 Division/~~Block~~ 6

Grave space & Care Fund Pre-need	0
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number 48426	269.26
Balance due	0

PAID
APR 02 1997
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Johnny Engelstad
977-3536

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 787 CA CRESTA BLVD
Address

X EL CAJON CA. 92021
City Zip Code

Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E 13460

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

son is grandson to John Glenn
mother is Elenor Engelstad

E-13460 1008

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

74

USE BLACK 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	ELMER	ENGELSTAD	07/03/1922	02/20/1997	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Bakersfield	Kern	Eleanor Engelstad - Wife 25740 Remington Court Tehachapi, CA 93561

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Wood Family Funeral Service Tehachapi, CA 93561	1405	▶ Barbara Wood	02/24/1997

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT

NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/24/97	▶ B. Jinadu, M.D.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
1700 Flower Street Bakersfield, CA 93305	P.O. Box 85222, San Diego, CA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery- 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 4-4-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Union Cemetery Crematory Bakersfield, CA 93385	12B. DATE CREMATED 2/24/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Ruth A. West
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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

43425

Date: 4-2, 19 97

From: Eleanor Engelstad Address: 25740 Remington Ct. Tehachapi

two hundred sixty nine and 26/100 Dollars ($ 269.26)

In full Payment of interment of John E. Engelstad

Lot 21 Grave 3 Row Section 5 Division Block 6

Invoice No.

Acct. No.

W.O. E-13460

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

5386

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jurgen

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	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

OFFICIAL RECEIPT

43423

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-2 19 97

From: John Engelstad JR. Address: 787 La Cuesta Dr. El Cajon 92021

Thirty One and 55/100 Dollars ($ 31.55)

In full Payment of Temporary marker for John Engelstad

Lot 21 Grave 5 Row Section 5 Division Block 6

Invoice No.

Acct. No.

W.O. G-13460

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

1863

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Augm

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	20	00
Handling Fee	100 77185	10	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	1	55
TOTAL PAID	$	31	55

OFFICIAL RECEIPT

49771

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-19 19 98

From: Eleanor Engelstad Address: 9320 Earl St. #24 La Mesa 91942

One hundred twenty five & no/100 Dollars ($ 125.00)

In full Payment of marker setting fee for Khri Engelstad

Lot 21 Grave 3 Row Section 5 Division Block 6

Invoice No.

Acct. No.

W.O. E-13460

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5763

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Calina 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	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	125	00

AC-212 (Rev. 5-94)

34" L
14 1/2" W
8 1/2
Baby

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/26/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Zackery KETE PA 962035

In a ~~Lined~~ Type of Burial Container, Funeral, date, time Wed 4-16 10:00

Church, Chapel, Graveside Delivery Only ; ADA - DAW Mortuary 466-6333

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 108 Grave 1 Row _____ Section 100F ~~Division~~/Block 43

Grave space & Care Fund	90.00
Additional spaces and care fund	
Opening/Closing & Setup	75.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	210.00
Paid receipt number INVOICE	210.00
Balance due	0

Paid in full June 19, 1997

Marilee Savely P.A.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of 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 # 283906

Work Order # E 13461

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

ADA to check on Statue 3/24/97
of this P.A. Burial.
They believe that homicide has
taken prosession of these remains.
will check and let us Know.

E-13461

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

6 MOS

USE BLACK 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
ZACHARY	-	KETE	02/14/1996	10/13/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
A D A MORTUARY SERVICES, INC. 3444 CITRUS ST., LEMON GROVE, CA 91945	FD-1469	▶ H Shirama	03/24/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/26/1997	▶ [signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 4/14/97	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- 13461

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 6-17-97
BY: CA (CK) IF
PAYMENT REF NO 371439 | AMT PAID: $210.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
04/18/97	05/18/97	MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13461
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ZACKERY KETE PA#962035 SVCS	
LOT 108 GR 1 SEC IOOF BLK 43	90.00
OPENING/CLOSING	75.00
RECORDING FEE	45.00
TOTAL DUE	210.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE. RETURN WITH PAYMENT INV NO. 283906

AC-22 (REV - 10/95)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

west side bottom

arm stone

Date 2-26-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John / Jane Doe #1212060 ME 96-1083

in a _____ Type of Burial Container Funeral, date, time Thur 3-13 10:00

Church, Chapel, Graveside Delivery Only ; No memorial Chapel Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 13 Grave 1 Row _____ Section 3 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 INVOICE	386.00
Balance due	0

Paid in full 6-3-97

P. A. marker Savey 694-2318

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of 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 # 282317

Work Order # E 13462 Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

CITY OF SAN DIEGO, CALIFORNIA E-13462
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 6-3-97
BY: CA CK IF
PAYMENT REF NO 04-358785 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/13/97	04/12/97	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13462
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN/JANE DOE PA#I212060 SVCS	
LOT 13 GR 1 SEC 3 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

RETURN WITH PAYMENT INV NO. 282317

AC-22 (REV 10/95)

E-13462 ME # 961083

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS **Found**

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John/Jane	-	Doe	Unknown	05/30/1996	U

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Public Administrator 5201 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
San Diego Memorial Chapel 2441 University Ave.; San Diego, CA 92104	FD-1575	Frances L. Martin	03/12/1997

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	03/13/1997	[signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P. O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 3/13/97	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.

Type cut side
Box of
Jones

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-26-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John/Jane Doe # 121 2052 96-1406

in a _____ (Type of Burial Container) Funeral, date, time Thur 3-13 10:00

Church, Chapel, Graveside Delivery Only ; Memorial Chapel Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 13 Grave 1 Row _____ Section 3 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 Invoice	386.00
Balance due	0

paid in full 4-3-97

Marilee Lowry

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of 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 # 282315

Work Order # E 13463

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E-13463

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 6-3-97
BY: CA CK IF
PAYMENT REF NO 04-358785 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/13/97	04/12/97	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13463
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN/JANE DOE PA#1212052 SVCS	
LOT 13 GR 1 SEC 3 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

RETURN WITH PAYMENT

AC-2 (REV 10/96)

INV NO. 282315

E-13463 ME# 96-1906

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

Found

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John/Jane	-	Doe	Unknown	07/15/1996	U

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	Public Administrator 5201 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
San Diego Memorial Chapel 2441 Univeraity Ave.; San Diego, CA 92104	FD-1575	▶ Frances L. Mitten	03/12/1997

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	03/12/1997	▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
p.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 3/13/97	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 2/26/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sarah Moore

in a TS Vault (Type of Burial Container) Funeral, date, time Mon 3-3-97 11:00 Am

Church, Chapel, Graveside Church/Graveside: CH 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 AIM

Lot 1566 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1869.38
Paid receipt number M/C	1869.38
Balance due	0

PAID
FEB 26 1997
paid in full
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 Alitha L Moore
Signature

X 4020 NEWTON AVE
Address

X San Diego 92113
City Zip Code

X (619) 264-0081
Telephone

Invoice # _____

Acct. # _____

Work Order # E 13464

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13464

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

56

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
SARAH	-	MOORE	10/16/1940	02/22/1997	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER COUNTRY	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE
NATIONAL CITY	SAN DIEGO	ARLETTA MOORE-DAUGHTER 4020 NEWTON AVE. 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD. SAN DIEGO, CA 92115	F-1357	▶ [signature]	02/28/1997

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	02/28/1997 M. MITCHELL	▶ 9703346

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 STREET SAN DIEGO, CA 92102	11B. DATE BURIED 3/3/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

Pre-need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-26-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adam Moore

in a _____ (Type of Burial Container) 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. _____

Lot 1567 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	995.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	995.00
Paid receipt number m/c	995.00
Balance due	0

PAID
FEB 26 1997
paid in full.
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 Alitha L. Moore
Signature
X 4020 NEWTON AVE
Address
X San Diego CA 92113
City Zip Code
X (619) 264-0081
Telephone

Invoice # _____

Work Order # E 13465

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

left

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/27/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Lockrem (X)

In a Ash Vault (Type of Burial Container) Funeral, date, time Mon, 3/3 11:00AM

Church, Chapel, Graveside Graveside : El Camino Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 9 Grave A Row _____ Section Mas Division/~~Block~~ O

Grave space & Care Fund	Pre-Need 0
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-48325	269.26
Balance due	0

PAID MAR 03 1997 MT. HOPE CEM. CITY

Cyril Lockrem 436-7127 272-3314-1st call

I hereby certify I am the Brother 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.

Signature: Cyril B. Lockrem

Address: 2564 NAVARRA DR

City: CARLSBAD Zip Code: Calif 92009

Telephone: 619-436-7127

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed: Cyril B. Lockrem

Invoice # _____

Work Order # E 13466

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13466 EL CAMINO MORT. 71382

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Dorothy	B	Lockrem	12/29/1916	02/15/1997	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 W Lockrem - HUSBAND 8229 Macawa Ave San Diego CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
El Camino Mortuary 5600 Carroll Canyon Road San Diego, CA 92121	F 1260	▶ x Carl W Lockrem	02/19/97

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	R.CARRILLO 02/19/1997	▶ 9702796

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 - VITALS RECORDS San Diego CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [XX] A. BURIAL (INCLUDES ENTOMBMENT)
- [XX] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt Hope Cemetery 3751 Market St San Diego CA 92102	11B. DATE BURIED 3/3/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Cypress View 3953 Imperial Avenue San Diego, CA 92113	12B. DATE CREMATED 2/20/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. *ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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

40325

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-3, 1997

From: Cyril Lockrem Address: 7564 Navana Dr # 117

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Interment of Dorothy Lockrem

Lot 9 Grave A Row Section MAS Division Block O

Invoice No.

Acct. No.

W.O. E-13466

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. Shirkitton

CREDIT 20% Sales Care	67007 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	60101 78390	4	26
TOTAL PAID	$	269	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-27-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of MIGUEL ANGEL CORTES

#1 In a Child Liner ~~OX~~ X Funeral, date, time Tues 3-4 10:00
Type of Burial Container

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 L.C.

Lot 403 Grave _____ Row _____ Section 2 Division/~~Block~~ 9

Grave space & Care Fund	195.00
Additional spaces and care fund	
Opening/Closing & Setup	195.00
Burial Container	95.00
Handling Fees	50.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	7.36
Total Due	587.36
Paid receipt number R-48323	150.00
Balance due	437.36

PAID
MAR 04 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 day note
L= 47 W 20'/2

OVER

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 Lucitte Avila
Signature

X 4854 1/2 MARKET st.
Address

X San Diego 92102
City Zip Code

X 527-0747
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13467

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

437.36 Balance
A-48331 437.36

E-13467

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 3

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
MIGUEL	ANGEL	CORTES, JR.	12/25/1993	02/26/1997	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	LISETTE CARRILLO-MOTHER 4854 ½ MARKET 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Jim Wheeler	03/03/1997

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.

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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	03/03/1997 K. WALKER	▶ 9703439

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 3/4/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

43323

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-27 19 97

From: Blanca Beltran Address: 319 E. 24th St 106 N.C. 91950

One hundred fifty and no/100 Dollars ($ 150.00)

In part Payment of Interment of Miguel angel Cortes

Lot 463 Grave Row Section 2 Division 9 Block

Invoice No.

Acct. No.

W.O. E-13467

BALANCE DUE 437.36

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 Surgen

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

43331

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-4, 19 97

From: Lucette Carrillo Address: 4854 ½ Market St SD 92102

Four Hundred thirty seven & 36/100 Dollars ($ 437.36)

In full Payment of Interment of Miguel A. Cortez

Lot 403 Grave 1 Row Section 2 Division 9 Block

Invoice No.

Acct. No.

W.O. E-13467

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 L Shirbitter

CREDIT	67007	39	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	6	00
Opening/ Closing	100 77181	195	00
Burial Containers	100 77182	95	00
	100	50	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	36
TOTAL PAID	$	437	36

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-27-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald Peterson PA# 1211145

in a Liner (Type of Burial Container) Funeral, date, time Fri. 2-28 10:00

Church, Chapel, Graveside delivery only Guadalupana Mortuary. Nancy

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 62 Grave 1 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number INVOICE	386.00
Balance due	0

paid in full 4-14-97

Judy Evans

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of 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 # 281594

Work Order # E 13468 ✓

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13468

APPLICATION 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
DONALD	-	PETERSON	UNKNOWN	02/11/1997	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	JUDY EVANS-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102	FD-1425	▶ [signature]	02/27/1997

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	JOSE CHAVEZ 02/27/1997	9703281 ▶ [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 02/27/97	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-13468

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 04-14-97
BY: CA (CK) IF
PAYMENT REF NO 04-322448
AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/28/97	03/30/97	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13468
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
DONALD PETERSON PA#1211145 SVS	
LOT 62 GR 1 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE. RETURN WITH PAYMENT INV NO. 281594

AC-22 (REV. 10/95)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Center right

Date 3/3/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Helen Thiss ⊗

In a Ash Vault (Type of Burial Container) Funeral, date, time Fri. 3-7 1:00

Church, Chapel, Graveside Delivery Only : Goodbody Bill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 21D Grave _____ Row _____ Section IOOF ~~Division~~/Block 2

Grave space & Care Fund ..... Pre-Need A-1888	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-48359	269.26
Balance due	0

PAID
MAR 07 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Bill 582-1700

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

✓ Ally Son Goodbody
Signature

✓ _____
Address

✓ _____
City Zip Code

✓ _____
Telephone

Invoice # _____

Work Order # E 13469

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 13469

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
HELEN	MARIE	THISS	07/09/1921	03/01/1997	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	VIRGINIA KUHLE: FRIEND 9306 IDYL PLACE 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
GOODBODY MORTUARY 5027 EL CAJON BLVD., SAN DIEGO, CA 92115	F-790	▶ Victoria Meza	03/05/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	03/06/1997	VICTORIA MEZA 9703666 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY: 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/7/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	12B. DATE CREMATED 3-6-97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION Alicia LaPlacio	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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

45350

Date: 3-7, 1997

From: Goodbody Mortuary Address: 5027 El Cajon Blvd. San Diego 92115

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Interment of Helen Theos

Lot 21 D Grave Row Section 100F Division Block 2

Invoice No.

Acct. No.

W.O. E-13469

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
34726

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	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

AC-212 (Rev. 5-94)

2nd Journal
D. I. P.
will be on top
George Barron

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-3-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joseph Myrick

in a T. S. Vault (Type of Burial Container) Funeral, date, time Wed. 3-5 9:00

Church, Chapel, Graveside Graveside ; Featherwill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 32 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	Pre-Need E-1034	-0-
Additional spaces and care fund		
Opening/Closing & Setup	Pre-Need E-13459	-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		

PAID
MAR 03 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the X Sister in law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Mary D. Barron
Signature
X 4346 McClintock St.
Address
X San Diego, Ca. 92105
City Zip Code
X 619-282-9617
Telephone

Invoice # _____

Work Order # E 13470

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13470

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Joseph	Donald	Myrick	02/08/1932	02/28/1997	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	Debra S. Dark 10130 Austin Dr. Spring Valley, CA 91976

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
6322 El Cajon Blvd. Featheringill Mortuary San Diego, CA 92115	FD1083	▶ Allen Swendsen	03/03/1997

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	03/03/1997 Edward Fennell	9703417 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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
- [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. HopeCemetery, 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 3/5/97	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.

43323

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-3, 19 97

From: Mary Barron Address: 4348 McElderry St LD 92105

Twenty Three & 78/100 Dollars ($ 23 78)

In full Payment of galvanized flower vase for Joseph Mylick

Lot 33 Grave 11 Row Section 2 Division Block R

Invoice No.

Acct. No.

W.O. E-13470

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. Hutchilton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	10	00
Handling Fee	100 77185	13	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		78
TOTAL PAID	$	23	78

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Sorry to ask

Date 3/3/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alpha Pranger ⊗

in a Ash Vault (Type of Burial Container) Funeral, date, time 3-11 (A.M.)

Church, Chapel, Graveside _____ ; Greenwood 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

✓ Lot 131 Grave _____ Row _____ Section 4 Division/~~Block~~ 8

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number Visa	269.26
Balance due	0

Robert 202-616-5524

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 13471

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Family will come for private
Ceremony March 17 at 2:45

MT. HOPE CEMETERY

INTERMENT ORDER

City of Oak Ridge

E-13471

Date 3/3/97

You are hereby authorized and directed, subject to your rules and regulations, to inter the remains of Alpha Pranger

in a Ashcraft Funeral, Grave, Urn

Chapel, Chapel, Greenwood Greenwood Mortuary

All Transit cases shall arrive before 3:30 P.M. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned. X Robert F. Pranger ROBERT F. PRANGER

Lot 131 Grave ____ Tier ____ Section 4 Date Installed 8

Government & Cash Fund

Additional opening and close (s.)

Opening/Closing & Duties 105.00

Burial Certificate 55.00

Hauling Fees 60.00

Permit Income - Marker Installation

Remedying Inc. Sling Bar 45.00

Sales Taxes 4.96

Total Due 319.96

Paid Receipt number 1150 319.96

Balance Due 0

I hereby hereby I am the X Robert F. Pranger of the above named deceased and this is your authority to inter the remains of the above named deceased. I hereby and represent that I have the right to make this request and agree to hold Mt. Hope Cemetery harmless from any liability or accounts of suit arising out of and against.

X Robert F. Pranger
Signature

X 5511 MACOMB ST. N.W.
Address

X WASHINGTON DC 20016
City

X (202) 966-0250
Telephone

I hereby authorize the sales need to be hold Mt. Hope Cemetery

Signature of Funeral Director

Work Order # E 13471

Stone #

Mark #

Mt. Hope Cemetery

E-13471

86

APPLICATION 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
ALPHA	S.	PRANGER	09/12/1910	02/28/1997	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	ROBERT PRANGER: SON 3511 MACOMB STREET N.W. WASHINGTON, DC 20016

7A. TYPED NAME AND ADDRESS OF 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	▶ [illegible]	03/06/1997

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	VICTORIA MEZA 03/06/1997	▶ 9703699

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/11/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY: I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	12B. DATE CREMATED 3-7-97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ Mario DeBlasio	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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

45380

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/17, 1997

From: Robert Pranger Address:

Twenty Three 78/00 Dollars ($ 23.78)

In Full Payment of Flower Vase for Alpha Hanger

Lot 131 Grave 4 Row — Section — Division Block 8

Invoice No.

Acct. No.

W.O. E-13171

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Karen Baker

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	4	
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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/3/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nellie Crews

in a Liner (Type of Burial Container) Funeral, date, time Thur. March 6, 97 11:30 am

Church, Chapel, Graveside Church/Graveside; Pagedale 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 [illegible]

✓ Lot 3A Grave 1 Row _____ Section 14 Division/~~Block~~ 7

Grave space & Care Fund	Pre-Need C-7401	0
Additional spaces and care fund		—
Opening/Closing & Setup	183.00	375.00
Burial Container	PAID IN FULL	190.00
Handling Fees	4-8-97 sent out burial	145.00
Flower vases – Marker setting fee	another 577.73	—
Recording and filing fee		45.00
Sales taxes	Paid	14.73
Total Due		769.73
Paid receipt number	R-48338	192.00
Balance due		577.73

30 day note

577.73

I hereby certify I am the X Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [illegible] T. Fisher
Signature

X 2319 Paseo De Laura
Address

X Oceanside 92056
City Zip Code

X CA
Telephone

Invoice # 282206

Work Order # E 13472

Acct. # 091745

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

13472

282206 03/11/97 091745	WILLIE FISHER				04/01/97	2011	577.73	577.73		0.00
E-13472	100	072	77181	000072			183.00		PAID IN FULL	
	100	072	77182	000072			190.00			
	100	072	77183	000072			45.00			
	100	072	77185	000072			145.00			
	60101		78390				14.73			

MT. HOPE CEMETERY

W.O. # 13472

NOTE

$ 577.73 San Diego, California March 3 19 97

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 DOLLARS with interest from April 6 1997 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 Willie T Fisher SIGNATURE X Willie T Fisher

ADDRESS X 2319 Paseo De Laura O'Side CA

CALIFORNIA DRIVER LICENSE NUMBER X C2891576 SSN # X 408-20-8127

PY-1012 (11-89)

13472

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
Nellie	-	Crews	01/11/1917	03/01/1997	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Coronado	San Diego	Willie Fisher, Brother 2319 Paseo De Laura #12 Oceanside, CA 92056

7A. TYPED NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	03/04/1997

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	03/06/1997	9703674 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3/6/97	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

46323

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/3 19 97

From: Willie Fisher Address: 2319 Paseo De Fauna Riverside CA 92506

One hundred ninety two /00 Dollars ($ 192.00)

In Part Payment of Interment of Nellie Crews

Lot 32 Grave 1 Row Section 14 Division Block

Invoice No.

Acct. No.

W.O. E-13472

BALANCE DUE 577.73

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
1998

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kay Bak

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	192 00
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	192 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-4-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Thomas Blincoe

in a liner (Type of Burial Container) Funeral, date, time Thur. 3-6 2:00

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. _____

Lot 122 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund	126.00
Additional spaces and care fund	—
Opening/Closing & Setup	244.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee (They paid 17.64 in interest)	45.00
Sales taxes	
Total Due	750.00
Paid receipt number R-48801	767.64
Balance due	0

PAID
JUL 22 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Creditors Claim mailed 3-12-97
See Jaime 694-3504

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of 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 13473

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

45801

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-22, 19 97

From: Public Administrator Address: 5201-A Ruffin Rd San Diego 92123

Seven hundred Sixty Seven & 64/100 Dollars ($ 767.64)

In full Payment of Interment of Thomas Blincoe

Lot 122 Grave 2 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-13473

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 157 11

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Hutto

CREDIT			
20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	126	00
Opening/ Closing	100 77181	244	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	62	64
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	767	64

AC-212 (Rev. 5-94)

E- 13473

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
THOMAS	-	BLINCOE	02/03/1920	02/23/1997	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 JAYNE - PUBLIC ADMINISTRATOR 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ Victoria L. Mitchell	03/06/1997

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	03/06/1997 V.I. MITCHELL	9703681 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102 (SAN DIEGO COUNTY)	11B. DATE BURIED 3/6/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-4-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Selby P. Yarbrough

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time Fri 3-7 1:00

Church, Chapel, Graveside church graveside Ragsdale (Mr. Ragsdale Debbie) Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X

Lot 959 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup 2 @ $375.00	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marking/Setting Fee	—
Recording and filing fee 2 @ $45.00	90.00
Sales taxes	29.45
Total Due	2,564.45
Paid receipt number R-48351	2564.45
Balance due	0

PAID
MAR 06 1997
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 [signature] SR
Signature

X 7365 Trojan
Address

X San Diego CA 92114
City Zip Code

X (619) 263-6214
Telephone

Invoice # _____

Work Order # E 13474

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43351

Date: 3-6, 19 97

From: Patterson Ragsdale Address: 5050 Federal Blvd San Diego 92102

Two Thousand five hundred sixty four & 45/100 Dollars ($ 2564.45)

In full Payment of Interment of Kelly Yarborough

Lot 959 Grave 1 Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13474

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 9675

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Duchelton

CREDIT	67007		
20% Sales Care	77184	199	00
80% Sales of Lots	100 77184	796	00
Opening/ Closing	100 77181	750	00
Burial Containers	100 77182	380	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	90	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	29	45
TOTAL PAID	$	2564	45

E-13474

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 37 03

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Selby	Patrice	Yarbrough	06/14/1959	03/03/1997	F

5A. CITY OF DEATH: San Diego

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Darryl Yarbrough, Husband
6365 Eto Ct.
San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Anderson-Ragsdale Mort.; 5050 Federal Blvd.
San Diego, CA 92102

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: F-1329

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶ Debbie Wellens

8B. DATE SIGNED: 03/05/1997

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 03/05/1997 Debbie Wellens

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 9703807 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA
Vital Records; P.O. Box 85222
San Diego, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED: 3/7/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶ [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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/4/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clifford Daniels

in a Dbl Depth Crypt (Type of Burial Container) Funeral, date, time Fri, 3/7 11:00AM

Church, Chapel, Graveside Church + Grave Side - Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. Elaine K Daniels

Lot 5182 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund Pre Need E-8202 Ø

Additional spaces and care fund

Opening/Closing & Setup Pre Need E-10467 Ø

Burial Container Diff bet T.S. Vault + DD Crypt 155.00

Handling Fees Diff bet T.S Vault + DD Crypt 135.00

Flower vases – Marker setting fee paid in full per Greg Angelos 5-30-97

Recording and filing fee Pre Need E-10467

Sales taxes Diff Bet T.S Vault + DD Crypt 12.01

Total Due 302.01

30 Day Note

Paid receipt number

Balance due

I hereby certify I am the Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Elaine K Daniels
Signature

748 Santa Isabel Dr
Address

San Diego Calif 92114
City Zip Code

619-262-1663
Telephone

Invoice # 282205

Work Order # E 13475

Acct. # 091744

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13475

000.....

0.00

580.00

225.00 - crypt

002.....

155.00

320.00 Arabic's

185.00 - fee

002.....

135.00

29.45 tax

17.44 -

00.....

12.01

155.00

135.00

12.01

003.....

302.01

total

MT. HOPE CEMETERY

W.O. # E-13475

NOTE

$ 302.01 San Diego, California 3-4 1997

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 Two 01/100 DOLLARS with interest from April 7, 1997 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 Eloise K DANIELS SIGNATURE Eloise K Daniels

ADDRESS 748 Santa Isabel Dr San Diego Calif 92114

CALIFORNIA DRIVER LICENSE NUMBER B2037685 SSN # 462-24-2893

PY-1012 (11-89)

E-13475

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
Clifford	-	Daniels	01/12/1919	03/01/1997	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	Eloise K. Daniels, Wife 748 Santa Isabel Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
Anderson-Ragsdale Mort.; 5050 Federal Blvd San Diego, CA 92102	F-1329

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		[signature]	03/04/1997

PERMIT AUTHORIZATION OF LOCAL REGISTRAR	THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.	9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
		$7.00	03/05/1997	9703601 [signature]

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.	9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
	Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3/7/97	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

ID 3/3/08
Register, Joseph Walter

Date 3-4-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA#: 1209485

in a Liner (Type of Burial Container) Funeral, date, time Thur. 3-6 11:30

Church, Chapel, Graveside delivery : Neptune Mortuary. Jan

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 67 Grave 3 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number INVOICE	386.00
Balance due	0

Paid in full June 17, 1997

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature See attached

Address

City Zip Code

Telephone

Invoice # 282207

Work Order # E 13476

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 13476

CITY OF SAN DIEGO, CALIFORNIA

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

GENERAL INVOICE

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 6-17-97
BY: CA (CK) IF
PAYMENT REF NO 371439
AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/11/97	04/10/97	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA TURGEON REF NO: E-13476
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#1209485 SVCS	
LOT 67 GR 3 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

AC-22 (REV. 10/95)

INV NO. 282207

E-13476

APPLICATION 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	UNK	02/03/1996	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	SAN DIEGO COUNTY MED EXAMINER 5555 OVERLAND AVE 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
NEPTUNE SOCIETY 14065 HWY 8 BUS EL CAJON, CA 92021	FD-1352	▶ [signature]	03/06/1997

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 96-6243

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	03/05/1997 JANET HUMAN	▶ [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
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
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 3/6/97	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.

E-13476

County of San Diego

GLENN N WAGNER, D.O.
CHIEF MEDICAL EXAMINER

CHRISTINA STANLEY, M.D.
CHIEF DEPUTY MEDICAL EXAMINER

DEPARTMENT OF THE MEDICAL EXAMINER
5555 Overland Ave., Suite 1411, San Diego, California 92123-1270
TEL: (858) 694-2895 FAX: (858) 495-5956

March 3, 2008

City of San Diego
Mount Hope Cemetery
3751 Market Street
San Diego CA 92102

Attn: Cemetery Records – Maria 619-527-3403

Re: John Doe (Medical Examiner Case #96-0243)

Ladies and Gentlemen:

This letter is to inform you of the identification of John Doe, Medical Examiner case number 96-0243. The date of death of John Doe was 02/03/1996. He was positively identified on 02/28/2008 through a fingerprint comparison.

The decedent's identity has been established as: Joseph Walter Register with date of birth of 02/18/1948. His next of kin was determined to be his adult children Sandy Singletary and Wendy Hall and his mother Frances Register PO Box 182 Davisboro Georgia 31018. Could you please respond to this notice and provide this decedent's plot location?

Thank you for your assistance in this matter.

Sincerely,

Gretchen B. Geary

Gretchen B. Geary
Medical Examiner John/Jane Doe Investigator

Public Administrator number not available

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy M. Swanya

in a ash vault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ; family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $

will be applied and billed to undersigned.

Lot 15 Grave 11 Row Section 7 Division/Block 5

Grave space & Care Fund Pre-Need A-3375	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-48341	269.26
Balance due	0

PAID
MAR 05 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the X Nephew of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Thomas J Neff
Signature

X 1814 Frederick Dr
Address

X San Diego 92104
City Zip Code

X 234 7372
Telephone

Invoice #

Work Order # E 13477

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45341

Date: 3-5 19 97

From: Thomas J. Dill Address: 1814 Linebrick Dr SD 92104

Two Hundred Sixty Nine & 76/100 Dollars ($ 269.76)

In full Payment of Interment of Dorothy Drange

Lot 15 Grave 1P Row Section 7 Division Block 5

* Invoice No.

Acct. No.

W.O. E-10477

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct. ☐
Pre-need Trust ☐ Cash ☐ Check ☒

180

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Stickells

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	45	00
	100	60	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	76
TOTAL PAID	$	269	76

Pre-need
MUST
2nd burial
in Double
Depth

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-6-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ester L. Pleasant

in a _____ (Type of Burial Container) 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. _____

Lot 22 Grave 4 Row _____ Section 1 Division/~~Block~~ 12

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	45.00
Sales taxes	—
Total Due	420.00
Paid receipt number R-48353	52.50
Balance due	367.50
	367.50

paid in full
8-5-1994

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Ester Pleasant
Signature

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X 260 S Gregory St.
Address

X San Diego Ca 92113
City Zip Code

X 619-236-1599
Telephone

Invoice # _____

Work Order # E 13478

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43353

Date: 3-6 19 97

From: Ester L. Pleasant Address: 860 S. Gregory San Diego 92113

Fifty two and no/100 Dollars ($ 52.50)

In part Payment of Pre-need trust

Lot 22 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-13478

BALANCE DUE 367.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

7542

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Jungin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 *77185*		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	52	50
Sales Tax	60101 78390		
TOTAL PAID	$	52	50

48410

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-1 19 97

From: Estelle Pleasant Address: 860 S. Fregoly San Diego 92113

Fifteen and no/100 Dollars ($ 15.00)

In part Payment of pre-need trust

Lot 22 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. C-13478

BALANCE DUE 352.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

7576

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Duran

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	83033 9022	15	00
Sales Tax	60101 78390		
TOTAL PAID	$	15	00

OFFICIAL RECEIPT

43631

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-30, 19 97

From: Ester Pleasant Address: 860 S. Gregory Street San Diego 92113

Fifty and no/100 Dollars ($ 50.00)

In part Payment of pre-need trust for Ester Pleasant

Lot 22 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-13478

BALANCE DUE 302.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1103

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Durgon

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	50	00
Sales Tax	60101 78390		
TOTAL PAID	$	50	00

OFFICIAL RECEIPT

48790

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-18, 19 97

From: Ester Pleasant Address: 860 S. Gregory St. San Diego 92113

One hundred and no/100 Dollars ($ 100.00)

In part Payment of Pre-need trust

Lot 22 Grave H Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-13478

BALANCE DUE 202.50

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avalos

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	100	00
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

45836

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8/5, 1997

From: Estel Pleasant Address: 860 S Gregory St San Diego Ca 92113

Two hundred two 50/00 Dollars ($ 202.50)

In Full Payment of Pre Need trust

Lot 22 Grave 4 Row — Section 1 Division Block B

Invoice No.

Acct. No.

W.O. E-13478

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 Kanya Dak

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	202 50
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	
TOTAL PAID	$	202 50

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Trust E-13478

Ester Pleasant
860 S. Gregory St.
San Diego, CA 92113
(22-4-1-12)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
			10								

Amount due when paid on, or before, due date above. $ 15.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

AMOUNT RECEIVED $ 15.00

NAME Ester Pleasant

ADDRESS 860 S Gregory St.

CITY San Diego STATE CA ZIP 92113

[illegible]

E-13478

PLEASANT, ESTER 860 S. Gregory St. San Diego, CA 92113

3-6	97	Opened Pre-need Trust (22-4-1-12)	420.00			
3-6	97	Receipt 48353		52.50	367.50	
4-1	97	" 48419 CPN #1		15.00	352.50	
5-30	97	" 48631 NO CPN		50.00	302.50	
7-18		" 48796 "		100.00	202.50	
8-5	97	" 48836		202.50	-0-	

Paid in full

PLEASANT, ESTER

PRE-NEED TRUST

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-6-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of HELEN LeFEVER

in a LINER (Type of Burial Container) Funeral, date, time MON. 3-10 11:30

Church, Chapel, Graveside DELIVERY ONLY GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot _____ Grave 23 Row 8 Section 8 Division/~~Block~~ 7

Grave space & Care Fund pre-need B-7519 Ø

Additional spaces and care fund _____

Opening/Closing & Setup pre-need E-13246 Ø

Burial Container pre-need E-13246 Ø

•Handling Fees pre-need E-13246 Ø

Flower vases – Marker setting fee _____

Recording and filing fee pre-need E-13246 Ø

Sales taxes pre-need E-13246 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 Loreen Brakensiek
Signature

X 10508 Ranchos Rd
Address

X La Mesa 91941-7067
City Zip Code

X 670-9494
Telephone

Invoice # _____

Work Order # E 13479

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13479

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
HELEN	M.	LE FEVER	05/10/1902	03/06/1997	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	LOREEN BRAKENSIEK: DAUGHTER 10508 RANCHO ROAD LA MESA, CA 91942

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY I-805 & IMPERIAL AVE., SAN DIEGO, CA 92102	F-843	▶ [illegible]	03/07/1997

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	VICTORIA MEZA 03/10/1997	9703823 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	—

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/10/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-7-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gene Paul Evans

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time Tues 3-11 1:30

Church, Chapel, Graveside Church Graveside : La 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 DC

Lot 120 Grave 7 Row ____ Section 3 Division/Block 12

Grave space & Care Fund	20= 159 80= 150	795.00
Additional spaces and care fund		—
Opening/Closing & Setup		375.00
Burial Container		370.00
Handling Fees		320.00
Flower vases – Marker setting fee	LATE SERVICE FEE	150.00
Recording and filing fee		45.00
Sales taxes	PAID IN FULL	29.45
	Total Due	1944.45
4-11-97	Paid receipt number R-49360	486.00
	Balance due	1458.45
		150.00
		$ 1608.45

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.

Signature: Debra Evans

Address: 528 West St.

City: San Diego Zip Code: Ca 92113

Telephone: (619) 262-5263

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 282248

Work Order # E 13480 Acct. # 091750

REA-104 (7-96) *This information is available in alternative formats upon request.*

Printed on recycled paper

13480

282248 03/12/97 091750	DEBRA EVANS				04/11/97 CK 4439	1,608.45	1,608.45	0.00
E-13480	100	072	77181	000072		375.00		PAID IN FULL
	100	072	77182	000072		380.00		
	100	072	77183	000072		195.00		
	100	072	77184	000072		150.00		
	100	072	77185	000072		320.00		
	60101		78390			29.45		
	67007		77184			159.00		

MT. HOPE CEMETERY

W.O. # E- 13480

NOTE

$ 1458.45 San Diego, California March 7 19 97

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand four hundred fifty eight 45/100 DOLLARS with interest from April 12, 1997 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 DEBRA L. EVANS SIGNATURE X Debra L. Evans

ADDRESS X 528 WEST ST

CALIFORNIA DRIVER LICENSE NUMBER X N589517 SSN # X 553-08-0136

PY-1012 (11-89)

March 11, 1997

E-13480

The service for Gene-Paul Evans, came through the Mount Hope Cemetery front gates at 3:46 p.m. on Tuesday, March 11, 1997. The service is late and the family will be billed $150.00 for the late service fee. Lot 120, Grave 7, Section 3, Division 12, E-13480.

Catina Durgeon
Norman Ferguson
Karyn Dick
Joan Waits
Linda M Trejo

E-13480

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

18

USE BLACK 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
GENE	PAUL	EVANS	05/15/1978	03/05/1997	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	DEBRA L. EVANS-MOTHER 528 WEST 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357

8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Jim Walker	03/10/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/10/1997 K. WALKER	9703828

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 3/11/97	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

43300

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-7, 1997

From: Gene Mattox Address: 528 West St., San Diego 92113

Four Hundred Eighty Six Dollars ($ 486.00)

In part Payment of Interment of Gene - Paul Evans

Lot 120 Grave 7 Row Section 3 Division Block R

Invoice No.

Acct. No.

W.O. E- 13480

BALANCE DUE 1458.45

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4410

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Stackhouse

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	486	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	$	486	00

Pre-need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-7-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Leach

in a ash vault (Type of Burial Container) 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. _____

Lot 57 Grave 5 Row _____ Section MAS Division/~~Block~~ S

Grave space & Care Fund pre-need A-4135	Ø
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee paid in full	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-483665	269.26
Balance due	Ø

PAID
MAR 07 1997
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 Barbara Costello
Signature
X 7272 - Saranac St #38
Address
X La Mesa Ca 91941
City Zip Code
X (619) 460-6007
Telephone

Invoice # _____

Work Order # E 13481

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43305

Date: 3-7, 19 97

From: Barbara Coppello Address: 7272 Saranac St. #38 La Mesa 91941

Two hundred sixty nine and 26/100 Dollars ($ 269.26)

In full Payment of pre-need trust for Dorothy Leach

Lot 57 Grave 5 Row Section MAS Division Block S

Invoice No.

Acct. No.

W.O. E-13481

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
3164

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Mauna Dungan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	269	26
Sales Tax	60101 78390		
TOTAL PAID	$	269	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/10/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anthony Minoso Wycke

in a Lined #1 (Type of Burial Container) Funeral, date, time March 12th Wed 1:00 pm

Church, Chapel, Graveside Chapel/Graveside; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. X

✓ Lot 517 Grave — Row — Section 2 Division/~~Block~~ 9

Grave space & Care Fund	195.00
Additional spaces and care fund	
Opening/Closing & Setup	195.00
Burial Container	95.00
Handling Fees	50.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	7.36
Total Due	587.36
Paid receipt number Visa	587.36
Balance due	0

PAID
MAR 10 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Casket size
47" long
22" wide
15" high

I hereby certify I am the Grandmother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Bertha Gene Brewer
Signature
X 6582 49th Street
Address
X San Diego Calif 92102
City Zip Code
X 619-262-0615
Telephone

Invoice #

Work Order # E 13482 ✓

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13482

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 2

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Anthony	Minoso	Wyche	09/02/1994	03/03/1997	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	Bertha Green,Breiner, Grandmother 652 49th 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-Ragdale Mort.; 5000 Federal Blvd. San Diego, CA 92102	F-1329	▶ [illegible]	03/11/1997

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/11/1997 [illegible]	9703923 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92086-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY 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 92002	11B. DATE BURIED 3/13/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-10-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CASSONDRA USHER

in a LINER (Type of Burial Container) Funeral, date, time WED. 3-12 1:00

Church, Chapel, Graveside GRAVESIDE S.D. Memorial Mortuary.

All Funeral cars must 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

Lot 86 Grave 12 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1,564.73
Paid receipt number R-48371	1,564.73
Balance due	0

PAID
MAR 10 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

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

Invoice # ____

Acct. # ____

Work Order # E 13483

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OVER →

3-10-91 2:00 pm.
S.D. memorial chapel instructed us to pick out the lot.

E - 13483

MT HOPE CEMETERY

INTERMENT ORDER

3-12-97

CASSONDRA USHER

LINER

GRAVESIDE WED. 3-12 1:00

S.D. Memorial

X 150.00

860 12

3 12

795.00

PAID

MAR 10 1997

MT HOPE CEMETERY

575.00

195.00

145.00

45.00

14.73

1,544.73

R-483-11 1,544.73

X Mark [illegible]

X [illegible]

X [illegible]

X [illegible]

E 13483

E-13483

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 46

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Cassandra	Lucretia	Usher	06/19/1950	03/09/1997	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 Whitted - Mother 971 Jerome St., #4K Brooklyn, NY 11207

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE
San Diego Memorial Chapel 2441 University Avenue; San Diego, CA 92104	FD-1575

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

8A. SIGNATURE OF APPLICANT—Person taking permit: Frances L. Martin

8B. DATE SIGNED: 03/12/1997

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 03/12/1997

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: [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
P. O. Box 85222
San Diego, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED 3/12/97	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

4537.1

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-10, 19 97

From: Kaliyma Abdullah Address: 3535 Madison Ave # 102 S.D. 92116

One thousand five hundred sixty four & 73/100 Dollars ($ 1564.73)

In full Payment of Interment of Cassondra Usher

Lot 86 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-13483

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

C156438

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Calina Jurgen

CREDIT 20% Sales Care	67007 77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77161	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1564	73

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-10-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of JOEL DOMINGUEZ LOPEZ

in a _____ Funeral, date, time FRI. 3-14 10:00
Type of Burial Container

Church, Chapel, Graveside _____ ; Guadalupana Mortuary.
Nancy

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

VOID

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 _____

Guadalupana Service cancelled 3-12-97 CT.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of 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 13484

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13484

3/12/97
Family will
be in to make
arrangements for
service.

3-12-97
Nan as cancelled
service
again.
3:40 pm

3-13-97
verified
3:50 pm
Nancy.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/10/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Aycuyan, Aida

in a liner (Type of Burial Container) Funeral, date, time March 12, 1997 Wed 10:00 AM

Church, Chapel, Graveside Church/Graveside Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. X S.P.

Lot 5201 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	1095.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	90.00
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-48372	1864.73
Balance due	0

PAID
MAR 11 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Alex Collier
Signature

X 545 Euclid Av
Address

X San Diego
City Zip Code

X 281-5888
Telephone 282-2737

Invoice #

Work Order # E 13485

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13485

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 55

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Aida	-	Ayriyan	03/21/1941	03/10/1997	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	Garik Babayan-Son In Law 4561 Utah St. #3 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
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	1424	▶ Laura Smith	03/11/1997

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	03/11/1997 Laura Smith	9703924 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92104	11B. DATE BURIED 3/12/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J Dwit	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

4033

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/11, 19 97

From: Stan Petrosyan Address: 3457 Collier, San Diego Ca 92116

One thousand eight hundred sixty four 73/100 Dollars ($ 1864.73)

In Full Payment of Interment of Agopyan Aida

Lot 5201 Grave — Row — Section — Division Block 10

Invoice No. /

Acct. No.

W.O. E 13485

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karen Bak

CREDIT 20% Sales Care	67007 77184	219	00
80% Sales of Lots	100 77184	876	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1864	73

E-13483

For Cassondra Usher
WED 3/12/97 @ 1:00 P.M.

Mt. Hope Cemetery

Please Pick the Sight
this is a Graveside Service only

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-12-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert Stiles

in a Liner (Type of Burial Container) Funeral, date, time Wed, March 19, 10:00 AM

Church, Chapel, Graveside Delivery Only : Claremont Mortuary. Bob Pierce

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 72 Grave 4 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 48479	500.00
Balance due	0

paid in full 4-16-97

Katherine Howard 694-3507 creditors claim mailed 4-1-97

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 _____

Invoice # _____

Work Order # E 13486

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13486

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

80

USE BLACK 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	-	Stiles	09/24/1916	03/02/1997	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: Deputy P.A 5201-A Ruffin Road San Diego, CA 92117

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CLAIREMONT MORTUARY: 4266 MT. ABERNATHY AVE SAN DIEGO, CA 92117	F-1126	Summi Ka Pryor	03/18/1997

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	S. Pryor 03/18/1997	9704332

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 3/19/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [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.

OFFICIAL RECEIPT

4347

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-16, 19 97

From: County of San Diego Address: 5201-A Ruffin Rd. San Diego 92123

Five hundred and no/100 Dollars ($ 500.00)

In full Payment of Interment of Robert Stiles

Lot 72 Grave 4 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-134860

BALANCE DUE X

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 155018

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carina Jurgen

CREDIT	87007		
20% Sales Cars	77184		
80% Sales of Lots	100 77184	120	00
Opening/ Closing	100 77161	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 78090		
TOTAL PAID	$	500	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/12/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Portia Bechtel

in a LINER (Type of Burial Container) Funeral, date, time March 17th Mon 11:00am

Church, Chapel, Graveside Graveside only : Featherngill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned. X L/H

Lot 72 Grave 5 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... Pre Need D-3463	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container ..... paid in full 4-4-97	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-48379	300.00
Balance due	469.73
	469.73

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 Lynnea Holladay (Signature)
X 8852 Grandview (Address)
X San Diego 92110 (City, Zip Code)
X 276-6981 (Telephone)

Invoice # 282580

Work Order # E 13487

Acct. # 091827

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13487

282580	03/19/97	091827	LYNCA HOLLADAY			04/04/97 CK 1048	469.73	469.73	0.00
E-13487			100	072	77181	000072	75.00		PAID IN FULL
			100	072	77182	000072	190.00		
			100	072	77183	000072	45.00		
			100	072	77185	000072	145.00		
			60101		78390		14.73		

MT. HOPE CEMETERY

W.O. # E-13487

NOTE

$ 469.73 San Diego, California March 12 19 97

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Four hundred Sixty nine & 73/100 DOLLARS with interest from April 17, 1997 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 LYNCA HOLLADAY SIGNATURE X Lynca Holladay

ADDRESS X 2852 Grandview St San Diego Ca 92113

CALIFORNIA DRIVER LICENSE NUMBER X X0946513 SSN # X 412-20-3914

PY-1012 (11-89)

E-13487

93

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Portia	Geraldine	Bechtel	03/04/1904	03/10/1997	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	Lynca Holladay, daughter 2852 Grandview St. San Diego, CA 92110

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking charge	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	Candice Maggard	03/13/1997

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	03/13/1997	9704118 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 LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3/17/97	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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

45370

Date: 3-12, 19 97

From: Lynda Holladay Address: 2852 Grandview S.D. 92110

Three hundred and no/100 Dollars ($ 300.00)

In part Payment of interment of Portia Bechtel

Lot 72 Grave 5 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-13487

BALANCE DUE 469.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
5392

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Mirna Durgan

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	300	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	$	300	00

Pre need
Lot & Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Veteran

Date 3-13-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John R. Labeta & Lillian Labeta

in a Double Depth Crypt (Type of Burial Container) 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. _____

Lot 141 Grave 2 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2044.45
Paid receipt number R-48380	2044.45
Balance due	0

PAID
MAR 13 1997
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.

Rudolph Labeta
Signature

122 Beechwood Ln
Address

Oceanside, CA 92054-5403
City Zip Code

(619) 439-9671
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13488

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

74

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

D.I.P.

Date 3-17-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of DOROTHY E. SWALM

In a LINER (Type of Burial Container) Funeral, date, time Wed. 4-2 10:00

Church, Chapel, Graveside Graveside ; McBeard Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 52 Grave 4 Row _____ Section 1 Division/~~Block~~ II

Grave space & Care Fund pre-need D-2736	Ø
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-48413	769.73
Balance due	Ø

745-2100

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 Nancy Moyden
Signature

X 29547 The Yellow Brick Rd.
Address

X Valley Center, CA 92082
City Zip Code

X (760) 751-8721
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 13489

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

went into trust
3-28 R- 48413

need to do
interfund transfer

E-13489

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Dorothy	Edna	Swalm	01/14/1923	03/31/1997	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Valley Center	San Diego	Nancy Morphew, Daughter 29547 The Yellow Brick Road Valley Center, CA 92082

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
McLeod Mortuary 1919 E. Valley Parkway, Escondido, CA 92027	FD299	▶ Jim Kopowski	04/01/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/01/1997 J.Lipourski	9705047 ▶

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market, San Diego, CA 92102	11B. DATE BURIED 1-2-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman 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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43413

764.73

Date: 3/28, 19 97

From: Nancy Morphen Address: 2954-7 The Yellow Brick Rd Valley Center, CA 92082

Seven hundred sixty nine 73/00 Dollars ($ 769.73)

In Full Payment of Pre Need Trust - Dorothy Swalm

Lot 52 Grave 4 Row — Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-13489

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 [illegible]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	769	73
Sales Tax	80101 78390		
TOTAL PAID	$	769	73

Transfer, M Lot, to Orlin Edward

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/14/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To Orlin Edwards

in a _____ (Type of Burial Container) 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. _____

Lot 9 Grave B Row _____ Section MAS Division/~~Block~~ R

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	45.00
Paid receipt number R - 48475	45.00
Balance due	-0-

From Elizabeth Edwards

Transfer fee 45.00

PAID APR 16 1997 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 Orlin W Edwards
Signature
X 5101 STOCKTON BLVD #63
Address
X SACRAMENTO CA 95820
City Zip Code
X (916) 455-3662
Telephone

Invoice # _____

Work Order # E 13490

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-B490

RECORDING REQUESTED BY

WHEN RECORDED MAIL TO

Name
Street Address
City & State

SPACE ABOVE THIS LINE FOR RECORDER'S USE

QUITCLAIM DEED

DOCUMENTARY TRANSFER TAX $_____
_____COMPUTED ON FULL VALUE OF PROPERTY CONVEYED,
_____OR COMPUTED ON FULL VALUE LESS LIENS AND ENCUMBRANCES REMAINING AT TIME OF SALE.

Signature of Declarant or Agent determining tax. Firm Name

FOR A VALUABLE CONSIDERATION, receipt of which is hereby acknowledged

$10.00 (TEN DOLLARS)

I, ELIZABETH J. EDWARDS
ORLIN W. EDWARDS do hereby

REMISE, RELEASE AND FOREVER QUITCLAIM to LOT 9 GRAVE B, MASONIC DIVISION R AS

the real property in the State of California, described as: ORDER NUMBER C-4061 2880 DATED 1-24-67 County of SAN DIEGO

Dated: FEBRUARY 28, 1997

Elizabeth J. Edwards
ELIZABETH J. EDWARDS

State of ~~California~~, NEVADA
County of LYON } ss

On FEBRUARY 28, 1997, before me, the undersigned, a Notary Public in and for said State, personally appeared ELIZABETH J. EDWARDS

known to me to be the person whose name IS subscribed to the within Instrument and acknowledged that SHE executed the same.

Witness my hand and official seal.

DIANE L. MILLER
Notary Public - State of Nevada
Appointment Recorded in Lyon County
No: 96-5065-12 - EXPIRES NOV. 20, 2000

(Seal) Diane L. Miller
Notary Public in and for said State.

Title Order No. _____ Escrow or Loan No. _____

MAIL TAX
STATEMENTS TO _____
NAME ADDRESS ZIP

DEED—QUITCLAIM—WOLCOTT'S FORM 790
REV. 2-70

This standard form covers most usual problems in the field indicated. Before you sign, read it, fill in all blanks, and make changes proper to your transaction. Consult a lawyer if you doubt the form's fitness for your purpose.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

46475

Date: 4-16, 19 97

From: O. W. Edwards Address: 5101 Stockton Blvd #63 Sacramento 95820

Forty five Dollars ($ 45.00)

In full Payment of Transfer of Lot from Elizabeth Edwards to Orlin W. Edwards

Lot 9 Grave 1 B Row 1 Section MAS Division Block R

Invoice No.

Acct. No.

W.O. E-13490

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

143

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shirbillon

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	45 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	45 00

29 ½ L
14 with
14 Tall

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-14-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Isabella Montero

in a _____ (Type of Burial Container) Funeral, date, time Tues 3-18 12:30pm

Church, Chapel, Graveside Graveside ; SD Memorial 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

Lot 3341 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-48390	270.00
Balance due	Ø

PAID
MAR 18 1997
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mortuary to bring check

I hereby certify I am the X see attached for signature of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature
X _____ Address
X _____ City Zip Code
X _____ Telephone

Invoice # _____

Work Order # E 13491 Acct. # _____

REA-104 (7-96) *This information is available in alternative formats upon request.*

Printed on recycled paper

29 1/2 L
14
14

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-14-97

You are hereby authorized and instructed, subject to rules and regulations, to inter the remains of Rebecca Montero

in a Funeral Date Wed 3-19

Church, Chapel, Crematory Funeral Home 30 Mound Chapel Gatlin Mortuary

All Funeral expenses must arrive before 3:00 p.m. of the day before the interment or there will be a service charge of $ 150.00

will be accepted and billed to undersigned X Mark Jenkins

Lot 334 Grave 9 Row Section Construction

Grave opening & Care Fund	100.00
Additional opening and care fund	—
Opening/Closing & Setup	125.00
Burial Container	—
Handling Fees	—
Filing urns – Marker setting fee	—
Recording and filing fee	45.00
Solar opens	—
Total Due	270.00
Paid on or before	—
Balance due	—

Mailing to Funeral Home check

I hereby certify I am the X Funeral Home of the above named decedent and that I am authorized to make disposition of the body of the above deceased. I certify and represent that I have the right to share this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on the issue of said authorization and interment.

Mark Jenkins
2441 University ave
San Diego Ca 92104
692-3090
Address

I hereby certify that the interment is to be held under dispute.

Signature of authorized person

Work Order # E 13491

Area #

Section #

REMARKS

This information is available in alternative formats upon request.

Please recycle this paper

E-13491

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1day

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Isabela	Anamosa	Montero	03/12/1997	03/12/1997	F

5A. CITY OF DEATH: San Diego

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Francisco A. Montero - Father, 6735 El Cajon Blvd. #B7, San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: San Diego Memorial Chapel, 2441 University Ave.; San Diego, CA 92104

7B. CALIF. LICENSE NUMBER—IF APPLICABLE: FD-1575

8A. SIGNATURE OF APPLICANT—Person taking permit: Frances L Martin

8B. DATE SIGNED: 03/17/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 03/18/1997

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 9704277 J Martin

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA: Vital Records, P.O. Box 85222, San Diego, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: -

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery, 3751 Market St.; San Diego, CA 92102	11B. DATE BURIED: 3/18/97	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.

4830

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-18 19 97

From: SD Memorial Chapel Address: 2441 University Ave. S.D. 92104

Two hundred seventy and 00/100 Dollars ($ 270.00)

In full Payment of Entombment of - Isabella Montoro

Lot 3341 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-13491

BALANCE DUE

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1149

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Maria Jurgen

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

29 1/2 L
14 wide
14 Full

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

0 Date 3-17-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adriana Blaylock

in a _____ Funeral, date, time Wed 3-19 1:00

Type of Burial Container

Church, Chapel, Graveside graveside ; Memorial Chapel Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 361 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-48391	270.00
Balance due	Ø

PAID
MAR 18 1997
paid in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

see attached for signature

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____

Address _____

City _____ Zip Code _____

Telephone _____

Invoice # _____

Work Order # E 13492 Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

29 1/2 L
14
14

MT HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 3-17-17

You are hereby authorized and directed, subject to rules and regulations, to inter the remains of Adriana Blaylock

in a Funeral date Wed 3-19 1:00

Church, Chapel, Graveside Graveside Memorial Chapel Mortuary

All Funeral costs must be paid before 2:30 p.m. or receipt of payment must be presented 150.00

will be applied and billed to undersigned X Mark Jenkins

Lot 361 Grave Row Section 1 Division/Block 9

Grave space & Care Fund	100.00
Additional services and care fund	—
Opening/Closing & Setup	125.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	
Total Due	270.00
Paid, receipt number	
Balance due	

I hereby certify that the X Funeral Home of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold San Diego Cemetery harmless from any liability or accident or said authorization and statement.

I hereby authorize the interment to be held under deed.

Signature of accepted order or deed

X Mark Jenkins
Signature
X 2444 University ave
Address
X San Diego, Ca. 92104
City, State Zip Code
X 682-3090
Telephone

Invoice #

Work Order # E 13192

Acct. #

REA 154 (7-54)

This information is available in alternative formats upon request.

E-13492

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS ½ mo.

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Adriana	Rochelle	Blaylock	01/29/1997	03/15/1997	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	Reginald S. Blaylock - Father 2958 Elm Tree Court 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
San Diego Memorial Chapel 2441 University San Diego, CA 92104	FD-1575	▶ [illegible]	03/18/1997

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	03/19/1997	9784398

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 Health Department PO Box 85222 San Diego, CA 92186	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'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 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

43311

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-18 19 97

From: SD Memorial Chapel Address: 2441 University Ave. S.D. 92104

Two hundred Seventy and no/100 Dollars ($ 270.00)

In full Payment of Interment of Adriana Blaylock

Lot 3011 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-13492

BALANCE DUE X

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
1149

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Calina Jackson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	270	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/17/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Sanchez (X)

in a Ash Vault (X) Funeral, date, time Wed, March 19th 2:00 pm
Type of Burial Container

Church, Chapel, Graveside (X) Witness ; Telophase 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 (X)

Lot 18 Grave 9 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre Need E6476	0
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-48385	269.26
Balance due	0

PAID
MAR 17 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the X common-law 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 Charlene DeChenne
Signature
X 4826 Utah St.
Address
X San Diego, Ca 92116
City Zip Code
X 584-2366
Telephone

Invoice # _____

Work Order # E 13493

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13493

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

64

1A. NAME OF 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	STEVEN	SANCHEZ	01/21/1933	03/11/1997	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
OCEANSIDE	SAN DIEGO	HAZEL C. DeCHENNE - FRIEND. 4826 UTAH STREET SAN DIEGO, CA 92116

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
TELOPHASE CREMATION SOCIETY, 7851 MISSION CENTER COURT, #104, SAN DIEGO, CA 92108	F-1272	▶ [signature]	03/12/1997

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	03/17/1997	▶ [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 (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 3/18/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: CREMAR CREMATORY, 2299 S. MANCHESTER AVENUE, ANAHEIM, CA	12B. DATE CREMATED: 3/18/97	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

45385

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/17, 1996

From: Charlene DeChenne Address: 4826 Utah St. San Diego 92116

Two hundred Sixty nine 26/00 Dollars ($ 269.26)

In Full Payment of Interment of John Sanchez

Lot 18 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-13493

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 Nancy Bak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

Pre-need
Int

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-17-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Garnik Shageryan

in a _____ (Type of Burial Container) 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. _____

Lot 5203 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	1095.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	1095.00
Paid receipt number R-48384	1095.00
Balance due	0

PAID
MAR 17 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Signature _____
5252 Balboa arms dr
Address
#126 San Diego CA 92117
City Zip Code
292-8819
Telephone

Invoice # _____

Work Order # E 13494

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

43381

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-17, 1997

From: Garrick Shagerjan Address: 5252 Balboa Arms Dr. #126 SD 92117

One Thousand Ninety Five Dollars ($ 1095.00)

In full Payment of Pre Need Lot

Lot 5203 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13494

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shackelton

CREDIT	67007	219	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	876	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	$	1095	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/17/97

Tues
entry
night

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marcia D. Weaver ∅ AYD

in a Ash Vault (Type of Burial Container) Funeral, date, time Tues 3-25

Church, Chapel, Graveside Delivery Only : Cypress View Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. X _____

Lot 5 Grave 8 Row 52 Section MAS Division/~~Block~~ U

Grave space & Care Fund ..... Pre Need - A6355 ..... ∅

Additional spaces and care fund ..... _____

Opening/Closing & Setup 105.00

Burial Container 55.60

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-48388 ..... 269.26

Balance due ..... ∅

PAID
MAR 17 1997
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X BROTHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 3824 Costa Bella Way
Address

X La Mesa, CA 91941
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 13495

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Ash w/ Albert W. Weaver (full body)

E-13495 CYPRESS VIEW 71504

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
Marcia	Delores	Weaver	12/28/1934	03/12/1997	F

5A. CITY OF DEATH: La Mesa

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT: Victor A. Weaver-Brother, 3824 Costa Bella Way, La Mesa, CA. 91941

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Cypress View /Bonham Brothers, 3953 Imperial Avenue, San Diego, CA. 92113

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: 670

8A. SIGNATURE OF APPLICANT—Person taking permit: ▶

8B. DATE SIGNED: 03/17/1997

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: $7.00

9B. DATE PERMIT ISSUED: 03/17/1997 Y. Tyler

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: ▶ 9704237

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA: San Diego County Vital Records, P.O. 85222 San Diego, CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA: (-)

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mount Hope Cemetery, 3751 Market Street San Diego CA 92102	11B. DATE BURIED: 3-25-97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL: ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY: Cypress View Crematory, 3953 Imperial Ave., San Diego CA 92113	12B. DATE CREMATED: 3/18/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION: ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS: N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY: ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED: N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER: ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION: N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION: ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

43383

Date: 3/17, 1997

From: Victor Weaver Address: 3824 Bella Bella Way La Mesa (91941)

Two hundred sixty nine 26/100 Dollars ($ 269.26)

In Full Payment of Interment of Marcia D. Weaver

Lot 5 Grave 8 Row 52 Section MAS Division Block U

Invoice No.

Acct. No.

W.O. E-13495

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 [illegible]

CREDIT	87007		
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	60101 78390	4	26
TOTAL PAID	$	269	26

AC-212 (Rev. 5-94)

center Right

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-17-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Leach (X)

In a ash vault (Type of Burial Container) Funeral, date, time Fri. 3-21 2:00

Church, Chapel, Graveside Witness 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. X Barbara Castillo

✓ Lot 57 Grave 5 Row ____ Section MAS Division/~~Block~~ S

Grave space & Care Fund Pre-need A-4135 Ø

Additional spaces and care fund ____

Opening/Closing & Setup pre-need E-13481 Ø

Burial Container pre-need E-13481 Ø

Handling Fees pre-need E-13481 Ø

Flower vases – Marker setting fee ____

Recording and filing fee pre-need E-13481 Ø

Sales taxes pre-need E-13481 Ø

Total Due Ø

Interfund Transfer done 4-14-97

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 Barbara Castillo
Signature

X 7272 - Saranac St #38
Address

X Lemon Gr 91941
City Zip Code

X (619) 460-6007
Telephone

Invoice # ____

Work Order # E 13496 ✓

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13496

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
Dorothy	Lucille	Leach	10/17/1906	03/14/1997	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	Barbara Costello, daughter 7272 Saranac St. #38 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
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	[illegible]	03/15/1997

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	03/18/1997 Candice Maggard	9704338

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 29186-5222	-

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 3/21/97	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL [illegible]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Greenwood Crematory 805 S Imperial, San Diego, CA 92102	12B. DATE CREMATED 3-18-97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION Mario DeBlasio	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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.

age 2 months
casket 27" long
14 W
12 H

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-18-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ruben Estrada P.A. # 1212656

in a _____ (Type of Burial Container) Funeral, date, time Fri 3-21 1:00

Church, Chapel, Graveside Delivery Only : Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. Roselyn 527-3037

Lot 111 Grave 2 Row _____ Section 100F ~~Division~~/Block 43

Grave space & Care Fund	90.00
Additional spaces and care fund	—
Opening/Closing & Setup	75.00
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	210.00
Paid receipt number Invoice	210.00
Balance due	0

paid in full 6-3-97

Public Adm. Susan Jamme

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of 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 # 283298

Acct. # 000952 4-2-97

Work Order # E 13497

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper

CITY OF SAN DIEGO, CALIFORNIA E-13497

WHITE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

GENERAL INVOICE

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2289
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 6-3-97
BY: CA CK IF

PAYMENT REF NO 04-358785 AMT PAID: $210.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
04/02/97	05/02/97	MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-13497
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
RUBEN ESTRADA SERVICES	
LOT 111 GR 2 SEC IOOF BLK 43	90.00
OPENING/CLOSING	75.00
RECORDING FEE	45.00
TOTAL DUE	210.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

RETURN WITH PAYMENT

AC-22/INV-1095

INV NO. 283298

E-13497

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 2 NO.

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ruben	-	Estrada	01/05/1997	03/07/1997	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	Estela Rivera: Mother 3820 44th Street, #13 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
Greenwood Mortuary I-805 & Imperial Avenue, San Diego, CA 92102	F-843	Jennika Pryor	03/21/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	S. Pryor 03/21/1997	9704562

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market Street, San Diego, CA 92102	11B. DATE BURIED 3/21/97	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

D.I.P.
1st burial

Date 3-18-97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rupert B. Leyba

in a Liner (Type of Burial Container) Funeral, date, time Thur. 3-20 9:00

Church, Chapel, Graveside church+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

Lot 25 Grave 7 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund pre-need D-5522 Ø

Additional spaces and care fund ____

Opening/Closing & Setup pre-need D-5522 1975 Ø

Burial Container pre-need D-5522 Ø

Handling Fees ____

Flower vases – Marker setting fee ____

Recording and filing fee 1111 D-91606 Ø

Sales taxes ____

Total Due Ø

Paid receipt number ____

Balance due ____

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Robert Leyba
Signature

X 1467 LA CORTA CIR.
Address

X LEMON GROVE CA 91945
City Zip Code

X 461-0463
Telephone

Invoice # ____

Work Order # E 13498

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-13498

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 86

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
RUPERT	BARKER	LEYBA	09/17/1910	03/17/1997	M

5A. CITY OF DEATH: San Diego

5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE: San Diego

6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Robert Leyba - Son
1467 La Corta Circle
Lemon Grove CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH
Humphrey Chula Vista Mortuary
855 Broadway Chula Vista CA 91911

7B. CALIF. LICENSE NUMBER —IF APPLICABLE: F-964

8A. SIGNATURE OF APPLICANT—Person taking permit: Judith E King

8B. DATE SIGNED: 03/19/1997

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID: $7.00

9B. DATE PERMIT ISSUED: 03/19/1997

9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT: 9704431 J.E. King

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital Records P.O. Box 85222
San Diego CA 92186-5222

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 3/20/97	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.

43881

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-18 , 19 97

From: Gloria Leyba-Padilla Address: 2152 L Street SD 92102

Thirteen Dollars ($ 13.00)

In full Payment of copper flower vase for Rupert Leyba

Lot 25 Grave 17 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-13498

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Shelton

CREDIT			
20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	13	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	13	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/18/97

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remain

of Viola Heck

in a T.S. Vault (Type of Burial Container) Funeral, date, time SAT. 3/22 10:00AM

Church, Chapel, Graveside Church + Graveside ; Conrad (Gary) 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

Lot 4415 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund D-9846	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases + Marker setting fee Sat. O.T. Charge	600.00
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1474.38
Paid receipt number R-48404	1474.38
Balance due	0

PAID
MAR 24 1997
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

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]
Signature

X 7387 BROADWAY
Address

X LEMON GROVE CA 91945
City Zip Code

X 460460
Telephone

Invoice # _____

Work Order # E 13499

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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45401

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-24, 1997

From: Conrad Mortuary Address: 7387 Broadway Lemon Grove 91945

One Thousand Four Hundred Seventy Four & 38/100 Dollars ($ 1474.38)

In full Payment of Interment of Viola Heck

Lot 4415 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13499

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. Shickellon

CREDIT	67007		
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	645	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	38
TOTAL PAID	$	1474	38

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

43589

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-20, 19 97

From: Nelda Spencer Address: 11166 Beaton St San Diego 92126-1944

Twenty three & 78/100 Dollars ($ 23.78)

In full Payment of galvanized flower vase for Vista Hills

Lot 4415 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-13499

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4256

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	10	00
Handling Fee	100 77185	13	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		78
TOTAL PAID	$	23	78

E-13499

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

86

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
VIOLA	HELEN CARR	HECK	06/22/1910	03/18/1997	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	JAMES W. HECK - SON 10316 ELMDALE DRIVE SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	FD-941	▶ [signature]	03/20/1997

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	ROCIO MARTINEZ 03/21/1997	9704547 ▶

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
COUNTY 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 3/22/97	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.