Buried in the same grave of Alfred H Andrews

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/15/98

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

in a Ash Vault (Type of Burial Container) Funeral, date, time ~~AHD~~ Sat. 1/17/98 2:00 pm

Church, Chapel, Graveside Witness ; Telophase Mortuary.

All Funeral 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 13 Row _____ Section 5 Division/~~Block~~ 6

Grave space & Care Fund	Pre Need D-4527	0
Additional spaces and care fund		
Opening/Closing & Setup		0
Burial Container		0
Handling Fees	Overtime Fee	210.00
Flower vases – Marker setting fee	Paid in full	
Recording and filing fee	1-20-1998	0
Sales taxes		0
Total Due		~~0~~ 210.00
Paid receipt number	R-49551	210.00
Balance due		0

Anabel Bankson 281-6216

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 14100

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Decide on Saturday service 1/16/98 at 3:30 pm. Added $210.00 overtime fee to interment order.

Analee Banksa
281-6216

E- 14100

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

86

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ANNA	ELIZABETH	ANDREWS	10/11/1911	01/04/1998	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	ANALEE E. BANKSON, DAUGHTER 4876 34TH 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 CNTR.CT.,#104, SAN DIEGO, CA 92108	F-1272	▶ Mail Qu	1-8-98

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/12/1998	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CREMAR CREMATORY, 2299 S. MANCHESTER AVE. ANAHEIM, CA 92802	12B. DATE CREMATED 1/13/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

COPY 1

OFFICIAL RECEIPT

49551

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-20, 19 98

From: anaLee Bankson Address: 4876 34th St. San Diego 92116

Two hundred ten and no/100— Dollars ($ 210.00)

In full Payment of overtime fee for interment of Anna Andrews

Lot 10 Grave 13 Row _____ Section 5 Division Block 66

Invoice No. _____

Acct. No. _____

W.O. E-14160

BALANCE DUE 0

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

1048

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Adams

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	210	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	210	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-16-98

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

in a Double Depth (Type of Burial Container) Funeral, date, time Thur. 1-22 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 $ _____

will be applied and billed to undersigned. _____

Lot 5151 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	1095.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	2244.45
Paid receipt number R-49544	2244.45
Balance due	0

PAID
JAN 16 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

X Isen Iguchi
Signature

X 9 Primrose Place
Address

X Chula Vista 91910
City Zip Code

X 585-3925
Telephone

Invoice # _____

Work Order # E 14101

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 14101

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
HARUKO	HELEN	IGUCHI	02/22/1925	01/15/1998	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	ISEN IGUCHI - HUSBAND 9 PRIMROSE PLACE CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104	FD-480	▶ [signature]	01/20/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 / 20 / 1998	▶ [signature] BV

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 1/22/98	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

49544

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 1-16, 1998

From: Isen Iguchi Address: 9 Primrose Pl. Chula Vista 91910

Two Thousand Two Hundred Forty Four 45/100 Dollars ($ 2244.45)

In full Payment of Interment of Haruko Iguchi

Lot 3151 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-14101

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

0507

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

ISSUED BY S. Shackelton

CREDIT 20% Sales Care	67007 77184	219	00
80% Sales of Lots	100 77184	876	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	380	00
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	29	45
TOTAL PAID	$	2244	45

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49863

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-16 19 98

From: Isen Iguchi Address: 9 Primrose Place Chula Vista 91910

Forty Seven and 56/100 Dollars ($ 47.56)

In Full Payment of (2) galvanized flower vases for Haruko Iguchi

Lot 5151 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-14101

BALANCE DUE 8

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

0515

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	20	00
Burial Containers	100 77182	20	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	53033 9022		
Sales Tax	60101 78390	1	56
TOTAL PAID	$	47	56

Pre-need lots & trusts

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-16-98

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

In a liners (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 100 Grave 10 & 11 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	(2 at $795.00)	1590.00
Additional spaces and care fund		
Opening/Closing & Setup	(2 at $375.00)	750.00
Burial Container	(2 at $190.00)	380.00
Handling Fees	2 at $145.00	290.00
Flower vases – Marker setting fee		
Recording and filing fee	(2 at $45.00)	90.00
Sales taxes	(2 at $14.73)	29.46
	Total Due	3129.46
PAID IN FULL 1-12-99	Paid receipt number R-490260	1000.00
	Balance due	2129.46

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

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

_____
Signature of recorded holder of deed

X Lecil H. Williams
Signature

X 1444 FRIAR PLACE
Address

X CHULA VISTA, 91911
City Zip Code

X 619-425-5834
Telephone

Invoice # _____

Work Order # E 14102

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

$3129.46 total
- 1000.00 downpayment (2-9-98)

$2129.46 balance

payments:

23 at $89.00 = $2047.00
1 at $82.46 = 82.46

$2129.46

x
x
x
x

WILLIAMS, CECIL & PEARL
1444 Friar Place Chula Vista, Ca. 91911

20=318
80=1272

E-14102

01-16 98	Pre-need Lots and Trusts Opened.				
	Lot 100, Graves 10 & 11, Sec. 3, Div. 12(2@795.00 ea.) 1590.00				
	Trusts includes: (2) Openings/Closings, (2) Liners,				
	(2) Handling Fees, (2) Recording Fees, and Tax				
	on Liners. (2@ 769.73 ea.)		1539.46		3129.46
02-09 98	Receipt 49626			1000.00	2129.46
3-5 98	R- 49713	Coupon #1		89.00	2040.46
4-2 98	R-49803	" 2 & 3		178.00	1862.46
5-8 98	R-49935	cpn 4,5,6		267.00	1595.46
6-9 98	R-50066	cpn 8,7		178.00	1417.46
7-10 98	R-50162	cpn 9,10		178.00	1239.46
8-6 98	R-50270	cpn 11,12		178.00	1061.46
9-8 98	R-50367	cpn 13,14		178.00	883.46
10-7-98	R-50456	15,16,17,18		356.00	527.46
11-9 98	R 50547	19 & 20		178.00	349.46
12-4 98	R 50609	21 & 22		178.00	171
1-12 99	R 50741	23 & 24		171.46	
	paid in full 1-12-99				

WILLIAMS, CECIL & PEARL — PRE-NEED LOTS & TRUSTS

11-9-98 E-14102

Cecil Williams passed away. Used grave 100-11-3-12 for burial. Balance of $349.46 to be paid on grave 100-10-3-12.

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed Lots&Trusts E14102

Cecil & Pearl Williams

1444 Friar Place ,

Chula Vista, CA 91911

(100-10&11-3-12)

E-14102

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 ▶ $ 89.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRE _____

CITY _____



Cecil H. Williams
1444 Friar Place
Chula Vista, CA 91911

P _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed Lots&Trusts E-14102

Cecil & Pearl Williams E-14102

1444 Friar Place

Chula Vista, CA 91911

(100-10&11-3-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 89.00

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

$ _____

Amount Received $ 89.00

NAME

ADDRESS

CITY

Cecil H Williams
1444 Friar Pl
Chula Vista CA 91911

ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed Lots&Trusts E14102

Cecil & Pearl Williams
1444 Friar Place
Chula Vista, CA 91911
(100-10611-3-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. ▶ $ 89.00

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

$ ____

Amount Received $ 87.00

NAME ____

ADDRESS ____

CITY ____ ZIP ____

Cecil H Williams
1444 Friar Pl
Chula Vista CA 91911

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed Lots&Trusts E-14102

Cecil & Pearl Williams
1444 Friar Place
Chula Vista, CA 91911
(100-10&11-3-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 89.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

Cecil H Williams
1444 Friar Pl
Chula Vista CA 91911

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed Lots&Trusts E-14102
Cecil & Pearl Williams
1444 Friar Place
Chula Vista, CA 91911
(100-10&11-3-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 89.00

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

$ _____

Amount Received $ _____

NAME Cecil H Williams

ADDRESS 1444 Friar Pl

CITY Chula Vista CA 91911 ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed Lots&Trusts E14102
Cecil & Pearl Williams
1444 Friar Place
Chula Vista, CA 91911
(100-10&11-3-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 89.00

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

$ _____

Amount Received $ _____

NAME Cecil H Williams

ADDRESS 1444 Friar Pl

CITY Chula Vista CA 91911 ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed Lots&Trusts E-14102
Cecil & Pearl Williams
1444 Friar Place
Chula Vista, CA 91911
(100-10&11-3-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 89.00

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

$ 89.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

Cecil H Williams
1444 Friar Pl
Chula Vista CA 91911

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed Lots&Trusts E14102
Cecil & Pearl Williams
1444 Friar Place
Chula Vista, CA 91911
(100-10&11-3-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 89.00

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

$ 89.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

Cecil H Williams
1444 Friar Pl
Chula Vista CA 91911

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Prepaid Lots&Trusts E-14102

Cecil & Pearl Williams
1444 Friar Place
Chula Vista, CA 91911
(100-10&11-3-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 89.00

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

$ 89.00

Amount Received $ _____

NAME Cecil H Williams

ADDRESS 1444 Friar Pl

CITY Chula Vista CA 91911 ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Prepaid Lots&Trusts E14102

Cecil & Pearl Williams
1444 Friar Place
Chula Vista, CA 91911
(100-10&11-3-12)

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 $ 89.00

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

$ 89.00

Amount Received $ _____

NAME Cecil H Williams

ADDRESS 1444 Friar Pl

CITY Chula Vista CA 91911 ZIP

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed Lots&Trusts E-14102

Cecil & Pearl Williams
1444 Friar Place
Chula Vista, CA 91911
(100-10611-3-12)

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. ▶ $ 89.00

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

$ _____

Amount Received $ 89.00

NAME _____

ADDRESS _____

CITY _____ ZIP _____

Cecil H Williams
1444 Friar Pl
Chula Vista CA 91911

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed Lots&Trusts E14102

Cecil & Pearl Williams
1444 Friar Place
Chula Vista, CA 91911
(100-10611-3-12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 89.00

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

$ _____

Amount Received $ 89.00

NAME _____

ADDRESS _____

CITY _____

Cecil H Williams
1444 Friar Pl
Chula Vista CA 91911

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Prenced Lots&Trusts E-14102

Cecil & Pearl Williams
1444 Friar Place
Chula Vista, CA 91911
(100-10611-3-12)

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. $ 89.00

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

$ 89.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____

Cecil H Williams
1444 Friar Pl
Chula Vista CA 91911

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Prenced Lots&Trusts E14102

Cecil & Pearl Williams
1444 Friar Place
Chula Vista, CA 91911
(100-10611-3-12)

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. $ 89.00

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

$ 89.00

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ ZIP _____

Cecil H Williams
1444 Friar Pl
Chula Vista CA 91911

☐ check (✓) if this is new address

OFFICIAL RECEIPT

49626

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2-9 , 19 98

From: Cecil Williams Address: 1444 Friar Place Chula Vista 91911

one thousand and no/100 Dollars ($ 1000.00)

In part Payment of pre need lots and trusts for

Cecil and Pearl Williams

Lot 102 Grave 102+11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14102

BALANCE DUE 2129.46

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 3432

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	1,000	00
Opening/ 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	$	1,000	00

OFFICIAL RECEIPT

49713

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3-5 , 19 90

From: Pearl Williams Address: 1444 Friar Pl. Chula Vista 91911

Eighty Nine Dollars ($ 89 00)

In part Payment of Pre Need 42h - Trust

Lot 100 Grave 10 - 11 Row Section 3 Division Block 17

Invoice No.

Acct. No.

W.O. E 4107

BALANCE DUE 2040.46

Pre-Need Lot ☑ At Need ☐ On Acct ☐

Pre-need Trust ☑ Cash ☐ Check ☒ 31151

AC-212 (Rev. 5-94)

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

ISSUED BY L. Hutchins

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	89	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78380		
TOTAL PAID	$	89	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49803

Date: 4-2 19 98

From: Pearl Williams Address: 1444 Friar Place Chula Vista 91911

one hundred seventy eight + 00/100 Dollars ($ 178.00)

In part Payment of pre need lots and crypts

Lot 100 Grave 10 + 11 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14112

BALANCE DUE 1862.40

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

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77184	178 00
Opening/ 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	$	178 00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 3471

ISSUED BY Catina Avallone

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49935

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-8 19 98

From: Pearl Williams Address: 1444 Friar Place Chula Vista 91911

Two hundred sixty seven & no/100 Dollars ($ 267.00)

In part Payment of pre need lots & trusts

Lot 100 Grave 10711 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14102

BALANCE DUE 1595.46

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

3479

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Avalos

CREDIT	67007	262	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	5	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	$	267	00

OFFICIAL RECEIPT

50066

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-9, 19 98

From: Pearl Williams Address: 1444 Friar Pl. Chula Vista 91911

one hundred seventy eight + no/100 Dollars ($ 178.00)

In Part Payment of pre need lot + trust

Lot 100 Grave 10+11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14102

BALANCE DUE 1417.46

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 3498

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Avalos

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	122	00
Sales Tax	60101 78390		
TOTAL PAID	$	178	00

OFFICIAL RECEIPT

50162

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-10 19 98

From: Cecil Williams Address: 1444 Friar Place CV 91911

one hundred ~~[illegible]~~ seventy eight & no/100 178.00 Dollars ($)

In part Payment of pre need lot & trust

Lot 100 Grave 10 & 11 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14102

BALANCE DUE 1239.46

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

3513

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	178	00
Sales Tax	60101 78390		
TOTAL PAID	$	178	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

50270

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-6 19 98

From: Pearl Williams Address: 1444 Friar Pl. Chula Vista 91911

One hundred seventy eight + no/100 Dollars ($ 178.00)

In part Payment of pre need lots & trusts

Lot 100 Grave 10 + 11 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14102

BALANCE DUE 1061.46

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

AC-212 (Rev. 5-94)

3524

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

ISSUED BY Catina Avallone

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77162		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	178	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	178	00

OFFICIAL RECEIPT

50367

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 9-8, 1998

From: Pearl Williams Address: 1444 Friar Place CV 91911

one hundred seventy eight & 170/100 Dollars ($ 178.00)

In part Payment of Preneed Lots & trusts

Lot 100 Grave 10 & 11 Row ____ Section 3 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-14102

BALANCE DUE 883.46

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

3546

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	178	00
Sales Tax	60101 78390		
TOTAL PAID	$	178	00

AC-212 (Rev. 5-94)

BC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-16-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beatrice Young (X) ~~MON~~ WED 2-4-98

in a _____ Type of Burial Container Funeral, date, time ~~THUR~~ ~~JAN~~ 22 AYD

~~Church~~, ~~Chapel~~, ~~Graveside~~ delivery only ; Ragsdale ~~Skipper~~ Mortuary.

All Funeral 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 _____ 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 49553	450.00
Balance due	0

PAID
JAN 20 1998
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

X _____ Address

X _____ City see attached Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 14103 ✓ Acct. # _____

REA-104 (7-96) *This information is available in alternative formats upon request.*

Printed on recycled paper

1-16-98 1:50 pm

Per Skipper from Ragsdale, requested and gave me permission to pick out the lot for this burial, in the um garden for cremation burial. Did not want an ash vault.

E- 14103

[illegible] HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-16-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beatrice Young (X)

in a _____ Funeral, date, time _____ AYO

Grant, Grant, Sewerline delivery only Ragsdale Skipper Mortuary

[illegible]

[illegible]

1 204 [illegible] Row _____ Section 4 Division No. 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 _____

Balance due _____

I hereby certify I am the X SOD of the above named person and that it is your authority to make disposition of remains as above, and I agree to hold the [illegible] and [illegible] that I have the right to make this authorization and I agree to hold the [illegible] and [illegible] any liability on account of any [illegible] and [illegible].

I hereby authorize the interment of [illegible] Hold unless dead.

Signature of [illegible]

[signature]

X 8160 E. Del Platino Drive
Address

X Scottsdale, AZ 85258
Zip Code

X (602) 991-4568
Telephone

Invoice # _____

Work Order # E 14103

Post # _____

[illegible]

This information is available in alternative formats upon request.

[illegible]

E-14103

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
Beatrice	-	Young	06/19/1925	01/05/1998	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	Arthur Downs, Jr., Son 8160 E. Del Platano Dr. Scottsdale, AZ 85258-1719

7A. TYPED NAME AND ADDRESS OF 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]	01/13/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/14/1998	9800963 ▶ [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 LOCA... (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market Sq. San Diego, CA 92102	11B. DATE BURIED 1/22/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 571 J Cuane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 1/15/98	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 FRO... ISSUE DATE.

OFFICIAL RECEIPT

49553

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-20, 19 98

From: anderson Ragsdale Address: 5050 Federal Blvd SD 92102

Four hundred fifty + no/100 Dollars ($ 450.00)

In full Payment of Interment of Beatrice Young

Lot 204 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E-14103

BALANCE DUE 0

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

5099

AC-212 (Rev. 5-94)

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

ISSUED BY Victoria Valdemar

CREDIT	67007		
20% Sales Care	77184	110	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

Pre need lot & trust

Date 1-16-98

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

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 48 Grave 2 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	186.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1669.38
Paid receipt number R-49546	417.00
Balance due	1252.38

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Annie Tinsley
Signature

X 4426 So. Kadel Dr.
Address

X San Diego, Ca 92114
City Zip Code

X 262-9460
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 14104 ✓

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** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

ANNIE TINSLEY
426 SOUTH RADIO DRIVE
SAN DIEGO CA 92114
(48-2-3-12) E-14104

Pre-Need
Lot & Trust

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 52.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

ANNIE TINSLEY
426 SOUTH RADIO DRIVE
SAN DIEGO CA 92114
(48-2-3-12) E-14104

Pre-Need
Lot & Trust

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 52.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

ANNIE TINSLEY
426 SOUTH RADIO DRIVE
SAN DIEGO CA 92114
(48-2-3-12) E-14104

Pre-Need
Lot & Trust

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 52.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

ANNIE TINSLEY
426 SOUTH RADIO DRIVE
SAN DIEGO CA 92114
(48-2-3-12) E-14104

Pre-Need
Lot & Trust

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 52.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

49546

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-16, 19 98

From: annie Sinpley Address: 426 S. Radio Drive SD 92114

four hundred seventeen & no/100 Dollars ($ 417.00)

In part Payment of pre need lot & trust

Lot 48. Grave 2 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14104

BALANCE DUE 1252.38

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

3091

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	417	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	417	00

OFFICIAL RECEIPT

49642

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-11 19 98

From: annie Dinsley Address: 426. S. Radio Drive SD 92114

one hundred and no/100 Dollars ($ 100.00)

In part Payment of Perpetual Lot and trust

Lot 48 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14104

BALANCE DUE 1152.38

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

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

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐ 3703

ISSUED BY Laura Avallone

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49740

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/10, 19 98

From: Annie Tinsley Address: 426 S. Radio Drive San Diego Ca 92114

One hundred 00/100 Dollars ($ 100.00)

In Part Payment of Pre Need Lot / Trust

Lot 48 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14104

BALANCE DUE 105238

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

3711

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

ISSUED BY [signature]

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

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

49904

MOUNT HOPE CEMETERY

527-3400

Date: 5/4, 1998

From: Annie Tinsley Address: 426 S Radio Drive San Diego 92114

One hundred 00/00 Dollars ($ 100.00)

In Part Payment of Pre Need Lot / Trust

Lot 48 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14104

BALANCE DUE 952.38

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 [signature]

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

50057

Date: 6-9, 1998

From: Annie Tinsley Address: 426 S. Rubio Dr. San Diego 92114

One Hundred Dollars ($ 100.00)

In part Payment of Pre-need Lot + Trust

Lot 48 Grave R Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14104

BALANCE DUE 852.38

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 3769

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	78 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	22 00
Sales Tax	60101 78390	
TOTAL PAID	$	100 00

OFFICIAL RECEIPT

50257

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8/14, 19 98

From: Annie Tinsley Address: 426 S Radio Drive S.D. Ca 92114

One Hundred 00/02 Dollars ($ 100.00)

In Part Payment of Pre Need Lot Trust

Lot 48 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14604

BALANCE DUE 15.38

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 353

AC-212 (Rev. 5-94)

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

ISSUED BY Karyn Dick

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

50359

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-8, 1990

From: Annie Tinsley Address: 426 S. Radio Dr. San Diego 92114

One Hundred Dollars ($ 100.00)

In part Payment of Pre-need Lot + Trust

Lot 48 Grave 3 Row ____ Section 3 Division 12 Block ____

Invoice No. ____

Acct. No. ____

W.O. E - 14104

BALANCE DUE 652.38

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3872

AC-212 (Rev. 5-94)

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

ISSUED BY J. 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	100	00
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

51156

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-17, 1999

From: Annie Tinsley Address: 426 S. Radio Dr. SD 92114

One Hundred and 00/00 Dollars ($ 100.00)

In pat Payment of pioneer lot & trust for Annie Tinsley

Lot 48 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 14104

BALANCE DUE 252.38

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

AC-212 (Rev. 5-94)

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

ISSUED BY Lynda

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

E-14104

TINSLEY, ANNIE 426 S. RADIO DRIVE SAN DIEGO CA 92114

01-16	98	Preneed Lot and Trust Opened:			
		Lot 48, Gr 2, Sec. 3, Div 12	795.00		
		Trust includes: (1) Opening/Closing,			
		(1) T.S. Vault, (1) Handling Fee, (1) Recording			
		Fee, and Tax on T.S. Vault.	874.38		1,669.38
		mailed replacement cpn book 3/11/98			
01-16	98	Receipt #49546 opnp 1-4 in folder.		417.00	1,252.38
2-11	98	R-49642		100.00	1152.38
3-10	98	R-49740		100.00	1052.38
5-7	98	R-49904		100.00	952.38
6-9	98	R-50057		100.00	852.38
8-4	98	R-50257 Rem to Trust		100.00	752.38
9-8	98	R-50359		100.00	652.38
11-10	98	R-50550		100.00	552.38
12-29	98	R50679		100.00	452.38
2-9	99	R 50830		100.00	352.38
5-17	99	R 51056		100.00	252.38
8-20	99	R51457		100.00	152.38
9-7	99	R-51494		100.00	52.38
		TINSLEY, ANNIE			

D.I.P.

Mary Greer already in Grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20-98

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

in a liner (Type of Burial Container) Funeral, date, time Wed. 1-21 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 $ _____

will be applied and billed to undersigned. _____

Lot 524 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Pre-Need D-4582	0
Additional spaces and care fund		
Opening/Closing & Setup	Pre-Need D-7860	0
Burial Container	" "	0
Handling Fees	" "	0
Flower vases – Marker setting fee	" "	
Recording and filing fee	" "	0
Sales taxes	" "	~~0~~
Total Due		~~0~~
Paid receipt number		
Balance due		

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

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

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Invoice # _____

Work Order # E 14105

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14105

INTERMENT ORDER

E 14105

E-14105

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 93

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Bernard	Cornelius	Greer	12/04/1904	01/16/1998	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Spring Valley	San Diego	Lennie Bryant, Daughter 304 Ritchey 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	▶ Debbie Williams	01/20/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/21/1998	9801344 ▶ 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 1/21/98	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

50247

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-31 19 98

From: Lennie Bryant Address: 304 Ritchey SD 92114

One hundred fuenty five & no/100 Dollars ($ 125.00)

In Full Payment of marker setting fee for

Bernard & Mary Greer

Lot 524 Grave ____ Row ____ Section ____ Division 10 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-14105

BALANCE DUE ~~0~~

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

948

AC-212 (Rev. 5-94)

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

ISSUED BY Karina Avalos

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20-98

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

in a liner (Type of Burial Container) Funeral, date, time Wed. 1-21 9:00

Church, Chapel, Graveside Church/Graveside Guadalupana Mortuary.

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

will be applied and billed to undersigned. _____

√ Lot 72 Grave 11 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund Pre-Need E-13422	0
Additional spaces and care fund	—
Opening/Closing & Setup	270.00
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	664.73
Paid receipt number 49557	664.73
Balance due	0

PAID
JAN 21 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Richard
267-6764

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

X San Diego CA. 92139
City Zip Code

X (619) 267-6764
Telephone

Invoice # _____

Work Order # E 14106

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14106

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 47

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
CONRADA	-	ZAPATA	02/19/1950	01/17/1998	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	EDELYS ZAPATA-DAUGHTER 2451 MORNING SIDE ST. 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
GUADALUPANA MEM.CHAPEL & MORT. 2601 IMPERIAL AVE. SAN DIEGO,CA.,92102	FD-1425	▶ Nancy Lopez	01/21/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	NANCY LOPEZ 01/21/1998 ▶	9801337

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

- [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 ST. SAN DIEGO,CA.,92102	11B. DATE BURIED 1/21/98	11C. SIGNATURE OF PERSON IN CHARGE OF BU ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49557

Date: 1-21, 1998

From: Richard Cabrera Address: 2451 Merriwood St SD 92139

Six Hundred Sixty-four 73/100 Dollars ($ 664.73)

In full Payment of Interment of Oriada Zapata

Lot 72 Grave 11 Row — Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14106

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 White

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	270	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	$	664	73

E-13422
E-14106

ZAPATA, EDELYS 2451 Morningside St. San Diego, CA 92139

02-07	97	Opened Pre-need Lot and Trust: Lot 72, Grave 11, Section 3, Division 12		7 95.00		
02-07	97	Trust includes: (1) Opening/Closing, (1) Liner, (1) Handling Fee, (1) Recording Fee, Tax on Liner		769.73		1,564.73
02-07	97	Receipt #48276			400.00	1,164.73
3-5	97	R 48343	NO CPN		50.00	1,114.73
4-8	97	R- 48449			50.00	1064.73
5-5	97	R- 48529	NO CPN		50.00	1014.73
6-2	97	R- 48636	NO CPN		50.00	964.73
7-1	97	R-48749	NO CPN	2090 ♦	50.00	914.73
8-1	97	R-48825	"		50.00	864.73
9-2	97	R- 48923	"		50 00	814 73
10/2	97	R- 49094	"		50 00	764 73
12/2	97	R- 49225	"		100.00	664.73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20-98

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

in a liner (Type of Burial Container) Funeral, date, time Fri 1-23 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 $ _____

will be applied and billed to undersigned _____

Lot 4947 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-need D-8595	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-49550	769.73
Balance due	0

PAID in full JAN 20 1998 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 Takaye Furuya
Signature

X 3127 Jarvis St.
Address

X San Diego CA. 92106
City Zip Code

X 619-224-5201
Telephone

Invoice # _____

Work Order # E 14107

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 14107

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

84

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GEORGE	-	FURUYA,SR.	02/03/1913	01/16/1998	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	TAKAYE FURUYA - WIFE 3127 JARVIS 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
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104	FD-480	▶	01/21/1998

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	01/21/1998	▶ ZJV

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 1/23/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

49550

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-20 19 98

From: Takaye Furuya Address: 3127 Jarvis Street SD 92106

~~Eight hundred seventy four 4 38/100~~ Dollars ($ ~~874.38~~ 769.73

In full Payment of Interment of George Furuya

seven hundred sixty nine & 13/100

Lot 4947 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-14107

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 351

AC-212 (Rev. 5-94)

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

ISSUED BY Carina Avalos

CREDIT	67007			
20% Sales Care	77184			
80% Sales of Lots	100 77184			
Opening/ Closing	100 77181	375	00	
Burial Containers	100 77182	~~250~~	~~00~~	190.00
	100	~~185~~	~~00~~	145.00
Handling Fee	77185			
Recording & Misc. Fees	100 77183	45	00	
Pre-Need Trust	83033 9022			
Sales Tax	60101 78390	~~14~~	~~38~~	14.73
TOTAL PAID	$	~~874~~	~~38~~	

769.73

OFFICIAL RECEIPT

49940

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5/11, 1998

From: Takaye Furuya Address: 3127 Jarvis St San Diego 92106

Two hundred twenty six 50/00 Dollars ($ 226.80)

In Full Payment of Settinger Foundation for George Furuya

Lot 4947/4948 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. 14107

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☑ 348

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

ISSUED BY Karen Bak

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	226	80
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	226	80

AC-212 (Rev. 5-94)

Dig 1 foot deeper for future 6 sets of remains

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20-98

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

in a T. S. Vault (Type of Burial Container) Funeral, date, time Fri 1-23 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. X [signature]

Lot 3963 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund Pre-Need E-3826	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 49549	874.38
Balance due	0

PAID
JAN 20 1998
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.

X [signature] E. Carter
Signature

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

Signature of recorded holder of deed

X 1635 PESCADERO Pl. Ct.
Address

X Chula Vista CA. 91911
City Zip Code

X 421-3697
Telephone

Invoice # ____

Work Order # E 14108

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14108

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
President	-	Carter	01/23/1900	01/17/1998	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	James E. Carter, Son 1635 Pescadero Point Court Chula Vista, CA 91911

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragddale Mort.; 5050 Federal Blvd San Diego, CA 92102	F-1329	▶ Debbie Whelan	01/20/1998

ACKNOWLEDGMENT OF APPLICANT

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/22/1998	9801491 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 1/23/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

49549

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-20, 1998

From: James E. Carter Address: 1635 Pescadero Ct. Chula Vista 92011

eight hundred seventy four & 38/100 Dollars ($ 874.38)

In full Payment of Interment of President Carter

Lot 3963 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-14108

BALANCE DUE 0

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

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

ISSUED BY Catina Jungeon Avalone

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

AC-212 (Rev. 5-94)

265

OFFICIAL RECEIPT

49846

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-13, 1998

From: James Carter Address: 1635 Pescadero Ct. Chula Vista 92011

One Hundred Twenty-Five Dollars ($ 125.00)

In Full Payment of Marker Installation Fee for President Carter (Seaman Post)

Lot 3963 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-14103

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒
269

AC-212 (Rev. 5-94)

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

ISSUED BY S. Shellin

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77192	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

Disinterment Court order

Skull disinterred 3/24/98

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/20/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA 1178407 ME 94-1040

in a no container used (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ; Police Dept Mortuary.

All Funeral 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 7L Row — Section 1 Division/~~Block~~ 12

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

George Navarro / Police Dept
Pick up skull 10:30
3/24/98

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # _____

Work Order # E 14109

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon

4-6-98 E-14109

Pending per autopsy. Possibility of being re-entered

George Navarro picked
up Skull 10:30 3/24/98

E-14109

To JoAnn

Date 11/25 Time 4:00 ☐ AM ☐ PM

WHILE YOU WERE OUT

M George Navarro PA 1178407

of 424 0438 5-71-1-12 ME 94-1040

Phone Numbers

Office (Area Code) Police Department (Number) (Ext.)

Voicemail

FAX

Pager

Mobile

e-mail

- ☑ Telephoned
- ☐ Please call
- ☐ Returned your call
- ☐ Called to see you
- ☐ Wants to see you
- ☐ Will call again
- ☐ URGENT

Message

Re: Exhuming a body (baby's skull) for DNA evidence. Will call back with P.I. # Medical Examiner #. Baby's skull buried 1994.

Court order

GreenCycle RECYCLED PAPER #23-700

To JoAnn (Karyn in place of)

Date 3-18-98 Time 2:36 ☐AM ☒PM

WHILE YOU WERE OUT

M Debbie Lance (Sgt.)

of Police Dept

Phone Numbers

Office 424-0425 (Area Code / Number / Ext.)

Voicemail

FAX

Pager

Mobile

e-mail

☒ Telephoned
☒ Please call
☐ Returned your call
☐ Called to see you
☐ Wants to see you
☐ Will call again
☐ URGENT

Message

regarding an excavation

There is a family waiting on the result of DNA test to be done

Catina

Operator

GreenCycle® RECYCLED PAPER

Reorder #23-700

E-14109

-Call Ms Lance Back
per Norman. Should have it
done first thing next week
no later than Wednesday

E-14109

THE CITY OF SAN DIEGO

GEORGE NAVARRO

Detective

Southern Division • Police

1120 27th Street • San Diego, California 92154

(619) 424-0438

E-14109

PAUL J. PFINGST, District Attorney
DAVID J. LATTUCA
Deputy District Attorney, Bar# 90320
330 W. Broadway
San Diego, California 531-2818

IN THE MUNICIPAL COURT, SAN DIEGO JUDICIAL DISTRICT

COUNTY OF SAN DIEGO, STATE OF CALIFORNIA

In Re the Matter of John Doe, Decedent,	No. Misc._____ DECLARATION AND ORDER TO EXHUME HUMAN REMAINS FOR DNA TESTING

I, David J. Lattuca, declare as follows: I am a deputy district attorney employed by the County of San Diego. I have interviewed Detective George Navarro of the San Diego Police Department (SDPD) and have learned the following:

On November 7, 1997, Detective Navarro was assigned to investigate a missing persons case which had been begun in 1993. This investigation began when the mother of a then eight year old boy reported her son missing. The child, Jose Francisco Fuentes Pereira, was from El Salvador. The mother, Teresa Pereira, lived in Atlanta, Georgia, and had arranged to have her four children sent to the United States. She contacted a man to assist in bringing her children to her. On December 6, 1993, the man she hired took Teresa Pereira's aunt, Francisco Pereira and her three other children to the United States. Teresa Pereira said the remainder of what she knows was related to her by her aunt.

The aunt said that while crossing the California border at San Ysidro there had been some sort of raid, and all of the people trying to cross the border scattered. The eldest son

managed to cross safely into the United States and ended up with a family in Los Angeles. That son finally met with his mother in Atlanta, because he had his mother's telephone number in his pocket when he crossed the border. The man who was paid to transport the family managed to retain custody of the two other children. These children were reunited with their mother in Atlanta on December 11, 1993.

Teresa Pereira still does not know what happened to Jose Francisco Fuentes Pereira. However, in December of 1993, the San Diego County Coroner's Office found the decapitated head of a child placed on a broom stick at 4222 Whittier Street, in San Diego, near the United States border . No body was found. No forensic examination was performed on the deceased child, and the child's skull was buried. I know that the skull has been interred at the Mount Hope Cemetery located at 3752 Market Street in San Diego. I spoke with employees there and confirmed this. I was told that it can be located in Lot 5, Grave 7L, Section 1, Division 12.

Teresa Pereira has been advised of these facts, and believes the deceased child may be her missing son. She would like to have forensic testing done to determine the identity of the deceased child. It is the desire of the San Diego Police Department to have the remains of the body of John Doe exhumed and examined by the San Diego County Medical Examiner's Office using DNA analysis. I know from speaking to the Medical Examiner's Office that they will not participate in the exhumation and examination of the skull without a court order.

I have been advised that DNA is short for

E- 14109

deoxyribonucleic acid. DNA molecules are contained within human cells and hold the genetic 'coding' that makes each of us individually distinctive (except identical twins). While forensic DNA technology cannot yet discriminate among human beings to the same extent as fingerprint evidence can, it is capable of identification within a very small percent of major populations depending on the type of analysis employed. Forensic DNA evidence has been routinely admitted in courts of California since 1989.

I declare under the penalty of perjury based on information and belief that the foregoing is true.

Executed in San Diego, California, on this 14th day of January, 1998.

D. J. Lattuca

DAVID J. LATTUCA
Deputy District Attorney

ORDER

GOOD CAUSE appearing therefore, **IT IS HEREBY ORDERED** that the San Diego County Medical Examiner with the assistance of the San Diego Police Department exhume and receive the remains of John Doe currently located at Mount Hope Cemetery, 3752 Market Street, San Diego, California, Lot 5, Grave 7L, Section 1, Division 12, and to perform DNA analysis upon said remains and to make such reports of said examination as appropriate to determine identity

E-14109

and cause of death.

IT IS SO ORDERED: DATED this 14th day of January, 1998.

Judge of the Municipal Court
San Diego Judicial District

HOWARD H. SHORE

DATE: JAN 15 1998
Attest: A true copy,
D. KENT PEDERSEN, Court Administrator
By VRB Deputy

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-3-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mildred Klusmeyer PA # 1726576

in a liner (Type of Burial Container) Funeral, date, time Fri 2-6 10:00

Church, Chapel, Graveside Delivery Only ; Pacific Beach Mortuary.

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

will be applied and billed to undersigned. _____

Lot 28 Grave 5 Row _____ Section 1 Division/~~Block~~ 12

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

PAID IN FULL
3-13-98

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

X _____
Signature

X _____
Address

X _____
City Zip Code

_____
Telephone

Invoice # 294908

Work Order # E 14110

Acct. # 000952

2-12-98

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14110

294908 02/11/98 000952 COUNTY OF SAN DIEGO 03/13/98 CK 04-556171 386.00 386.00 0 00

	100	072	77181	000072	165.00	PAID IN FULL
	100	072	77182	000072	50.00	
	100	072	77183	000072	45.00	
	67007		77184		126.00	

P# 1226576 E-14110 [redacted] Mildred Klusmeyer

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

E-14110

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 3-13-98
BY: CA CK IF
PAYMENT REF NO 04-5560171 AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/11/98	03/13/98	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14110
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
MILDRED KLUSMEYER PA# 1226576	
LOT 28 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 LISTED ABOVE.

INV NO. 294908

AC-22 (REV. 10/95) RETURN WITH PAYMENT

E- 14110

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

95

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
MILDRED	-	KLUSMEYER	06/09/1902	12/21/1997	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP C OF INFORMANT
SAN DIEGO	SAN DIEGO	DEANNA FELLERS - CONSERVATOR 814 MORENA BLVD, SUITE 111 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
PACIFIC BEACH MORTUARY 4710 CASS STREET, SAN DIEGO, CA 92109	815	▶	12/04/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	12/04/1998	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 12/6/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIA ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

COPY 2 IS RETAINED BY 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 1-20-98

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

In a Liner (Type of Burial Container) Funeral, date, time Fri. Jan. 23 2:00

Church, Chapel, Graveside graveside : Mayer Jim 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 133 Grave 12 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup X Paid in full 2-5-98	375.00
Burial Container	190.00
Handling Fees	145.00
~~Flower vases~~ - Marker setting fee not included in payment (over)	~~125.00~~
Recording and filing fee	45.00
Sales taxes	14.73
Total Due 1504.73	~~1089.73~~
Paid receipt number 49610	1504.73
Balance due	0

Mortuary to bring check for full amount on day of servc.

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

see attached

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

Signature of recorded holder of deed

X Signature

X Address

X City Zip Code

X Telephone

Invoice # ____

Work Order # E 14111

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

1-20-98 2:05 PM

Jim from Mayer called to schedule burial and told/ requested that we pick out lot. will bring signed faxed copy and check for full amount on day of service.

2-5-98
12:50 PM

Jim at Mayer said they would pay us for the marker setting fee, when they deliver the marker to us. originally they were going to pay the fee at the time they paid for the burial. The check did not include marker setting fee.

Mayer Fax
281-759?

E- 14111

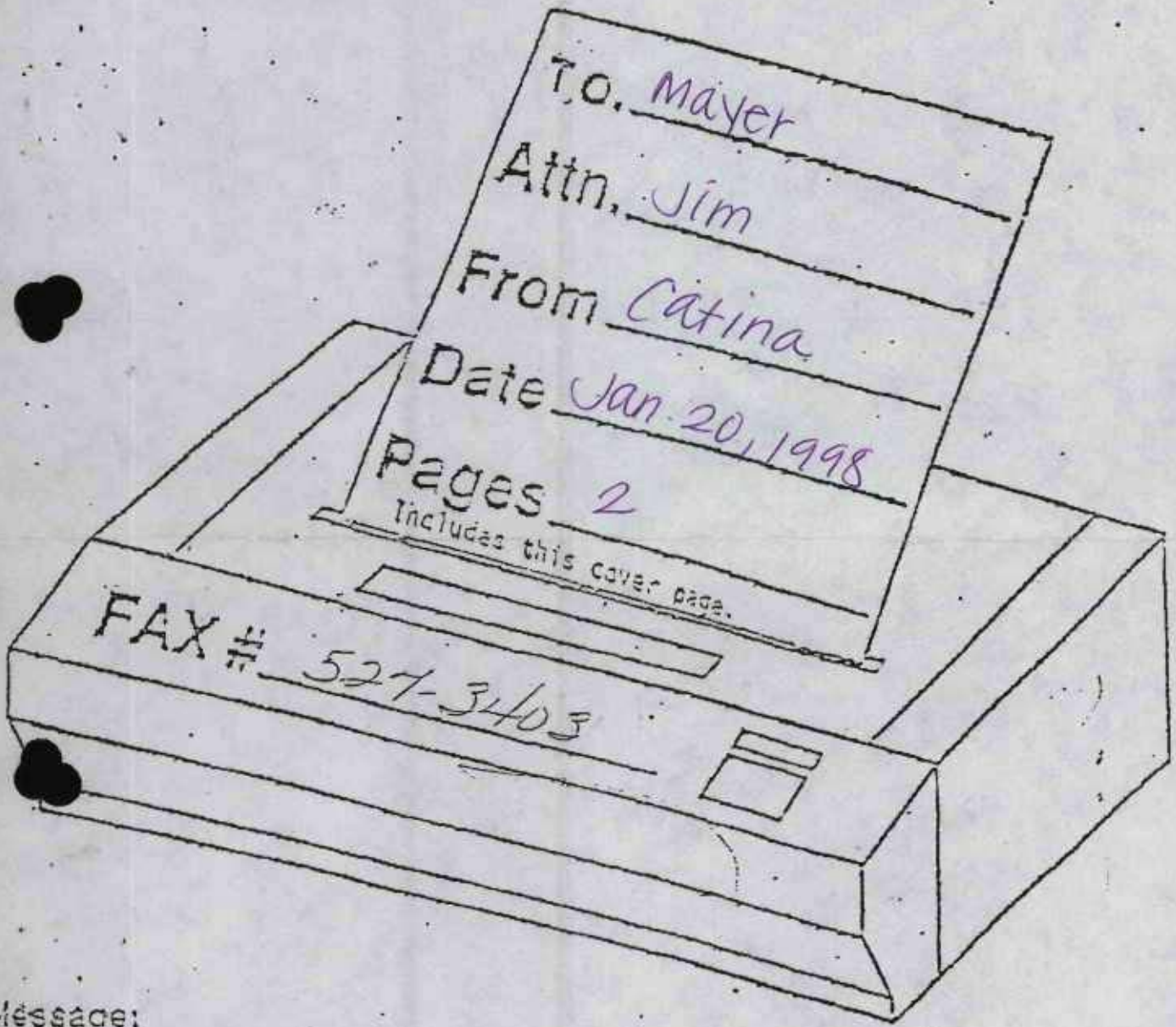
THE CITY OF

SAN DIEGO

E-14111

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Property Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

TELEFAX COVER LETTER



Message:

Please have all of the "x'p" completed and signed and fax or bring it signed back to us.

Thanks.

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20-98

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

in a Liner (Type of Burial Container) Funeral, date, time Fri. Jan. 23 2:00

Church, Chapel, Graveside graveside : Mayer Jim 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 133 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	125.00
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1689.73

Mortuary to bring check for full amount on day of servic.

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 _____ Zip Code
City

X _____
Telephone

Invoice # _____

Work Order # E 14111

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E - 14111

MT HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-20-98

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

The Liner Funeral date time Fri Jan 23 2 00

Option Chapel Graveside graveside Mayer Mortuary

All Funeral [illegible] 150

will be applied and billed to undersigned X

Lot 133 Grave 12 Plot Section 3 Division Block 12

Grave space & Care Fund	795.00
Additional season and care fund	—
Dealing/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
~~[illegible]~~ Market setting fee	125.00
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1689.73

Mortuary to bring check for full amount on day of service

Paid receipt number

Balance due

Thereby certify that the X Executor * of the above named decedent [illegible]

[illegible]

X

X

X

X

X

Bus Pappas
Attorney at Law
203 Church Avenue
Chula Vista, CA 91910-2702

Phone 426-7770

Phone #

Acct #

Interment Order # E 14111

This information is available in alternative form and [illegible]

* Named in Will. Petition filed in Court

E-14111

APPLICATION 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
Margaret	-	Baker	04/01/1917	12/31/1997	F

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person Filing Permit	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	FD1424	▶	01/22/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/23/1998 James Hale	9801572 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1/23/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

49610

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-5, 19 98

From: Mayer Mortuary Address: 2859 Adams Ave SD 92116

One thousand five hundred sixty foury 73/100 Dollars ($ 1564.73)

In full Payment of Interment of Margaret Baker

Lot 133 Grave 12 Row ____ Section 3 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-14111

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 9394

AC-212 (Rev. 5-94)

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

ISSUED BY Calina Avalone

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-21-98

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

in a liner (Type of Burial Container) Funeral, date, time mon 1-26 10:00

Church, Chapel, Graveside Graveside Featherinjill Mortuary

All Funeral cars must 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 158 Grave 6 Row ____ Section 2 Division/Block 12

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

PAID
JAN 21 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

Signature of recorded holder of deed

X [signature]
Signature
3518 Emerson St.
Address
San Diego, Ca 92106
City Zip Code
(619) 223-9217
Telephone

Invoice # ____

Work Order # E 14112

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

3-13-98 E-14112
marker setting fee paid by mastercard
waiting for marker to be delivered from Honor Life.

E-14112

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

44

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Ana	Julia	Guarderas	12/26/1953	01/21/1998	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	Joni Halpern, Friend 3518 Emerson St. 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
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083		01/22/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/22/1998 Candice Maggard	9801466

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1/26/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

Pre Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/21/98

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

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 134 Grave 10 Row — Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... Pre Need D-4829	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number _____	
Balance due	

VOID

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 14113

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 1/21/98

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

in a Liner (Type of Burial Container) Funeral, date, time Wed. Jan 28 11:00

Church, Chapel, Graveside Chapel/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 Will Ford

Lot 79 Grave 4 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	~~895.00~~ —
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	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-49570	1664.73
Balance due	0

PAID
JAN 28 1998
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 Will Ford
Signature
X 5442 Bayview Hgts Pl #6
Address
X San Diego
City Zip Code
X (619) 263-1387
Telephone

Invoice # ____

Work Order # E 14114

Acct. # ____

REA-104 (7-96) *This information is available in alternative formats upon request.*

1-27 E-14114
Per Debbie mortuary to bring check for full amount.

Family of Rogsdale to call with Service date & who is to pay.
1/21/98 E-14114
1/22/98
Debbie not sure of date & time yet or who to pay

Rags date not sure who is to pay yet 1/23/98

Debbie will call back about 11:00 1/27/98 regarding who is to pay

E-14114

58

APPLICATION 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	Lester	McKinney	08/19/1939	01/19/1998	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	Wilbert Ford, Son 5442 Bayview Hgts Place Apt. 6 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Wilson	01/27/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/27/1998	9801764 ▶

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 1/28/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

OFFICIAL RECEIPT

49570

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 1/28, 1988

From: Anderson-Ragsdale Address: 5050 Federal Blvd. SD 92102

One thousand six hundred sixty four 73/00 Dollars ($ 1664.73)

In Full Payment of Interment of Charles L. McKinney

Lot 79 Grave 4 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E 14114

BALANCE DUE 0

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

5148

AC-212 (Rev. 5-94)

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	179	00
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	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	$	1664	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/21/98

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

in a Ash Vault (Type of Burial Container) Funeral, date, time Thur, Jan 29th 1:30

Church, Chapel, Graveside Graveside Only : Family 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 Eva Monroe

✓ Lot 2048 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ..... Pre Need C-7164	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	264.26
Paid receipt number 49558	264.26
Balance due	0

PAID
JAN 21 1998
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 Eva M. Monroe
Signature
X 24310 Kirby St Apt 96
Address
X Hemet Calif.
City
X (909) 925-3689 92345
Telephone

Invoice # _____

Work Order # E 14115

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Myrtle will be only burial
in this grave per family
1/21/98 Family will bring Ashes

E- 14115

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 91 112522

1A. NAME OF 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	Madeline	Piercey	01/01/1907	01/05/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Hemet	Riverside	Eva M. Monroe, Daughter 24310 Kirby, Sp 96 Hemet, CA 92545

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
McClane Family Funeral Home 350 N. San Jacinto St., Hemet, CA 92543	FD998	▶	1/

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10378 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	01/09/1998	▶ Gary Feldman, M.D. by: DC

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. Box 7600, Riverside, CA 92513	P.O. Box 85222, San Diego, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Market, San Diego, CA 92102	11B. DATE BURIED 1/3/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Cremstorium, Inc. 571-J Crane St., Lake Elsinore, CA 92530	12B. DATE CREMATED 1/2/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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

49558

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1/21, 19 98

From: George E Va Monroe Address: 24310 Kirby St S.96 Hemet (1) 92545

Two Hundred sixty nine 76/08 Dollars ($ 269.26)

In Full Payment of Interment at Myrtle Pkwy

Lot 2348 Grave — Row — Section — Division — Block 10

Invoice No. —

Acct. No. —

W.O. E-14115

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

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

ISSUED BY Karyn Cook

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	50	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	4	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	7	26
TOTAL PAID	$	269	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-21-98

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

in a liner Funeral, date, time Fri. Jan 23 2:30

Type of Burial Container

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 107 Grave 10 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R49560	1564.73
Balance due	Ø

PAID
JAN 23 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

mortuary to bring check for full amount.

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

See attached

Invoice # _____

Work Order # E 14116

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

1-21-98
1:20pm
Debbie at Ragsdale called to schedule burial. Requested that we pick out the lot for them. Will bring the check for the full amount on day of service.

E-14116

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-21-98

[illegible] Ann Wade

[illegible] Liner

[illegible] Fri Jan 23 2:30

[illegible] Rosedale

[illegible] 15.00

[illegible] X [illegible]

Lot 107 Grave 10 Row [illegible] Section 3 Division Block 12

Crave Space & Care Fund	795.00
Additional Space and Care Fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees [illegible]	145.00
Flower Vases – Marker Setting fee	—
Recording and Filing fee	45.00
Sales taxes	14.73
Total Due	1504.73

Prior receipt number

Balance due

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

I hereby authorize the interment in the [illegible] held under claim.

[illegible]

X [illegible]

X 5050 Federal Blvd.

X San Diego, CA 92102

X 619 263-3141

Invoice #

Acct. #

Work Order # E 14116

[illegible]

This information is available in alternative formats upon request.

E-14116

93

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
Ann	-	Wade	02/14/1904	01/18/1998	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	Robie Meeks, Son 251 Flowerdale Lane 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-Raggdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Robie Meeks	01/22/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/22/1998	9801493 ▶ [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. Box885222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 1/23/98	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

49560

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-23, 19 98

From: anderson-Ragsdale Address: 5050 Federal Blvd. SD 92102

one thousand five hundred sixty four 73/100 Dollars ($ 1564 73)

In full Payment of interment of ann Wade

Lot 107 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14116

BALANCE DUE 0

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

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5108

ISSUED BY Katrina Arellano

AC-212 (Rev. 5-94)

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
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

BC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

mortuary to bring check for full amount

Date 1-21-98

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

in a _____ Funeral, date, time Mon. Feb. 2 2:00
Type of Burial Container

Church, Chapel, Graveside ~~delivery only~~ Graveside : ~~D~~ Memorial Mortuary. Mark/John

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

will be applied and billed to undersigned. _____

✓ Lot 3024 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-49594	270.00
Balance due	0

PAID
FEB 2 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

17 1/2" by 12" casket measurements

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.

30 day note

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

_____
Signature of recorded holder of deed

X see attached
Signature

X
Address

X
City Zip Code

X
Telephone

Work Order # E 14117 ✓

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

fax #
692-0896

1-21-98

Mark called to schedule burial will call back w/ measurements. (still born)

1-26-98
12:30 pm

Mark called to request that we pick out the burial lot and he will pay & sign for service. will call back today with measurements for the casket.

1-26-98
2:55 pm

John - SD memorial call with casket measurements and service will be a delivery only.

01/30/1998 15:01 619-692-0236 S.D. MEMORIAL CHAPEL PAGE 01

MT. HOPE CEMETERY TEL. NO.

E 14117

INTERMENT ORDER

E-14117

MT. HOPE CEMETERY

W.O. # E-14117

NOTE

$ 270.00 San Diego, California January 30 1998

Thirty days after date for value received, the undersigned makes promises to pay San Diego City Treasurer, 3751 Market Street, San Diego, CA 92101, the sum of two hundred seventy + no/100 dollars with interest from February 27, 1998 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 had against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter 1, Article 2, Paragraph 1526 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 MARK JENKINS SIGNATURE X [illegible]

ADDRESS X 2791 UNIVERSITY, ACC

CALIFORNIA DRIVER LICENSE NUMBER X N/A SSN # X 292-[illegible]

4647 Zion Avenue
San Diego, California 92120
(619) 528-9000

E-14117

KAISER PERMANENTE

JANUARY 19, 1998

VANESSA GUTIERREZ DELIVERED AN 11 WEEK FETAL DEMISE IN OUR HOSPITAL ON JANUARY 15, 1998.

SINCERELY,

Elizabeth Penland

ELIZABETH PENLAND
DECEDENT AFFAIRS DEPARTMENT
(619) 528-5596

1 day

OFFICIAL RECEIPT

49594

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 2-2 , 19 90

From: LDS Memorial Chapel Address: 3441 University Ave San Diego 92104

Two Hundred Seventy Dollars ($ 270.00)

In full Payment of 1/2 interest of Nicholas Viskel

Lot 3024 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-14117

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2219

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	20	00
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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-98

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

in a Urn (Type of Burial Container) Funeral, date, time Mon 1-26 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 $ 150.00 will be applied and billed to undersigned. X DL

Lot 151 Grave 1 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund 159 230	795.00
Additional spaces and care fund	—
Opening/Closing & Setup Balance $1321.79 as of 6/19/98	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee 1321.79 6/25/98	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R- 49559	400.00
Balance due	1164.73

7-6-98 PAID IN FULL PER KATIE - COLLECTIONS

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 Gwendolyn Lockhart
Signature
X 8807 Ellenwood Circle
Address
X Spring Valley CA 91977
City Zip Code
X 619 464-1759
Telephone

Invoice # 294274

Work Order # E 14118

Acct. # 094496

1-29-98

REA 104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # F-14118

NOTE

$ 1164.73 San Diego, California January 22 19[redacted]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of One Thousand One hundred Sixty four 73/100 DOLLARS with interest from February 27, 1998 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 Gwendolyn Luckett SIGNATURE Gwendolyn Luckett

ADDRESS 8807 Ellenwood Circle Spring Valley Ca 91977

CALIFORNIA DRIVER LICENSE NUMBER A4835304 SSN # 570-56-5701

PY-1012 (11-89)

E-14118

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 18

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Kendrick	Quedell	Rudolph	12/03/1979	01/16/1998	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Albuquerque	New Mexico	Gwendolyn F. Luckett, Mother 8807 Ellenwood Circle Spring Valley, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Wallace	01/22/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/23/1998	9801608

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 1/30/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

OFFICIAL RECEIPT

49559

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-22, 19 98

From: Gwendolyn Luckett Address: 3807 Ellenwood Circle Spring Valley 91977

Four Hundred Dollars ($ 400.00)

In part Payment of Interment of Kendrick Rudolph

Lot 151 Grave 1 Row Section 1 Division Block 13

Invoice No.

Acct. No.

W.O. E-14118

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 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

50061

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY
527-3400

Date: 6-9 19 98

From anderson-Ragsdale Address: 5050 Federal Blvd SD 92102

one hundred forty eight + 78/100 Dollars ($ 148.78)

In full Payment of marker installation for Kendrick Rudolph

Lot 151 Grave 1 Row ____ Section 1 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-14118

BALANCE DUE 0

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	10	00
Handling Fee	100 77185	13	00
Recording & Misc. Fees	100 77183	25	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		78
TOTAL PAID	$	148	78

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

ISSUED BY Catina Avallone

AC-212 (Rev. 5-94)

5870

2nd burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-22-98

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

in a Double Depth Funeral, date, time Tues. Jan. 27 11.00

Type of Burial Container

Church, Chapel, Graveside Church+graveside Featheringill Mortuary

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

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

Lot 125 Grave 3 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	preneed E-11067	Ø
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	preneed E-11067	Ø
Handling Fee	preneed E-11067	Ø
Flower vases – Marker setting fee		
Recording and [illegible] fee		45.00
Sales taxes	preneed E-11067	Ø
	Total Due	420.00
	Paid receipt number visa	420.00
	Balance due	Ø

PAID
JAN 22 1998
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 P.O. Box 40004
Address

X San Diego Ca 92164
City Zip Code

X 284-7268
Telephone

Invoice #

Work Order # E 14119

Acct. #

BEA-104 (7-98)

This information is available in alternative formats upon request.

Family will call w/ time of service

E- 14119

E- 14119

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
Thomas	James	Lovell, Sr.	12/13/1914	01/22/1998	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	Thomas Lovell, Jr., son PO Box 40004 San Diego, CA 92164

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheriggill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	Thomas Lovell	01/26/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/26/1998	9801625 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	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 1/23/98

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

in a Liner (Type of Burial Container) Funeral, date, time Mon. Jan 26, 2:00

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

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

Lot 94 Grave 11 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	w/tree	495.00
Additional spaces and care fund		
Opening/Closing & Setup		355.00
Burial Container		190.00
Handling Fees		145.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		14.73
Total Due		1764.73
Paid receipt number 49561		441.18
Balance due		132355 1323.55

PAID
JAN 28 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X Sister R-49572 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Donna Washington
Signature

X 7121 Aquamarine Rd
Address

X S.D.
City Zip Code

X 475-7207
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 14120

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-14120

NOTE

$ 1323.55 San Diego, California January 23 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of One thousand threehundred twenty three 55/100 DOLLARS with interest from Feb 26 1998 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME X DONNA Y. WASHINGTON SIGNATURE X Donna Y Washington

ADDRESS X 7121 Aquamarine Rd., S.D., CA 92114

CALIFORNIA DRIVER LICENSE NUMBER X N4556741 SSN# X 552 08 3109

PY-1012 (11-89)

E- 14120

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

36

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Veronica	Lauri Joy	Kagler	06/27/1961	01/19/1998	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	Donna Y. Washington, Sister 7121 Aquamarine 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 Mott.; 5050 Federal Blvd San Diego, CA 92102	F-1329	▶ Debbie Wilson	01/126/1998

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	01/26/1998	9801655

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92102	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY 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 1/26/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

OFFICIAL RECEIPT

49561

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11/23, 19 98

From: Donna Washington Address: 7121 Aguamarine Road SD CA 92114

Four hundred forty one 18/100 Dollars ($ 441.18)

In Part Payment of Interment of Veronica Kegler

Lot 44 Grave 11 Row Section 2 Division Block 11A

Invoice No.

Acct. No.

W.O. E-14120

BALANCE DUE 133365

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

AC-212 (Rev. 5-94)

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

ISSUED BY Margie Bell

CREDIT	87002		
20% Sales Care	77184		
80% Sales of Lots	100 77184	441	18
Opening/ 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	18

OFFICIAL RECEIPT

49572

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-28, 1998

From: Adrienne Black-Freeman Address: 6346 Lolly Lane SD 92114-5626

One thousand three hundred twenty three + 55/100 Dollars ($ 1323.55)

In full Payment of Interment of Veronica Kayler

Lot 94 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14120

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

Catrina Alarcon

ISSUED BY

CREDIT	67007	199	00
20% Sales Care	77184		
60% Sales of Lots	100 77184	354	82
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	$	1323	55

OFFICIAL RECEIPT

49702

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3-3, 1998

From: Adrienne Black-Freeman Address: 6346 Lolly Ln San Diego 92114-

One Hundred Twenty Five Dollars ($ 125.00)

In full Payment of Installation fee for [redacted]

Veronica Kagler

Lot 94 Grave 11 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14120

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. Shuhellis

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)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-98

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

in a T.S. Vault (Type of Burial Container) Funeral, date, time Thur 1-29 11:00

Church, Chapel, Graveside Chapel / Graveside; Encinitas Mortuary.

All Funeral cars must 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 TBA

J

Lot 97 Grave ____ Row ____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund	Pre-Need B-1805	~~0~~
Additional spaces and care fund		—
Opening/Closing & Setup	157.00	~~375.00~~
Burial Container	PAID IN FULL 2-19-98	250.00
Handling Fees		185.00
Flower vases – Marker setting fee		—
Recording and filing fee	44.12	45.00
Sales taxes	~~873.50~~	19.38
Total Due		~~874.38~~
Paid receipt number R-49567		218.00
Balance due		655.50

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

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

Signature of recorded holder of deed

X Theodore B. Haubrecht
Signature

X 257 Liszt Ave.
Address

X Cardiff 92007
City Zip Code

X 760-753-6975
Telephone

Invoice # 294717

Work Order # E 14121

Acct. # 094607

2-5-98

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2-4-98

family was underchanged by 0.88¢. Caught error after family had signed 30 day note for $55.50 instead of $56.38. Invoiced for $55.50.

MT. HOPE CEMETERY

W.O. # E- 14121

NOTE

$ 655.50 San Diego, California January 27 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Six Hundred Fifty Five & 50/100 DOLLARS with interest from January 28, 1998 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 THEODORE B. HAIBRECHT SIGNATURE X Theodore B. Haibrecht

ADDRESS X 257 Liszt Ave. CARDIFF BY THE SEA, CA. 92007

CALIFORNIA DRIVER LICENSE NUMBER X N4239382 SSN # X 553-92-5369

PY-1012 (11-89)

E-14121

APPLICATION 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
Leota	Marie	Haibrecht	09/01/1922	01/23/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Encinitas	San Diego	Theodore Haibrecht - Son 257 Liszt Avenue Cardiff CA 92007

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Encinitas Mortuary 340 Melrose Avenue, Encinitas CA 92024	FD 857	▶ Joanne L Lee	01/26/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	01/26/1998	9801672

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
Vital RRecords, P.O. Box 85222
San Diego CA 9218605222

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 1/29/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ J Watt	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

OFFICIAL RECEIPT

49567

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 1-27, 1998

From: Theodore Haibrecht Address: 257 Lizzt Ave Cardiff 92007

Two Hundred Eighteen Dollars ($ 218.00)

In part Payment of Interment of Leota Haibrecht

Lot 97 Grave Row Section 1 Division ~~Block~~ 8

Invoice No.

Acct. No.

W.O. E-14121

BALANCE DUE 655.50

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

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

ISSUED BY S. Shackelton

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	218	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	$	218	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49634

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-10, 1998

From: Theodore Herbrecht Address: 257 Leigh Ave Cardiff 92007

Dollars ($ 47.56)

In full Payment of 2 galvanized flower vases

for Zeta & Bernard Herbrecht

Lot 96 & 97 Grave Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-14121

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 Stubblefield

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	20	00
	100	26	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	1	56
TOTAL PAID	$	47	56

E-14121

294717 02/05/98 094607 THEODORE B. HAIBRECHT
F-14121

100	072	77181	000072	02/19/98 CK 125	655.50	
100	072	77182	000072		157.00	
100	072	77183	000072		250.00	
100	072	77185	000072		44.12	
60101		78390			185.00	
					19.38	

655.50 BALANCE 0.00
PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/26/98

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

in a Liner (Type of Burial Container) Funeral, date, time Fri. Jan 30 1:00

Church, Chapel, Graveside church & graveside; ~~Ragsdale~~ CA Burial Mortuary.

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

will be applied and billed to undersigned. X F. L. S.

Lot 121 Grave 9 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-49573	1564.73
Balance due	0

PAID
JAN 28 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO CALIF

Pamela Cody
528-1149

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 Fannie Simon
Signature

X 4183 Highland ave #6
Address

X 281-9615
City Zip Code

X
Telephone

Invoice # ____

Work Order # E 14122

Acct. # ____

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14122

APPLICATION 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
BERNARD	-	PHILLIPS	04/17/1961	01/24/1998	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	FANNIE SIKIEN--MOTHER 4183 HIGHLAND AVE. APT 6 SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Kim Walker	01/29/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/29/1998 K. WALKER	▶ 9801920

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 1/30/98	11C. SIGNATURE OF PERSON IN CHARGE OF BU ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

OFFICIAL RECEIPT

49573

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-28, 19 98

From: Fannie Simien Address: 4183 Highland Ave #6 SD 92105

one thousand five hundred sixty four + 73/100 Dollars ($ 1564.73)

in full Payment of Interment of Bernard Phillips

Lot 121 Grave 9 Row ____ Section 3 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-14122

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 Avallone

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	630	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-98

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

in a liner (Type of Burial Container) Funeral, date, time Thur. Jan. 29 11:00

Church (Chapel) (Graveside) chapel & grvside 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 90 Grave 7 Row _____ Section 15 Division/~~Block~~ 7

Grave space & Care Fund preneed E-5683 0

Additional spaces and care fund _____

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases – Marker setting fee _____

Recording and filing fee 45.00

Sales taxes 14.73

PAID
JAN 29 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Total Due 769.73

mortuary to bring check for full amount.

Paid receipt number R-495716 769.73

Balance due 0

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

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

_____
Signature of recorded holder of deed

X see attached
Signature

X
Address

X
City Zip Code

X
Telephone

Invoice # _____

Work Order # E 14123

Acct. # _____

This information is available in alternative formats upon request.

E-14123 faxed to mortuary for signature

mortuary to bring check for full amount

1-26-98
1:15pm
Per Debbie at Ragsdale, called to schedule burial. She gave this location and requested the burial container to be a liner. Mortuary to bring check for full amount.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-26-98

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

in a liner Funeral, date, time Thur. Jan. 29 11:00

Church [Chapel] [Graveside] chapel & grvside Ragsdale Mortuary.

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

Lot 90 Grave 7 Row ____ Section 15 Division/~~Block~~ 7

Grave space & Care Fund preneed E-5683	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number	
Balance due	

mortuary to bring check for full amount.

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.

H. W. Ragsdale

Signature of recorded holder of deed

H. W. Ragsdale, DBA
Anderson-Ragsdale Mortuary

X Billie J. Ralph
Signature

X 5820 Duluth Ave.
Address

X San Diego, CA 92114
City

X (619) 262-9240
Telephone Zip Code

Invoice # ____

Work Order # E 14123

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14123 9

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
Bennie	-	Mahaffey	01/05/1905	01/23/1998	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	Billie Ralph, Friend 5820 Duluth Ave. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	Debbie Wilson	01/26/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/28/1998	9801870

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 1/29/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

OFFICIAL RECEIPT

49576

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-29 19 98

From: anderson-ragsdale Address: 5050 federal Blvd. SD 92102

seven hundred sixty nine & 73/100 Dollars ($ 769.73)

In full Payment of interment of Benny Mahaffey

Lot 90 Grave 7 Row Section 15 Division 7 Block

Invoice No.

Acct. No.

W.O. E-14123

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5151

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	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	769	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-27-98

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

in a Liner (Type of Burial Container) Funeral, date, time Fri 1-30 10:00

Church, Chapel, Graveside Graveside ; Goodbody Mortuary Bill

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

will be applied and billed to undersigned. _____

✓

Lot 17 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund (Re-Deed D-7735)	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.80
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-49581	769.73
Balance due	~~0~~

PAID JAN 30 1998 MT. HOPE CEMETERY CITY of SAN DIEGO

family will pay for service on day of service

30 day note

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

see attached

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

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 14124

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

fax
582-7740

1-27-98
3:50 pm
per Bill at Goodbody -
family chose the liner
as the burial container.
Family will pay on the
day of service.

MT. HOPE CEMETERY

City of San Diego

INTERMENT ORDER

Date 1-27-98

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

in a Liner (Type of Burial Container) Funeral, date, time Tue 1-30 10:00

Church, Chapel, Graveside Graveside ; Crosbury Mortuary

All Funeral 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 17 Grave 5 Row ____ Section 3 Division/Block 12

Grave space & Care Fund ..... Re-Inurn D-7735 -0-

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases - Marker setting fee ..... —

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number _____ Balance due _____

family will pay for service on day of service

30 day note X Niece

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 Carol Mohrbacher (Signature)

X 303 Coast Blvd #13 (Address)

X La Jolla CA 92037 (City, Zip Code)

X (619) 454-9086 (Telephone)

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

_____ (Signature of authorized holder of deed)

Invoice # _____

Work Order # E 14124 Acct. # _____

This information is available in alternative formats upon request.

REA-104 (7-86)

© The Word in Print, 1986

W.O. # E-14124

MT. HOPE CEMETERY

NOTE

$ 769.73 San Diego, California January 27, 19 98

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 nine & 73/100 DOLLARS with interest from February 27, 1998 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 Carol Mohrbacher SIGNATURE X Carol Mohrbacher

ADDRESS X 303 Coast Blvd #13, La Jolla, CA 92037

CALIFORNIA DRIVER LICENSE NUMBER X K0163937 SSN # X 564-60-1831

FY-1012 (11-89)

E- 14124

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

(EXCLUSIVE AND INTERMENT PRIVILEGE)

Cemetery Manager

Deputy Secretary

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

OFFICIAL RECEIPT

No. 24311

PAID

MOUNT HOPE CEMETERY
SAN DIEGO, CALIF.

E 14124

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

81

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GUSTAV	ROBERT	LARSEN	08/29/1916	01/26/1998	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	CAROL MOHRBACHER - NIECE 303 COAST BOULEVARD, #13 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
GOODBODY MORTUARY: 5027 EL CAJON BLVD SAN DIEGO, CA 92115	FD-790	▶ Victor Meza	01/29/1998

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	VICTORIA MEZA 01/29/1998	9801947 ▶

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 1/30/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

OFFICIAL RECEIPT

49581

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 1-30, 19 98

From: Olav Larsen Address: 1885 Diamond 2-221 San Diego 92109

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

In: full Payment of Interment of Gustav Larsen

Lot 17 Grave 5 Row Section 3 Division/Block 12

Invoice No.

Acct. No.

W.O. E-14124

BALANCE DUE -0-

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

0

CREDIT	57007		
20% Sales Care	77184		
60% 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	53033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	769	73

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 640

ISSUED BY L. Hamilton

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-27-98

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

In a liner (Type of Burial Container) Funeral, date, time Fri 1-30 1:00

Church, Chapel, Graveside Graveside ; JD 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 92 Grave 4 Row _____ Section 3 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- 49565	391.00
Balance due	1173.73

PAID
JAN 30 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

R-49582 1173.73

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

_____
Signature of recorded holder of deed

X L.C. Mitchell
Signature
X 4472 F St.
Address
X San Diego
City
Zip Code
X Cal. 92102
Telephone

Invoice # _____

Work Order # E 14125

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-14125

NOTE

$ 1173.73 San Diego, California January 27 1998

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, 1998 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 Mitchell L.C. SIGNATURE X L C Mitchell

ADDRESS X4472 F St. San Diego CA. 92102

CALIFORNIA DRIVER LICENSE NUMBER X5076998 SSN # X[illegible]9375

PY-1012 (11-89)

E-14125

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. [illegible]
Robert	A	Lee	09/10/1928	01/10/1998	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	L. C. Mitchell - Friend 4472 F Street San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
San Diego Memorial Chapel 2441 University Ave.; San Diego, CA 92104	FD-1575	▶ [signature]	01/19/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/29/1998	9801905

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LO[illegible] 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 1/30/98	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 IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49565

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-27 , 1998

From: L. C. Mitchell Address: 4472 F Street San Diego 92102

Three Hundred Ninety One Dollars ($ 391.00)

In part Payment of Interment of Robert A. Lee

Lot 92 Grave 4 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-14125

BALANCE DUE 1173.73

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

AC-212 (Rev. 5-94)

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

ISSUED BY S Hutchins

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	391	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	$	391	00

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49552

Date: 1-30 19 98

From: SD Memorial Chapel Address: 2441 University Ave SD 92104

one thousand one hundred seventy three 73/100 Dollars ($ 1173.73)

In full Payment of Interment of Robert Lee

Lot 92 Grave 4 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-14125

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2224

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	159	00
60% 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	83033 9022		
Sales Tax	80101 78390	14	73
TOTAL PAID	$	1173	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/27/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jean Phillips PA # 1227610

in a Liner (Type of Burial Container) Funeral, date, time Thur. Jan 29th 10:00

Church, Chapel, Graveside Delivery Only : Featherg11 (Terry) Mortuary.

All Funeral 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 9 Row — Section 1 Division/Block 12

Grave space & Care Fund	120.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	380.00
Paid receipt number INVOICE	380.00
Balance due	0

PAID IN FULL 3-13-98

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 294714

Work Order # E 14126

Acct. # 000952

2-5-98

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E - 14126

APPLICATION 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
Jean	-	Phillips	08/03/1912	01/09/1998	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	Roma Stronach, PA 5201 Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115	FD1083		01/27/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/27/1998	9801721 EdwardsFerrell

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1/27/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E-14126

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 3-13-98
BY: CA CK IF
PAYMENT REF NO 04-556171
AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/05/98	03/07/98	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14126
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JEAN PHILLIPS PA#1227610 SVC	
LOT 38 GR 9 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

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

INV NO. 294716

AC-22 (REV. 10/95)

RETURN WITH PAYMENT

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-27-98

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

in a liner Type of Burial Container Funeral, date, time Thurs 1-29 2:00

Church, Chapel, Graveside ~~Graveside~~ Witness Only ; ~~Bellevue~~ Elmer Mortuary.

All Funeral 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 35 Grave 8 Row _____ Section ~~0~~ MAS Division/Block 0 MAS

Grave space & Care Fund ..... Pre-Need	~~0~~ —
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-49575	769.73
Balance due	0

PAID
JAN 29 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

Signature of recorded holder of deed

X Harold E Camp
Signature

X 7507 Calmorest Dr
Address

X Downey Cal 90240
City Zip Code

X ~~310~~ 562 928 5059
Telephone

Invoice # _____

Work Order # E 14127

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Featheingill
583-9511

Per Elmer | Feathingill Burial will be witness only 9:50 am. Responsible person should be at the burial.

Called Harold Camp

1/28 Called Terry | Feathingill to get family phone # to call regarding service

1/28 562-9208, 5059, 1:00, 2:08
12:30, 3:30
4:00

1/29/98 8:30, 9:45

Harold Camp
~~[illegible]~~ 928 5059
562

1-29-98 approx. 12:45
Harold camp came in to pay & sign for service. Had service in 1-9, uncertain if family was coming in to pay. last min.

E-14127

APPLICATION 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	Camp	Blackwell	07/01/1906	01/26/1998	F

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	Harold Camp, nephew 7507 Calmcrest Dr. Downey, CA 90240

7A. TYPED NAME AND ADDRESS OF 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	Linda Mayo	01/27/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/27/1998 Candice Haggard	9801786

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 1/29/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

49575

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-29, 19 98

From: Harold Camp Address: 7507 Calmirest Dr. Downey 90240

Seven hundred sixty nine + 73/100 Dollars ($ 769.73)

In full Payment of interment of Evelyn Blackwell

Lot 35 Grave 8 Row Section MAS Division Block O

Invoice No.

Acct. No.

W.O. E-14127

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2065

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Avalone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49899

Date: 4-30, 1990

From: Featheringill Address: 6322 El Cajon Blvd. San Diego 92115

One Hundred Twenty Five Dollars ($ 125.00)

In full Payment of Master Installation Fee

for Evelyn Blackwell

Lot 35 Grave 8 Row Section MAS Division Block O

Invoice No.

Acct. No.

W.O. E-14127

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2320

AC-212 (Rev. 5-94)

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

ISSUED BY J. Hubbell

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/27/98

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

in a TS Vault (Type of Burial Container) Funeral, date, time Friday, Jan 30th 1:00

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. X BC

Lot 33 Grave 11 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre Need E-1973	-0-
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	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 49569	874.38
Balance due	-0-

PAID
JAN 27 1998
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 Betty J. Cooke
Signature
X 1409 N. Raymer St
Address
X Santa Ana 92703
City Zip Code
X (714) 836-6549
Telephone

Invoice # _____

Work Order # E 14128

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14128

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Georgia	Louise	Dean	01/04/1909	01/23/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Santa Ana	Orange	Betty Cooks, Daughter 1409 W. Raymar St. Santa Ana, CA 92703

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Williams	01/29/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 / 1998	▶ [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 6128; Santa Ana, CA 92706	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 1/30/98	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

49569

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11/27, 19 98

From: Betty T Cook Address: 1469 W. Raymond St Santa Ana CA 92703

Eight hundred seventy four 31/0 Dollars ($ 874.38)

In Full Payment of Interment of Georgia Dean

Lot 33 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14128

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

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

ISSUED BY Karyn Cook

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	350	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	38
TOTAL PAID	$	874	38

Preneed Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-28-98

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

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

Church, Chapel, Graveside ; Ragsdale SKIPPER Mortuary.

All Funeral 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 65 Grave 2 Row Section 2 Division/~~Block~~ II

Grave space & Care Fund ..... preneed E-6782	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 49580	769.73
Balance due	0

PAID
JAN 28 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

Signature of recorded holder of deed

X [signature]
Signature
X 5650 FEDERAL BLVD.
Address
X SAN DIEGO CA 92102
City Zip Code
X 619 263-3141
Telephone

Invoice #

Work Order # E 14129

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

49580

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 1-28, 19 98

From: Syrdella Pounds Address: 5930 Division St. SD 92114

Seven hundred sixty nine + 73/100 — Dollars ($ 769 73)

In full Payment of preneed trust

Lot 65 Grave 2 Row Section 2 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-14129

BALANCE DUE 0

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

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

ISSUED BY Catina Wallace

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

AC-212 (Rev. 5-94)

D.I.P.
2nd burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-28-98

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

in a liner (Type of Burial Container) Funeral, date, time Fri. Jan. 30 12:00

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 82 Grave 2 Row _____ Section 1 Division/Block 7

Grave space & Care Fund preneed B-926	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-49579	769.73
Balance due	0

PAID
JAN 30 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

will bring payment for service on or before day of service.
30 day note

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 see attached Address
X _____ City Zip Code
X _____ Telephone

Invoice # _____

Work Order # E 14130

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

*faxed for signature.
E-1AT30
Elizabeth DelPozo to pay for service on or before day of service
3:40 1-29-98 →
Victoria-Merkley-Mitch... verifying family will bring ck + planned interment

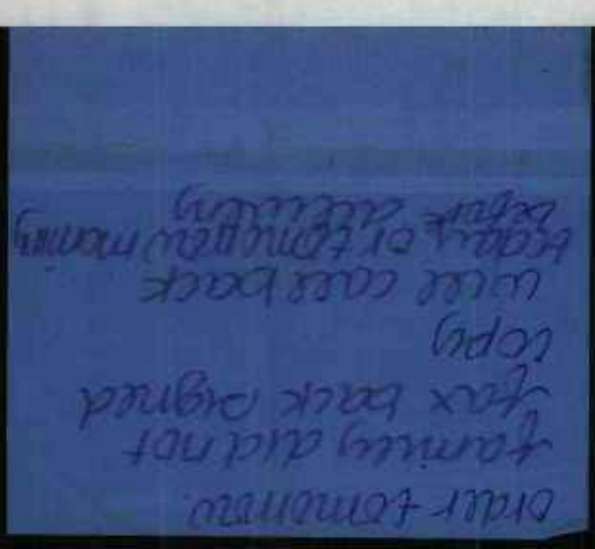
Fax 231-5871

1-28-98 1:50 pm

Elizabeth DelPozo
(550 West C Street Suite 1770
SD 92101) 231-6663 x 12

Called to schedule burial. in a liner. faxed for signature. Will pay for service on or before day of service. Also had a 30 day note signed.

Lewis Jackson - husband already buried in grave. (full body)



MT. HOPE CEMETERY

W.O. # E-14130

NOTE

$ 709.73 San Diego, California January 28 1998

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 nine DOLLARS with interest from February 28, 1998 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 (11-99)

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 1-28-98

D.I.P.
2nd burial

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stella Jackson in a liner (Type of Burial Container) Funeral, date, time Fri. Jan. 30 12:00 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 82 Grave 2 Row ___ Section 1 Division/Block 7

Grave space & Care Fund preneed B-926 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

will bring payment for service on or before day of service. 30 day note Total Due 709.73

Paid receipt number ___ Balance due ___

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

I hereby authorize the interment to let I hold under deed.

X [signature] Consor
Signature
X
Address
X
City Zip Code
X
Telephone

Signature of assembled holder of deed

Invoice # ___

Work Order # E 14130 Acct. # ___

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-14130

NOTE

769.73 San Diego, California January 28 19 98

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 nine DOLLARS with interest from February 28, 1998 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-14130

APPLICATION 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
STELLA	MAY	JACKSON	01/19/1911	01/26/1998	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	ELIZABETH DEL POZO - CONSERVATOR 550 WEST C STREET, STE. #1770 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
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ [signature]	01/29/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	01/29/1998	9801884 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 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 1/30/98	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

49579

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-30, 1992

From: Elizabeth Del Pozo Address: 550 West C Street #1770 San Diego 92101

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

In Full Payment of Interment of Stella Jackson

Lot 82 Grave 2 Row Section 1 Division Block 7

Invoice No.

Acct. No.

W.O. E-14130

BALANCE DUE -0-

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

AC-212 (Rev. 5-94)

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

ISSUED BY L Stubblefield

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

BC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/29/98

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

in a _____ Type of Burial Container Funeral, date, time Wed, Feb 4th 2:00

Church, Chapel, Graveside Chapel / Graveside Greenwood Mortuary.

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

will be applied and billed to undersigned. X D Bentley 2-4-98

Lot 52 Grave 39 Row — Section 4 Division/~~Block~~ 7

Grave space & Care Fund ..... Pre Need B-3459	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	~~150~~
Handling Fees	185.00
~~Flower vases~~ – Marker setting fee	125.00
Recording and filing fee	45.00
Sales taxes	—
Total Due	730.00
Paid receipt number 49599	730.00
Balance due	0

Vault purchased at Greenwood ~~[illegible]~~ 444-9264

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

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

_____
Signature of recorded holder of deed

X D Bentley
Signature

X
Address

X 385 MARTELL ST
City Zip Code

X EL CAJON, CA 92019
Telephone (619) 444-9264

Invoice # _____

Work Order # E 14131

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recyc

~~with marker installation fee of 125.00 the total would be 730.00.~~

~~Set up 10 chairs will deliver vault around noon.~~

Greenwood Sharon

E-14131

ORDER E-14131 HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

DATE 6- [illegible] 1958

CHARGE Pacific Beach Mortuary

ADDRESS 4710 Cass

NAME OF DECEASED Frank W. Bentley

OWNER Willemma Bentley

ADDRESS 4535 Morrell

MORTUARY

LOT 52 GR 38+39 ROW SEC 4 DIV	7	150	00
OPENING TIME 1:30 DAY Tuesday DATE 6-17-58		67	50
VAULT Air Seal SIZE 3			
REMOVAL OR FOUNDATION			
TOTAL	2	17	50
PAID RECEIPT NUMBER			
BALANCE			

Flat Marker Explained

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.
I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

AUTHORIZED IN PERSON PHONE BY Family + Trustee

ORDER TAKEN BY R. La Lay

W.O. NO. B 3459

INVOICE NO. 48117

FORM 974 (REV.)

E-14131

CITY OF SAN DIEGO, CALIFORNIA

48117

INVOICE

Your Order No. B-3459 Date 6/17 19 58

Department Cemetery Dept. Memo No.

Pacific Beach Mortuary
4710 Cass St.
San Diego, 9, Calif.

Credit: Fund 306 $75.00 Acct. 7781 $67.50 7784 $75.00
Detach and Forward with Remittance

DATE	DESCRIPTION OF CHARGE	AMOUNT
6/14/58		

CITY MA JUN 19 1958 AUDITOR

Frank W. Bentley Service

Lot 52 Gr 38 & 39 Sec 4 Div 7	$ 150.00
Opening (air seal vault)	67.50
	$ 217.50

9744

DM 9-3-58

PAID

AUG 29 1958

Willemma Bentley
4535 Morrell

Concession percentages invoiced subject to audit verification

ABLE TO, AND FORWARD SAME TO CITY
ITER, SAN DIEGO 1, CALIFORNIA

Invoice prepared by DJJ

FORM 22

OFFICIAL RECEIPT

49599

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2/3 , 19 98

From: David Michael Bentley Address: 355 Marshall St El Cajon 92019

Seven hundred thirty 02/100 Dollars ($ 730.00)

In Full Payment of Interment of William Bentley

Lot 52 Grave 39 Row Section 4 Division Block 7

Invoice No.

Acct. No.

W.O. E-14131

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

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

ISSUED BY Tanya Bell

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	155	00
Recording & Misc. Fees	100 77183	190	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 75090		
TOTAL PAID	$	730	00

E-14131

APPLICATION 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
WILLENNA	A.	BENTLEY	06/24/1910	01/28/1998	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	DAVID BENTLEY - SON 385 MARTELL STREET EL CAJON, CA 92019

7A. TYPED NAME AND ADDRESS OF 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	FD-843	▶ Victoria Meza	02/03/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	02/04/1998	VICTORIA MEZA 9802207 ▶

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 92102	11B. DATE BURIED 2/4/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

Pre Need

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/29/98

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

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

Church, Chapel, Graveside ; Ragsdale Skipper 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

VOID

Lot 8 Grave 6 Row — Section 1 Division/Block 11

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

Family never contacted Cemetery to purchase Lot 8/13/98

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 14132

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

E-14132 1/29/98
Lizzie is ill
expected to pass
Anytime
Nephew will pay in
couple of days
Per Skipper
Dand
Person will come Nephew
in to pay
per Debbie
Ragsdale
3/26/98

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/29/98

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

in a TS vault (Type of Burial Container) Funeral, date, time Frid, Jan 30th 10:00

Church, Chapel, Graveside Church/Graveside ; Ragsdale Mortuary.

Skipper

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 4526 Grave — Row — Section — Division/~~Block~~ 10

219 384

Grave space & Care Fund	1095.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1969.38
Paid receipt number 49574	492.00
Balance due	1477.38

Paid in full 2-11-98

30 day note

I hereby certify I am the X STEPFATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 3215 38TH ST. Address

X SAN DIEGO, CA 92105 City Zip Code

X (619) 563-0786 Telephone

Invoice # 294715

Work Order # E 14133

Acct. # 094606

2-5-98

REA-104 (7-96)

This information is available in alternative formats upon request.

1/29/98

~~Family has not confirmed~~ Mortuary ~~yet.~~ Will ~~call back with.~~ Time And ~~mortuary.~~

E-14133

2:36 pm

1-29-98

Skipper called to notify us of time & mortuary.

MT. HOPE CEMETERY

W.O. # 14133

NOTE

1477.38 San Diego, California January 29th 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand four hundred seventy seven 38/00 DOLLARS with interest from March 2, 1998 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 C. Aponte SIGNATURE X

ADDRESS X 3125 38th St. San Diego, CA 92105

CALIFORNIA DRIVER LICENSE NUMBER X C2841304 SSN # X 454 25 0527

PY-1012 (11-88)

E-14133

APPLICATION 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
Isidro	-	Caro	02/28/1978	01/25/1998	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	Rosa Echeverria, Mother 3125 38th St. San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort; 5050 Federal Blvd. San Diego, CA 92102	F-1329	Debbie Williams	01/29/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/30/1998	9801966

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 1/30/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

E-1-(4)(3)

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
294715	02/05/98	094606	JAMES C. APONTE					02/11/98	CK	200773362	1,477.38	1,477.38	0.00
			100	072		77181	000072				375.00		PAID IN FULL
			100	072		77182	000072				250.00		
			100	072		77183	000072				45.00		
			100	072		77184	000072				384.00		
			100	072		77185	000072				185.00		
			60101			78390					19.38		
			67007			77184					219.00		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 1,477.38

OFFICIAL RECEIPT

49574

CITY OF SAN DIEGO, CALIFORNIA

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

6 MOUNT HOPE CEMETERY
527-3400

Date: 1/29, 1998

From: James C. Apostle Address: 3125 35th St San Diego Ca 92105

Four hundred ninety two /00 Dollars ($ 492.00)

In Part Payment of Interment of Isidro Cano

Lot 4526 6 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-14133

BALANCE DUE 1477.38

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 Baker

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	492	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	492	00

Preneed lot & trusts for both burials in double depth

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-29-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jasper Lee and Blanche E. Adkins

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 92 Grave 5 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup (2 at 375.00)	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee (2 at 45.00)	90.00
Sales taxes	29.45
Total Due	2304.45
Paid receipt number R-49577	2304.45
Balance due	0

PAID
JAN 29 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

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

_____
Signature of recorded holder of deed

X Jasper Lee Adkins
Signature
X 84th NORTH 33rd St.
Address
X 92102
City Zip Code
X SAN DIEGO CALIF
Telephone 2395824

deed #12208 mailed 1-30-98

Work Order # E 14134 ✓

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Jasper Adkins
904 NORTH 33rd Street
SD 92102

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49577

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

MOUNT HOPE CEMETERY

527-3400

Date: 1-29 19 98

From: SD County Credit Union Address: 9985 Pacific Heights Blvd SD 92121

two thousand three hundred sixty four and 45/100 Dollars ($ 2364.45)

In full Payment of pre need lot and trusts for

Jasper Lee & Blanche E. Adkins

Lot 92 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14134

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 977640

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Avallone

CREDIT	87007		
20% Sales Care	77184	159	00
80% Sales of Lots	100 77184	1636	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	569	45
Sales Tax	60101 78390		
TOTAL PAID	$	2364	45

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/30/98

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

in a Liner (Type of Burial Container) Funeral, date, time Friday Feb 6th 2:00pm

Church, Chapel, Graveside Graveside : Contact 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. + 23

Lot 145 Grave 3 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-[illegible] 49578	1564.73
Balance due	-0-

PAID
JAN 30 1998
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 Lois C. Zaranka
Signature

X 3334 Landis St
Address

X San Diego Ca 92104
City Zip Code

X 282-8053
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 14135

Acct. # _____

REA 104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14135

83

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
ELIZABETH	ESTHER	BRANNON	05/29/1914	02/02/1998	F

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	ROBERT B. BRANNON - HUSBAND 8051 DARRYL STREET LEMON GROVE, CA 91945

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	F-941

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
		Grant K. Conrad	02/05/1998

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Grant K. Conrad 02/05/1998	9802311

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 (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 2/6/98	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

49578

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 1/30, 1998

From: Luis Zaranka Address: 3334 Landis St San Diego Ca 92104

One thousand five hundred sixty nine 73/100 Dollars ($ 1564.73)

In Full Payment of Interment w/ E Prosbeth Estes Brannon

Lot 145 Grave 3 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 14135

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 Kampa Bak

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	80101 78390	14	73
TOTAL PAID	$	1564	73

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49751

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/13, 19 98

From: Robert Brannon / Lois Zaranka Address: 8051 Darryl St Lemon Grove Ca 91945

One hundred twenty five Dollars ($ 125.00)

In Full Payment of Setting Fee for Marker for Elizabeth Brannon

Lot 145 Grave 13 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14135

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1041

AC-212 (Rev. 5-94)

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

ISSUED BY Karyn Dark

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

E-14135

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
294907	02/11/98	094638	PATRICIA J. WASHINGTON					03/12/98	CK	941006681	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		
295816	03/05/98	000253	SEAMAN POE MONUMENT CO					03/12/98	CK	3911	250.00	250.00	0.00
			100	072		77183	000072				250.00		PAID IN FULL

NUMBER OF INVOICES PAID 2
TOTAL AMOUNT PAID 1,423.73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-30-98

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

in a Liner (Type of Burial Container) Funeral, date, time Mon, Feb 9 2:00 Dawn

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

All Funeral 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 98 Grave 6 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	159	795.00
Additional spaces and care fund	245	—
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	m/c	391.00
Balance due		1173.73

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 Patricia J. Walsingham
Signature

X 8150 Lemon Ave. #215
Address

X La Mesa 91941-6401
City Zip Code

X (619) 469-1912
Telephone

Invoice # 294907

Work Order # E 14136 ✓

Acct. # 094638

Paid in full

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recy...

Elmer will let us know date. Family will be Fri.

Edward Eugenio buried here.

78-8-3-12

E-14136

Edward Eugenio buried in
78-8-3-12

MT. HOPE CEMETERY

W.O. # E-14136

NOTE

$ 1173.73 San Diego, California January 30 19 98

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 2, 1998 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 J. WALSINGHAM SIGNATURE X Patricia J. Walsingham

ADDRESS X 8150 Lemon Ave., #215, La Mesa, CA 91941-6401

CALIFORNIA DRIVER LICENSE NUMBER X K0036000 SSN # X 553-50-2253

PV-1012 (11-89)

E-14136

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Josephine	Marie	Eugenio	07/05/1912	01/29/1998	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	Patricia J Walsingham-Daughter 8150 Lemon Ave #215 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
EL CAJON MORTUARY 684 S MOLLISON AVENUE EL CAJON CA 92020	FD-1022	▶ Cynthia D Hardesty	

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/03/1998	9802168 CD Hardesty ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92101	11B. DATE BURIED 2/6/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY NA	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS NA	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION NA	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

Ashes to be added to Grave 3 Annie King, Julie Buried

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/30/98

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

in a Ash Vault (Type of Burial Container) Funeral, date, time THURS AM 3-3

Church, Chapel, Graveside Graveside : Ragsdale (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. Hazel Smith

✓ Lot 146 Grave 6 Row — Section 2 Division/Block 12

Grave space & Care Fund	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 44583	269.26
Balance due	0

PAID
JAN 30 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Family to bring Ashes with them on Day of Service

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

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

Signature of recorded holder of deed

Hazel Smith
Signature
4727 Ash #5
Address
San Diego CA. 92102
City Zip Code
619-264-8488
Telephone

Invoice # _____

Work Order # E 14137

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14137

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
LARRY	DALE	SMITH	03/09/1945	01/29/1998	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	HAZEL SMITH-SISTER 4777 "A" ST. APT. 5 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	▶ Kim Walker	02/24/1998

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	02/25/1998 K. WALKER	▶9803367

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 3/3/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREM ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

49583

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 1-30, 1998

From: Hazel Smith Address: 4777 "A" St. SD 92102

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

In full Payment of Interment of Larry Smith (X)

(To be added to Annie King's Grave)

Lot 146 Grave 6 Row — Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14137

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.

0

ISSUED BY [signature]

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

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1/30/98

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

in a T.S. Vault (Type of Burial Container) Funeral, date, time Fri 2-6 2:30

Church, Chapel, Graveside Graveside : Lewis Colonial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ MAX 50 will be applied and billed to undersigned. X [signature]

✓ Lot 4790 Grave — Row — Section — Division/Block 10

Grave space & Care Fund ..... Pre-Need D-9091	-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 49597	874.38
Balance due	-0-

PAID
FEB 3 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO CALIF

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

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

Signature of recorded holder of deed

X [signature]
Signature

X 1676 DEL TEATRO
Address

X LA JOLLA 92037
City Zip Code

X 454-5925
Telephone

Invoice # _____

Work Order # E 14138

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14138
95

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
YOSHI	-	KIKUCHI	10/09/1902	01/30/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
HUNTINGTON BEACH	ORANGE	ELIZABETH YAMADA - DAUGHTER 1676 EL CAMINO DEL TEATRO LA JOLLA, CA 92037

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104	FD-480	▶ [signature]	02/03/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/03/1998 ▶	[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
OCHD P.O. BOX 6128 SANTA ANA, CA 92706-0128	VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 2/6/98	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

49597

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2/3, 1998

From: Joseph Y Yamada Address: 516 5th Ave San Diego Ca 92101

Eight hundred seventy-four 38/00 Dollars ($ 874.38)

In Full Payment of Interment of Yoshi Kikuchi

Lot 4790 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-14138

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☑

1694

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

ISSUED BY Kamp Park

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)

B.C

25% down
$ 441.00

width 28 3/4
length 84
height standard

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 1-30-98

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

in a liner (Type of Burial Container) Funeral, date, time Feb 3 Tues. 11:00

Church, Chapel, Graveside, Chapel + gnpide 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 E S

Lot 15 Grave ~~8~~ 10 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	199	995.00
Additional spaces and care fund	355	—
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases – Marker setting fee		—
Recording and filing fee		45.00
Sales taxes		14.73
Total Due		1764.73
Paid receipt number	R-49588	441.00
Balance due		1323.73

30 day note

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

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

Signature of recorded holder of deed

X Erana Stewart
Signature

X 714 Jewell Dr.
Address

X San Diego 92113
City Zip Code

X 263-7595
Telephone

Invoice # 294911

Work Order # E 14139

Acct. # 094640

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2/3/98

Grave eight was not usable
. per permission of family moved
two graves over to grave 10.

MT. HOPE CEMETERY

W.O. # E-14139

NOTE

$ 1323.73 San Diego, California Feb 2. 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand three hundred twenty three 13/95 DOLLARS with interest from March 3. 1998 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 ERA M M STEWART SIGNATURE X Erma Stewart

ADDRESS X 9174 Jewell Dr. S.D. CA 92123

CALIFORNIA DRIVER LICENSE NUMBER X N4685 666 SSN # X 434 04 484

PY-1012 (11-89)

MT. HOPE CEMETERY

W.O. # E-14139

NOTE

$ 1764.73 San Diego, California January 30 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of one thousand seven hundred sixty four 73/100 DOLLARS with interest from March 2, 1998 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 ERANA STEWART SIGNATURE Erana Stewart

ADDRESS 7145 Jewett Drive

CALIFORNIA DRIVER LICENSE NUMBER N4685666 SSN # 434 04 84

PY-1012 (11-89)

E-14139

APPLICATION 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	R.	STEWART	11/16/1930	01/25/1998	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	ERANNA STEWART-WIFE 714 JEWELL DRIVE 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	▶ Erin Walker	01/29/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/29/1998 K. WALKER	▶ 9801933

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 2/3/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

OFFICIAL RECEIPT

49588

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2/2, 1998

From: Mrs Henry R. Stewart Address: 7141 Jewell Dr. San Diego CA 92113

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

In Part Payment of Interment of Henry Ray Stewart

Lot 15 Grave 8 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-14139

BALANCE DUE 1323.73

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

1127

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

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	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	80101 78390		
TOTAL PAID	$	441	00

AC-212 (Rev. 5-94)

James Porter already buried here.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-2-98

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

in a Double Depth Type of Burial Container Funeral, date, time Wed 2-4 11:00

Church, Chapel, Graveside Graveside : Ragsdale Mortuary Skipper

All Funeral 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 154 Grave 4 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	Pre-Need E-3701	-0-
Additional spaces and care fund		
Opening/Closing & Setup	E-9192 E-8286	-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 14140

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14140

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mary	Ellen	Porter	09/12/1912	01/31/1998	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	Theresa Cartwright, Niece 13504 Francisquito Apt. E Baldwin Park, CA 91706

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd, San Diego, CA 92102	F-1329	Debbie Wallace	02/02/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/04/1998	9802220

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2/4/98	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 2/8/98

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

in a TS Vault (Type of Burial Container) Funeral, date, time Thur, Feb 5th 11:00

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

will be applied and billed to undersigned. G.G.O

Lot 103 Grave 8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup 270	375.00
Burial Container 3-13-98	250.00
Handling Fees PAID ON	185.00
Flower vases – Marker setting fee general invoice	—
Recording and filing fee	45.00
Sales taxes 769.38	1938
Total Due	1769.38
Paid receipt number R-49586	1000.00
Balance due	769.38

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.

X _____
Signature

X 555 Naple st Ap 802
Address

X CHULA VISTA CA. 91911
City Zip Code

X (619) 422-8729
Telephone

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

_____
Signature of recorded holder of deed

Invoice # 294914

Work Order # E 14141

Acct. # 094042

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-14141

NOTE

$ 769.38 San Diego, California February 2 19 98

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 Nine & 38/100 DOLLARS with interest from March 6, 1998 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 Guillermo Garcia SIGNATURE X

ADDRESS X 555 Market st. Apt 802 CHULA VISTA CA 91911

CALIFORNIA DRIVER LICENSE NUMBER X A4857288 SSN # X 610-18-6515

PY-1012 (11-89)

E-14 141

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1943 05

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
GUILLERMO	-	GARCIA	08/06/1943	01/30/1998	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	Guillermo Garcia - Son 555 Naples Street, #802 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 filing permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	Judith E King	02/04/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/04/1998 J.E. King	9802212

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 2/3/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

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

E-1414

294914	02/11/98	094642	GUILLERMO GARCIA				03/13/98	CA	294914	769.38	769.38	0.00
			100	072	77181	000072				270.00		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		

Guillermo Garcia
E-1414

OFFICIAL RECEIPT

49586

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2/2/98, 1998

From: Guillermo Garcia Address: 555 Naples St Chula Vista CA 91910

One thousand 00/00 Dollars ($ 1000.00)

In Part Payment of Interment of Guillermo Garcia

Lot 103 Grave 8 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14141

BALANCE DUE 76938

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1014

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	179	00
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	1000	00

AC-212 (Rev. 5-94)

BC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/2/98

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

in a Grave fill (Type of Burial Container) Funeral, date, time Mon Feb 2, 1998 2:30

Church, Chapel, Graveside Graveside Greenwood Mortuary.

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

will be applied and billed to undersigned.

Lot 53 Grave ____ Row ____ Section Muslim Division/Block ____

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 49587	470.00
Balance due	0

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 [signature]
Signature

X 10781 CAMINITA DE LUZ
Address

X S.D., CA 92129
City Zip Code

X (619) 672-1632
Telephone

Invoice # ____

Work Order # E 14142

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

49587

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2/3, 19 98

From: Ibay Emami Address: 11065 Morning Creek Dr. South S.D. CA 92125

Four hundred seventy Dollars ($ 470.00)

In Full Payment of Interment w/ Fatemeh Masoumi

Lot 53 Grave _____ Row _____ Section Muslim Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14142

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1034

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

ISSUED BY Kenya Bak

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	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	470	00

AC-212 (Rev. 5-94)

E-14142

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
FATEMEH	N.	MASOUMI	01/01/1919	01/31/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
POWAY	SAN DIEGO	AGHDAS ASMARI- DAUGHTER 11065 MORNING CREEK DRIVE SOUTH SAN DIEGO, CA 92128

7A. TYPED NAME AND ADDRESS OF 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	FD-843	▶ Victoria Meza	02/02/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10378 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	02/02/1998	VICTORIA MEZA 9802098 ▶

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 2/2/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

Pre Need Total Trust for

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/2/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dimple R. Lawrence

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 129 Grave 10 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup PAID IN FULL 3-18-99	375.00
Burial Container	190.00
Handling Fees	145.60
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number 49591	391.00
Balance due	1173.73

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

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

_____
Signature of recorded holder of deed

X _____
Signature

X P.O. Box 1245
Address

X _____ Clarksville TX 75426
City Zip Code

X (903) 427-3313
Telephone

Invoice # _____

Work Order # E 14143

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14143

LAWRENCE, DIMPLE R. 1317 D Ave #404 National City 91950

		DEBIT	CREDIT	BALANCE
02-02-98	Opened Pre-need Lot & Trust. 936			
	Lot 129, Gr 10, Sec 3, Div 12 159	795.00		
	Trust includes opening/Closing, Liner, Handling			
	Fee, Recording Fee and tax on liner.	769.73		1,564.73
02-02-98	Receipt #49591		391.00	1173.73
2-25 98	R-49685 Cpn #1		49.00	1124.73
4-13 98	R-49849 Cpn #2+3		100.00	1024.73
4-30 98	R-49894 Cpn # 4		49.00	975.73
5-12 98	R 49950 Cpn #5+6		100.00	875.73
7-13 98	R-50174 Cpn # 7+8		98.00	777.73
7-27 98	R-50229 Cpn #9+10 $8.00 to 2096		98.00	679.73
9-30 98	R-50423 11 & 12		100.00	579 73
10/22 98	R 50499 13, 14, 15 + 16		196.00	383 73
3-18-99	R-50959		249 00	134, 73
3-18-99	"		134 73	

LAWRENCE, DIMPLE (Nathaniel Higgs & Bruce Johnson)

LAWRENCE, DIMPLE .R

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Nathaniel Higgs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above: $ 49.00

Amount due if paid more than _____ days after due date above: $ 49.00

$ 49.00

Amount Received $ 49.00

NAME Nathaniel Higgs (Dimple Lawrence

ADDRESS 1317 D. Ave #404

CITY National City STATE Ca. ZIP 91950

☐ check (✓) if this is new address

Write on only one coupon with each remittance **COUPON 2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Nathaniel Higgs - (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 49.00

Amount due if paid more than 3 days after due date above. ▶ $ 50.00

$ 50.00

Amount Received $ 50.00

NAME Dimple Lawrence

ADDRESS 1317 D Ave #404

CITY National City STATE Ca. ZIP 91950

☐ check (✓) if this is new address

Use the coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Nathaniel Higgs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 49.00

Amount due if paid more than 10 days after due date above. ▶ $ 50.00

$ 50.00

Amount Received $ 50.00

NAME Dimple Lawrence

ADDRESS 1317 D Ave #404

CITY National City STATE CA ZIP 91950

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Nathaniel Higgs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Dey 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 2 days after due date above. ▶ $ 49 00

$ _____

Amount Received $ _____

NAME Dimple Lawrence

ADDRESS 1317 D Ave #404

CITY N.C. STATE Ca. ZIP 91950

☐ 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

Nathaniel Higgs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. $ 49.00

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

$ ___

Amount Received $ ___

NAME Dimple Lawrence

ADDRESS 1317 D Ave #404

CITY N.C. STATE Ca. ZIP 91950

☐ check (✓) if this is new address

...upon with each remittance **COUPON** **6**

MAIL ENTIRE BOOK

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

Nathaniel Higgs (Dimple Lawrence)

1317 D Ave., #404

National City, CA 91950

E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on or before, due date above. $ 49.00

Amount due if paid more than ____ days after due date above. $ 50.00

$ _____

Amount Received $ _____

NAME Dimple Lawrence

ADDRESS 1317 D Ave #404

CITY N.C. STATE Ca. ZIP 91950

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust
Nathaniel Higgs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust
Nathaniel Higgs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust
Nathaniel Higgs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

Amount due if paid more than ____ days after due date above. $ ~~49.00~~ DA

$ 49.00

Amount Received $ _____

NAME Dimple Lawrence

ADDRESS 1317 D Ave #404

CITY NC STATE CA ZIP 91950

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust
Nathaniel Higgs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

Amount due if paid more than ____ days after due date above. $ ~~49.00~~ DA

$ 49.00

Amount Received $ _____

NAME Dimple Lawrence

ADDRESS 1317 D Ave #404

CITY NC STATE CA ZIP 91950

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust
Nathaniel Riggs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
B-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust
Nathaniel Riggs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
B-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust
Nathaniel Riggs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust
Nathaniel Riggs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust
Nathaniel Riggs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust
Nathaniel Riggs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust
Nathaniel Riggs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ ~~49.00~~ 46.93

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

Pre-Need Lot & Trust
Nathaniel Riggs (Dimple Lawrence)
1317 D Ave. #404
National City, CA 91950
E-14143 (Lot 129 Gr 10 Sec 3 Div 12)

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 49.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49591

Date: 2/2, 1998

From: Bruce Johnson Address: P.O. Box 1245 Clarksville TX 75426

Three hundred thirty one 00/00 Dollars ($ 391.00)

In Pact Payment of Pre Need Lot & Trust

Lot 194 Grave 10 Row — Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14143

BALANCE DUE 1173.73

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

1101

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

ISSUED BY Kenya Baker

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	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

AC-212 (Rev. 5-94)

1

OFFICIAL RECEIPT

49685

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2-25, 1998

From: Barbara Gibbard Address: 836 W. 62nd Place Los Angeles 90044

forty nine and no/100 Dollars ($ 49.00)

In part Payment of pre need lot and trust for Dimple Lawrence

Lot 129 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14143

BALANCE DUE 1124.73

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

1140

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

ISSUED BY Catina Avalone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	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 76390		
TOTAL PAID	$	49	00

AC-212 (Rev. 5-94)

2

OFFICIAL RECEIPT

49849

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-13, 19 98

From: Gary Lawrence Address: 3236 K St. San Diego 92102

one hundred and no/100 Dollars ($ 100.00)

In part Payment of prepaid lot & trust

Lot 129 Grave 10 Row ____ Section 3 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-14143

BALANCE DUE 1024.73

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

255

AC-212 (Rev. 5-94)

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

ISSUED BY Carina Avalos

CREDIT	67007	
20% Sales Care	77184	100 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	$	100 00

3

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49894

Date: 4/30 19 98

From: Dimuk Laurence Address: 1317 D Ave # 404 National City 91950

Forty nine 00/100 Dollars ($ 49.00)

In Part Payment of Pre Need Lot - 1 Trust

Lot 109 Grave 10 Row Section 3 Division Block 10

Invoice No.

Acct. No.

W.O. E-14143

BALANCE DUE 975.73

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
1165

AC-212 (Rev. 5-94)

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

ISSUED BY Yasmin Baker

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	49	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	49	00

4
(8)

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49950

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

MOUNT HOPE CEMETERY
527-3400

Date: 5-12 19 98

From: Cheri dawrence Address: 1415 E. 16th Street National City

one hundred and no/100 Dollars ($ 100.00)

In part Payment of pre need lot and trust

Lot 129 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14143

BALANCE DUE 875.73

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 1442

AC-212 (Rev. 5-94)

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

ISSUED BY Katina Avallone

CREDIT			
20% Sales Care	67007 77184	53	00
80% Sales of Lots	100 77184	47	00
Opening/ 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	$	100	00

OFFICIAL RECEIPT

50174

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-13 19 98

From: Nathaniel Higgs Address: 1522 Mary Lou St. SD 92102

ninety eight and no/100 — Dollars ($ 98.00)

In part Payment of pre need lot + trust

Lot 129 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14143

BALANCE DUE 777.73

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

795

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Avallone

CREDIT	67007	98	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	$	98	00

OFFICIAL RECEIPT

50229

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-27 19 98

From: Barbara Gibbons Address: 836 W. 62nd Pl. Los Angeles 90044

Ninety Eight & no/100 Dollars ($ 98.00)

In Part Payment of pre need lot + trust

Lot 129 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14143

BALANCE DUE 679.73

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

CREDIT	67007	
20% Sales Care	77184	8 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	90 00
Sales Tax	60101 78390	
TOTAL PAID	$	98 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1220

ISSUED BY Catina Avallone

AC-212 (Rev. 5-94)

Transfer of Ownership to

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/2/98

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

in a _____ Funeral, date, time _____
Type of Burial Container

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 56 Grave — Row — Section FOOF Division/Block 30

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 49593	45.00
Balance due	0

From Ida Haugen Yowel & Elaine Nelson

Blanco Piano
2227 Pentucket Ave
San Diego Ca 92104
282-4465

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

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

_____
Signature of recorded holder of deed

X Elaine Nelson by
Signature
X J. A. Marl Pon
Address
X 10894 CHARING CROSS ST.
City Zip Code
X SPRING VALLEY CA. 91978
Telephone 660-6975

Invoice # _____

Work Order # E 14144

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-19144

COPY

CERTIFICATE OF TRUST AND EXISTENCE OF AUTHORITY

IDA HAUGEN YOWELL, a widow, as Trustor, created the Ida Haugen Yowell Revocable Trust dated the 4th day of March, 1992.

The Ida Haugen Yowell Revocable Trust appoints Ida Haugen Yowell as Trustee, and further appoints Elaine L. Nelson as Successor Trustee in the event that Ida Haugen Yowell becomes unable or unwilling to act as Trustee, or in the event of the death of Ida Haugen Yowell.

Article V entitled Powers of Trustee grants to the Trustee the power to sell, convey, grant options to purchase, exchange or alter any of the assets of the Trust Estate upon such terms and conditions and for such consideration as the Trustee shall deem advisable. The Trustee further has the right to invest and reinvest all funds from time to time available for the investment or reinvestment in any kinds of property, real or personal, including stocks, bonds, interest in any amount in common trust funds established by the Trustee, stocks of any class, investments, trust shares, mortgages, and such other property as the Trustee shall deem proper.

This certificate is made by Ida Haugen Yowell in order to certify as of the date hereof that the Trust is in existence and that the Trustee, the undersigned, has broad powers as Trustee of the aforesaid revocable living trust.

JENSEN & IRWIN
ATTORNEYS AT LAW
886 W. 16TH STREET
YUMA, ARIZONA 85364-0602

E- 14144

In confirmation and affirmation of the foregoing, the undersigned, as Trustee, hereby states that the assertion by the undersigned that she is acting as the qualified Trustee shall be sufficient on its face and no person shall be put to any further inquiry into the right of the undersigned to act as such Trustee.

DATED this 4th day of March, 1992.

Ida Haugen Yowell
Ida Haugen Yowell

Witness

Teresa Fox
Witness

STATE OF ARIZONA)
) ss.
County of YUMA)

The foregoing Certificate of Trust Existence and Authority was acknowledged before me this 4th day of March, 1992, by IDA HAUGEN YOWELL.

Laura A Byrd
Notary Public

My Commission Expires:
5/29/95

JENSEN & IRWIN
ATTORNEYS AT LAW
388 W. 16TH STREET
YUMA, ARIZONA 85364-0602

POWER OF ATTORNEY E-14144
SPECIAL

KNOW ALL MEN BY THESE PRESENTS: That I, Elaine Nelson
the undersigned (jointly and severally if more than one, hereinafter collectively "principal") hereby make, constitute and appoint James A. March, Jr. D.b.a. James A. March Associates, Inc. principal's true and lawful attorney to act for principal's name, place and stead for principal's use and benefit:

(a) To perform and sign in (his/her/their) 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:

Lots 56 & 62, Section IOOF, Block 30, Mt. Hope Cemetery.

This listing and Power of Attorney may be canceled at any time by giving ten (10) days written notice to James A. March, Jr., provided no sale is in progress at the time.

Principal hereby grants to said attorney in fact full power and authority to do and perform each and every act and thing which may be necessary, or convenient, in connection with any of the foregoing, as fully, to all intents and purposes, as principal might or could do if personally present, hereby ratifying and confirming all that our said attorney in fact shall lawfully do or cause to be done by authority hereof.

Wherever the context so requires, the singular number includes the plural.

WITNESS my hand this 3 day of April, 1997.

X Elaine Nelson _____

STATE OF ~~CALIFORNIA~~ Arizona

COUNTY OF Yuma } ss.

on this 3rd day of April, in the year of 1997,
before me, the undersigned, a Notary in and for the said State, personally appeared
Elaine Nelson
personally known to me (or proved to me basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument, and acknowledged to me that she executed it.

WITNESS my hand and official seal.

Annette M. Bingham
Notary Public in and for said State

OFFICIAL SEAL
ANNETTE M. BINGHAM
Notary Public - State of Arizona
YUMA COUNTY
My Commission Expires June 13, 1997

CERTIFICATION OF VITAL RECORD

STATE OF ARIZONA
Certified Copy of Vital Record

E-14144

ORIGINAL
STATE COPY

STATE OF ARIZONA
DEPARTMENT OF HEALTH SERVICES – OFFICE OF VITAL RECORDS
CERTIFICATE OF DEATH

DEATH NO. D 102- 93-010724

1. NAME OF DECEASED: A. FIRST: IDA	B. MIDDLE: HAUGEN	C. LAST: YOWELL	2. SEX: FEMALE	3. DATE OF DEATH: APRIL 24, 1993
4A. RACE (e.g., white, black, American Indian, [specify tribe] etc.) SPECIFY: WHITE	4B. WAS DECEDENT OF HISPANIC ORIGIN (SPECIFY YES OR NO): NO	4C. IF YES, INDICATE MEXICAN, SPANISH, PUERTO RICAN, CUBAN, ETC.	5. WAS DECEASED EVER IN U.S. ARMED FORCES? (SPECIFY YES OR NO): NO	
6A. PLACE OF DEATH: A. COUNTY: YUMA	6B. TOWN OR CITY: YUMA	6C. HOSPITAL OR INSTITUTION (IF RESIDENCE, GIVE STREET ADDRESS): YUMA REGIONAL MEDICAL CENTER	6D. ☐ DOA ☐ OP EMER. ☒ IN PATIENT	
7. DATE OF BIRTH: MONTH DAY YEAR: JUNE 23, 1903	8A. AGE (YEARS LAST BIRTHDAY): 89	8B. IF UNDER 1 YEAR: MOS. DAYS	8C. IF UNDER 1 DAY: HRS. MIN.	9. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY): WIDOWED
10. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)				
11. STATE AND CITY OF BIRTH (If not in USA, name country): KIDDER, SOUTH DAKOTA	12A. CITIZEN OF WHAT COUNTRY: USA	12B. SPECIFY	13. SOCIAL SECURITY NO.: 560-28-2170	14A. USUAL OCCUPATION (Give kind of work done most of working life, even if retired): RET. TEACHER
14B. KIND OF BUSINESS OR INDUSTRY: PUBLIC SCHOOL				
15. USUAL RESIDENCE: A. STATE: ARIZONA	B. COUNTY: YUMA	C. TOWN OR CITY: YUMA	D. ZIP CODE: 85364	16. HOW LONG IN ARIZONA?: 65 Years
17. EDUCATION HIGHEST GRADE COMPLETED: ELEMENTARY-SECONDARY (0-12): 12	COLLEGE (1-4 or 5+): 4			
15E. STREET ADDRESS OR R.F.D.: 2390 THIRD STREET	15F. INSIDE CITY LIMITS? (SPECIFY Yes or No): YES	15G. ON RESERVATION (SPECIFY Yes or No): NO	18. PREVIOUS STATE OF RESIDENCE: SOUTH DAKOTA	
19. FATHER'S NAME: A. FIRST: ANDREW	B. MIDDLE: JOHN	C. LAST: HAUGEN	20. MOTHER'S MAIDEN NAME: A. FIRST: MARY	B. MIDDLE: C. LAST: HAVERLY
21. INFORMANT'S SIGNATURE: ELAINE NELSON	RELATIONSHIP TO DECEASED: COUSIN	22. ADDRESS: STREET NO.: RT. 1, 1195 BARD RD.	CITY AND STATE: WINTERHAVEN, CA.	ZIP CODE: 92283
23. BURIAL, CREMATION, REMOVAL, OTHER (Specify): BURIAL	24. DATE: APRIL 28, 1993	25. CEMETERY OR CREMATORY - NAME: DESERT LAWN,	LOCATION: YUMA, ARIZONA	27A. EMBALMER'S SIGNATURE: [signature] CERT. NO.: 814
28. FUNERAL HOME NAME: JOHNSON MORTUARY	STREET ADDRESS: 1415 S. FIRST AVE.	CITY AND STATE: YUMA, AZ 85364	29A. FUNERAL DIRECTOR OR PERSON ACTING AS SUCH (SIGNATURE): [signature]	CERT. NO.: 186

To be completed by CERTIFYING PHYSICIAN ONLY:
30. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED. SIGNATURE AND TITLE: [signature]
DATE SIGNED (Mo., Day, Year): APRIL 25, 1993 HOUR OF DEATH: 2:40 AM
31. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print): STEPHAN M. SCHUMACK, M.D.

To be completed by MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY ONLY:
34. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE DUE TO THE CAUSE(S) AND MANNER STATED. SIGNATURE AND TITLE:
DATE SIGNED (Mo., Day, Year): HOUR OF DEATH:
35. PRONOUNCED DEAD (Mo., Day, Year): PRONOUNCED DEAD (Hour):
37. ON: AT:

38. NAME AND ADDRESS OF CERTIFIER, PHYSICIAN, MEDICAL EXAMINER OR TRIBAL LAW ENFORCEMENT AUTHORITY: ASHWIN K. SHAH, M.D. 2457 S. AVE. A YUMA, ARIZONA
39. AUTHORIZED FOR CREMATION (SPECIFY): ☐ Yes ☒ No
41. MEDICAL EXAMINER'S SIGNATURE:

42. DATE REGISTERED: 4-26-93	43. REG. FILE NO.: 948	44. REGISTRAR'S SIGNATURE: [signature]	45. REG. DISTRICT: 1402	46. DATE RECD. IN STATE OFFICE: MAY 25 1993

PART I. SEQUENTIALLY LIST ONLY ONE CONDITION PER LINE. ENTER UNDERLYING CAUSE (DISEASE OR INJURY THAT INITIATED EVENTS RESULTING IN DEATH) LAST.
A. IMMEDIATE CAUSE (FINAL DISEASE OR CONDITION RESULTING IN DEATH) (ENTER ONLY CAUSE ON EACH LINE): Pneumonia — 4/21/93
B. DUE TO OR AS A CONSEQUENCE OF:
C. DUE TO OR AS A CONSEQUENCE OF:
APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I

48. AUTOPSY (Specify Yes or No): NO	50. WAS CASE REFERRED TO MEDICAL EXAMINER (Specify Yes or No): NO

51. MANNER OF DEATH: ☒ NATURAL CAUSES ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ SUICIDE ☐ UNDETERMINED
52. DATE OF INJURY: MO DAY YR HOUR
54. INJURY AT WORK? (Specify Yes or No):
55. DESCRIBE HOW INJURY OCCURRED:
56. PLACE OF INJURY (At home, farm, street, factory, office building, etc.) SPECIFY:
57. WHERE LOCATED? STREET ADDRESS CITY OR TOWN STATE
58. SUPPLEMENTARY ENTRIES:

DATE ISSUED OCT 01 1993

This is a true and exact reproduction of the document officially registered and placed on file in the OFFICE OF VITAL RECORDS, DEPARTMENT OF HEALTH SERVICES, PHOENIX, ARIZONA issued under the authority of A.R.S. 36-341, and by direction of:

Renée Gaudino
RENEÉ GAUDINO
Assistant State Registrar

1305352

This copy not valid unless prepared on engraved form displaying state seal and impressed with raised seal of issuing agency.

ARIZONA DEPARTMENT OF HEALTH SERVICES dhs

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

OFFICIAL RECEIPT

49592

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2/2, 19 98

From: Blanca Proano Address: 2927 Hentucketta Ave San Diego Ca 92104

Four hundred fifty-five 00/00 Dollars ($ 455.00)

In Part Payment of Interment of Carlos Proano

Lot 56 Grave — Row — Section TOOF Division ~~Block~~ 3

Invoice No.

Acct. No.

W.O. E-14144

BALANCE DUE 41938

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

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

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	80	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	455	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49593

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2/2, 19 98

From: Blanca Pisana Address: 2387 Kentucky Ave San Diego CA 92104

Forty five 02/05 Dollars ($ 45.00)

In Full Payment of Transfer Fee for Blanca Pisano

Lot 56 Grave — Row ____ Section TUF Division 30 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-14144

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

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

ISSUED BY Karyn Bak

CREDIT	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

BC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/12/98

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

in a TS Vault (Type of Burial Container) Funeral, date, time Thur. Feb 5th 11:00

Church, Chapel, Graveside Church/Graveside 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 Blanca Proano

Lot 56 Grave _____ Row _____ Section TOF ~~Division~~/Block 30

Grave space & Care Fund ..... Pre Need E-14144 0

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container ..... 45 ~~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 49592 455.00

R-49617 [illegible]

Balance due 419.38

PAID
MAR 13 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 day Note

294.38

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

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

Signature of recorded holder of deed

X Blanca Proano
Signature

X 2227 Pentuckett Av.
Address

X San Diego 92104
City Zip Code

X 619 282-4465
Telephone

Invoice # 294913

Work Order # E 14145

Acct. # 094641

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

419.38 Balance
- 125.00 Paid 2-6-98 Receipt 49617

294.38 Balance
150.00 3-3-98 General Invoice

144.38

144.38 3-13-98

Ø

MT. HOPE CEMETERY

W.O. # E-14145

NOTE

419.38 San Diego, California February 2 19 98

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 nineteen 38/00 DOLLARS with interest from March 5th 1998 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 Blanca Proano SIGNATURE X Blanca Proano

ADDRESS X 2227 Pentucket Av. San Diego CA 92104

CALIFORNIA DRIVER LICENSE NUMBER X N0584542 SSN # X 568-90-2334

PY-1012 (11-89)

E-14145

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

46

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Carlos	-	Proano	07/07/1951	02/02/1998	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SanDiego	San Diego	Blanca Proano, wife 2227 Pentuckett Ave. San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	[signature]	02/05/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/05/1998 Carlice Haggard	9802316

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/5/98	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 will get back copy here.

E-14145

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO PRESSURE IMPRESSIONS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT: FIRST NAME / MIDDLE: Carlos	1C. LAST NAME: Proeno	2. DATE OF BIRTH: 07/07/1951	3. DATE OF DEATH: 02/02/1998
4A. SEX: M			
5A. CITY OF DEATH: San Diego	5B. COUNTY OF DEATH—OUTSIDE CALIF.: San Diego	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND DATE OF INFORMANT: Blanca Proeno, wife, 2227 Pantuckett Ave., San Diego, CA 92104	
7A. FIRST NAME AND ADDRESS OF CALIFORNIA FUNERAL DIRECTOR OR PERSON IN CHARGE OF DISPOSITION: Featheringill Mortuary 6328 El Cajon Blvd., San Diego, CA 92115	7B. CALIFORNIA FUNERAL DIRECTOR OR PERSON IN CHARGE OF DISPOSITION: FD1083	8A. SIGNATURE OF LAST CITY OR PERSON IN CHARGE: [signature]	8B. DATE SIGNED: 02/05/1998

PERMIT: AUTHORIZATION OF LOCAL REGISTRAR	9A. PERMIT IS HEREBY AUTHORIZED AND DISPOSITION OF THE CALIFORNIA REGISTRAR AND SAFETY CODE AND IS SUBJECT TO THE DISPOSITION REQUIRED IN THIS PERMIT. 9B. THE PERMIT MAY BE NOT IF MEDICAL AFTER DISPOSITION	9A. AMOUNT OF FEE PAID: $7.00	9B. DATE PERMIT ISSUED: 02/05/1998 Clinton Rangers
9C. SIGNATURE OF OFFICIAL REGISTRAR ISSUING PERMIT: 9802316			
10A. CHARGE OF REGISTRAR OF THE DISTRICT OF DEATH: PO Box 85222, San Diego, CA 92186-5222	10B. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION: IF DISPOSITION IS OUTSIDE OF ANOTHER DISTRICT IN CALIFORNIA		

11. AUTHORIZED DISPOSITIONS: CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. REGISTERED USE
- [ ] E. TEMPORARY REPLACEMENT
- [ ] F. CRUSTERMENT
- [ ] G. SHIP INTO CALIFORNIA
- [ ] H. SHIPPED TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] A. DISPOSITION PENDING—REMAINS LOCATED AT CHAPEL AND CREMATED

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
REGISTERED USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A LOWER SET	15A. ADDRESS, REMAINS FIRST ON MATERIAL OR OTHER DESCRIPTION FOR NOTIFY TO CERTIFY THAT STATE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION
15D. DEATH NUMBER OF CERTIFICATE OR NAME OF DISTRICT IF APPLICABLE			

COMPLETE ALL APPLICABLE ITEMS

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 THIS PLAN FROM ISSUE DATE.

COPY 1 — STATE OF CALIFORNIA, DEPARTMENT OF HEALTH SERVICES, OFFICE OF STATE REGISTRAR — VS 8 (REV. 6/91)

OFFICIAL RECEIPT

49617

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-6 , 19 98

From: Blanco Rivano Address: 2227 Pentuchett Ave San Diego 92104

One Hundred Twenty Five Dollars ($ 125.00)

In part Payment of Interment of Carlos Rivano

Lot 56 Grave Row Section 100F ~~Division~~ Block 30

Invoice No.

Acct. No.

W.O. E-14145

BALANCE DUE 294.30

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.

6

ISSUED BY D. Hutchins

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA

49818

MOUNT HOPE CEMETERY

527-3400

Date: 4-6, 19 98

From: Blanco Proano Address: 2227 Pentucket Ave SD 92104

one hundred forty eight & nine Dollars ($ 148 78)

In: full Payment of marker setting fee for Carlos Proano & galvanized flower vase

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14145

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 Laura Valero

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	138	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		78
TOTAL PAID	$	148	78

AC-212 (Rev. 5-94)

E-14145

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.

BLANCA PROANO
2227 PENTUCKETT AVENUE
SAN DIEGO CA 92104

ACCT NO
094641

TREASURERS USE ONLY

PAYMENT DATE 3-13-98
BY: (CA) CK IF

PAYMENT REF NO _____

AMT PAID: $144.38

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/11/98	03/13/98	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14145
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ORIGINAL INVOICE AMOUNT	294.38
PAYMENTS RECEIVED TO DATE	150.00-

REMAINING TOTAL DUE 144.38

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-1 CUSTOMER COPY INV NO. 294913

E-14145

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

Return Service Requested

April 28, 1998

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

Blanca Proano
2227 Pentuckett Av
San Diego CA 92104-5737

Identification No:	1112439

Account Information

Department:	Mount Hope Cemetary
Dept. Reference No:	294913
Principal:	$144.38
Miscellaneous:	$14.44
Interest:	$1.66
Balance Due:	**$160.48**

Second Notice

Protect Your Credit!
Delinquent Accounts are Reported to Credit Reporting Agencies

According to our records, this delinquent account remains unpaid and you have not made satisfactory arrangements to resolve this matter. Please remit the balance due or contact this office immediately.

This account accrues interest on the unpaid balance. In addition, we report unpaid accounts to credit reporting agencies. The balance shown may not include all monies that are now due. Please contact this office to determine if you owe any additional amounts.

C. Osuna (619)533-3814
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: 1112439

Balance Due: $160.48

Payment Enclosed: _____

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

Credit Card No: _____

Expiration Date: _____

Signature: _____

NTC2

30-004488-B117-1022-052292-NTC2XXXX-Y-01

BC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/28/98

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

in a B Vault (Type of Burial Container) Funeral, date, time Thur. Feb. 5th 11:00

Church, Chapel, Graveside Church/Graveside 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 Blanca Proano

Lot 56 Grave _____ Row _____ Section IOF ~~Division~~/Block 30

Grave space & Care Fund	Pre Need E-14144 0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	45 250.00
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	49592 455.00
Balance due	R-49617 580.00 419.38

PAID
MAR 13 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

30 day note

294.38

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 Blanca Proano
Signature

X 2227 Pentuckett Av.
Address

X San Diego 92104
City Zip Code

X 619 282-4465
Telephone

Invoice # 294913

Work Order # E 14145

Acct. # 094641

121

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14145

419.38 Balance
-125.00 Paid 2-6-98 Receipt 49617
294.38 Balance
150.00 3-3-98 General Interest
144.38 3-13-98 160.24

As of 4/27/98 -
Per Greg Woods

CEMETERY

9.38

after date for value received, the u

et Street, San Diego, CA 92101, th

st from March 5th

of 12 percent per annum, payable

ld this note not be paid when due, it
the rate indicated above. Principal,
ble and consents to renewals, repl
and waives presentment, demand
ho signs this note agrees that rec
d herein. If any action be instituted
s attorney's fees.

art II, Chapter I, Article 2, Parag
uthorizes the removal of any remain

ME X Blanca Proa

S X 2227 Pentucke

NIA DRIVER LICENSE NUMBER X N

-89)

CITY OF SAN DIEGO
Memorandum

E-14145

Date: May 14, 1998

To: Mike Vogl, City Treasurers Department

From: Karyn Baker, Administrative Aide

Subject: Customer Accounts

Mt. Hope Cemetery is doing an investigation into the following accounts. Please hold off on pursuing any collections and remove any credit or derogatory entries on these accounts.

Name on Account	***Invoice #***	***Account #***	***Amount of Invoice***
Blanca Proano	294913	094641	$144.38
Saundra Anderson	293928	094414	$1362.94

If you have any questions, please contact me at 527-3400 or Greg Woods of the City Treasurers Department at 533-3816.

Karyn Baker

KDB:kdb

cc: John Montoya
Kathryn Fuller
Mario Sierra
Greg Woods

May 19, 1998
per greg Wood no
further charges will
be applied to the account

E-14145

CITY OF SAN DIEGO
AUDITOR & COMPTROLLER
REPORT NO. C65-202

ACCOUNTS RECEIVABLE
INVOICE STATUS REPORT BY DEPARTMENT
AS OF 12/16/98

DEPARTMENT 072 R.E.A.-MT HOPE CEMETERY

INV NUMBER	INV TYP	TYPE CHRG	EXCPT CODE	ACCT NUMBER	ACCOUNT NAME	INVOICE DATE	INVOICE DUE DATE	AMOUNT	ACTION
294913	GE	TC		094641	BLANCA PROANO E-14145	02/11/98	03/13/98	294.38	WRITTEN OFF

BC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-2-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Betty R. Coleman

in a Liner (Type of Burial Container) Funeral, date, time Thur 2-5 11:00

Church, Chapel, Graveside Church Graveside: to 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 27 Grave 9 Row ____ Section 1 Division/Block 12

Grave space & Care Fund 179 300	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-490014	416.00
Balance due	1248.73

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 [signature]
Signature

X 12488 56th St.
Address

X San Diego, CA. 92105
City Zip Code

X (619) 262-0226.
Telephone

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

Signature of recorded holder of deed

Invoice # 294909

Work Order # E 14146 Acct. # 094639

REA-104 (7-96) *This information is available in alternative formats upon request.*

Printed on recycled paper

2-2
Per Gary to Burial -
to bring check to
416.00
E-14146

113.18 is Balance

Have been
making payments.

3-8-99

P.d
12.00 sitting
fee
on VISA
3-99

MT. HOPE CEMETERY

W.O. # R-14146

NOTE

$ 1248.73 San Diego, California February 2 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Two Hundred Forty Eight DOLLARS 100 with interest from March 6, 1998 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 GREGORY A. BROWN SIGNATURE X Gregory A. Br

ADDRESS X 3746 SWIFT AVE #5, SAN DIEGO, CA 92104

CALIFORNIA DRIVER LICENSE NUMBER XN6049610 SSN # X 572-21-6473

PY-1012 (11-89)

E-14146

55

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
BETTY	RUTH	COLEMAN	04/17/1942	01/30/1998	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	KIA-TANA H. PRICE-DAUGHTER 2488 56TH ST. SAN DIEGO, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Tim Walker	02/03/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/04/1998 K. WALKER	▶ 9802213

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 2/5/98	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

49614

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-5 19 98

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

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

In part Payment of Interment of Betty R. Coleman

Lot 27 Grave 9 Row Section 1 Division Block 12

Invoice No.

Acct. No.

W.O. E-141460

BALANCE DUE 1248.73

Pre-Need Lot ☐ At Need ☒ On Acct. ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4003

C-212 (Rev. 5-94)

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

ISSUED BY Catina Avalos

CREDIT			
20% Sales Cars	87007 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

49631

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-9 19 98

From: Turran Price Address: 2488 56th St. SD 92105

Thirty one and 55/100 Dollars ($ 31.55)

In full Payment of temporary marker for Kelly R. Cullman

Lot 27 Grave 9 Row Section 1 Division/Block 12

Invoice No.

Acct. No.

W.O. E-14146

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 Yolanda Wallace

CREDIT	67007		
20% Sales Care	77184		
60% 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

C-212 (Rev. 5-94)

E-14146

294909	02/11/98	094639	GREGORY A. BROWN			03/10/98	CA	500.00	1,248.73	748.73
			100	072	77181	000072		150.15		PARTIAL PAYMENT
			100	072	77182	000072		76.08		
			100	072	77183	000072		18.02		
			100	072	77184	000072		120.12		
			100	072	77185	000072		58.06		
			60101		78390			5.90		
			67007		77184			71.67		

E-14146 Gregory Brown

both caskets are burried side by side in the same grave.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-3-98

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

in a _____ (Type of Burial Container) Funeral, date, time Mon. 2-9 11:00

Church, Chapel, Graveside graveside ; SD Memorial 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 2117 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-49025	270.00
Balance due	0

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

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

_____
Signature of recorded holder of deed

X Julian Alto
Signature

X 2925 Webster
Address

X San Diego CA 92103
City Zip Code

X (619) 231-2124
Telephone

Invoice # _____

Work Order # E 14147

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Per Mark okay to use one grave for twins

family to come in
and pick 2 lots. E-14147
mark will bring check.
will let us know
measurements.
mark will bring check
for 270.00 for one
and check for 67.00
for other.
5 mo. 30-DAY note

FAMily will call ~~back~~
with SS# for ~~30~~ day
note.

Mark to call with
casket size
Mark will bring
check. day of
service.
E-14147

both caskets
in same grave
side by side

E-14147

E-14147

APPLICATION 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
Divine	Lawrence	Alto	01/31/1998	01/31/1998	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 M. McElroy - Mother 2925 Webester Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
San Diego Memorial Chapel 2441 University Avenue; San Diego, CA 92104	FD-1575	▶ [signature]	02/6/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/06/1998	9802389

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 Street San Diego, CA 92102	11B. DATE BURIED 2/6/98	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-14147

1 day

APPLICATION 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
Davon	Frederick	Alto	01/31/1998	01/31/1998	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 M. McElroy - Mother 2925 Webester Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
San Diego Memorial Chapel 2441 University Avenue; San Diego, CA 92104	FD-1575	▶ Frances L Martinez	2/6/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/06/1998	9802390

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 Street San Diego, CA 92102	11B. DATE BURIED 2/6/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49625

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

MOUNT HOPE CEMETERY

527-3400

Date: 2-9 19 98

From: SD Memorial Chapel Address: 2441 University Ave. SD 92104

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

In full Payment of interment of Dawn and Devine acto

Lot 2117 Grave ____ Row ____ Section 1 Division ____ Block 9

Invoice No. ____

Acct. No. ____

W.O. E-14147

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2262

AC-212 (Rev. 5-94)

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

ISSUED BY Cabana Valdez

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390		
TOTAL PAID		$ 270	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-3-98

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

in a Lined (Type of Burial Container) Funeral, date, time Fri 2-6 11:00

Church, Chapel, Graveside Chapel/Graveside Rosedale Mortuary.

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

Lot 103 Grave 9 Row Section 3 Division/Block 12

PAID
FEB 10 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-49598	391.00
Balance due	1173.73
R-49633	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 Annie Lomas
Signature
X 124 Willie Jones Av
Address
X San Diego CA 91950
City Zip Code
X 619-479 5948
Telephone

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

Signature of recorded holder of deed

Invoice # _____

Work Order # E 14148

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E- 14148

NOTE

$ 1173.73 San Diego, California February 3 19 98

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 2/100 DOLLARS with interest from March 7, 1998 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 Annie Thomas SIGNATURE X Annie M Thomas

ADDRESS X 124 Willie Jones Ave San Diego CA 92102

CALIFORNIA DRIVER LICENSE NUMBER X N6689543 SSN # X 487 40 6718

PY-1012 (11-89)

E-14148

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

85

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mary	Anolia	Thomas	05/22/1912	01/31/1998	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	Annie M. Thomas, Daughter 124 N. Ozark 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 Wallace	02/03/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/06/1998	9802401 ▶

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2/6/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

OFFICIAL RECEIPT

49598

CITY OF SAN DIEGO, CALIFORNIA

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

MOUNT HOPE CEMETERY

527-3400

Date: 2-3, 1998

From: Annie Thomas Address: 124 Willie Jones Ave San Diego 92102

Three Hundred Ninety One Dollars ($ 391.00)

In part Payment of Interment of Mary Thomas

Lot 103 Grave 9 Row Section 3 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-14148

BALANCE DUE 117373

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

ISSUED BY S. Hamilton

CREDIT	87007		
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	60101 78390		
TOTAL PAID	$	391	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49633

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

MOUNT HOPE CEMETERY

527-3400

Date: 2-10, 1998

From: Annie Thomas Address: 124 Willie Jones Ave San Diego 91950

One Thousand One Hundred Seventy three & 73/100 Dollars ($ 1173.73)

In full Payment of Interment of Mary Thomas

Lot 103 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14148

BALANCE DUE -0-

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

AC-212 (Rev. 5-94)

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

ISSUED BY L. Shelton

CREDIT	67007	159	00
20% Sales Care	77184		
80% 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

49767

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3-19, 1998

From: Eddie L. Robinson Address: 124 Ozark St San Diego 92102

One Hundred Twenty Five Dollars ($ 125.00)

In full Payment of Installation Fee for Mary G. Thomas

Lot 103 Grave 9 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14148

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. Stockton

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

AC-212 (Rev. 5-94)

[redacted] [redacted] 61

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 Mary McKee PA# 1828897

in a Liner (Type of Burial Container) Funeral, date, time Wed. 2-11 10:00

Church, Chapel, Graveside Delivery only ; Featherngill Mortuary.

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

will be applied and billed to undersigned. _____

Lot 32 Grave 2 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup — PAID IN FULL 3-13-98	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

Rebecca Ball 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 # 2949609

Work Order # E 14149

Acct. # 000952

2-12-98

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14149

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Mary	-	McKee	03/05/1936	01/31/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Rebecca Barr, Public 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 control	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	[signature]	02/06/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/09/1998 CandiceHaggard	9802513

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/11/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

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

CITY OF SAN DIEGO, CALIFORNIA
GENERAL INVOICE

WHITE - CUSTOMER

E-14149

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 3-13-98
BY: CA CK IF

PAYMENT REF NO 04-556171

AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/12/98	03/14/98	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14149
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3409

DESCRIPTION OF CHARGES	AMOUNT
MARY MCKEE PA81228897	
LOT 32 GR 2 SEC 1 DIV 12	
[illegible]	126.00
[illegible]	165.00
LINER	50.00
RECORDING FEE	45.00

ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 294969

AC-22 (REV - 10/95)

RETURN WITH PAYMENT

E-14149

294969 02/12/98 000952	COUNTY OF SAN DIEGO				03/13/98 CK	04-556171	386.00	386.00	0.00
E-14149	100	072	77181	000072			165.00		PAID IN FULL
MARY McKEE	100	072	77182	000072			50.00		
	100	072	77183	000072			45.00		
	67007		77184				126.00		

BC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-4-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mamie T. Walker

in a liner (Type of Burial Container) Funeral, date, time Fri. 2-13 1:00

Church, Chapel / Graveside Chapel + grvside: SD 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 104 Grave 6 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	159	236	795.00
Additional spaces and care fund			—
Opening/Closing & Setup			375.00
Burial Container			190.00
Handling Fees			145.00
Flower vases – Marker setting fee			—
Recording and filing fee			45.00
Sales taxes			14.73
		Total Due	1564.73
		Paid receipt number R-49607	400.00
		Balance due	1164.73

30day note

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

X [signature]
Signature

X 964 Hanover St.
Address

X San Diego 92114
City Zip Code

X (619) 264-3129
Telephone

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

_____
Signature of recorded holder of deed

Invoice # 295173

Work Order # E 14150 ✓

Acct. # 094715

2-19-98

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-14150

NOTE

1164.73 San Diego, California February 4 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of one thousand one hundred sixty four 73/100 DOLLARS with interest from March 13, 1998 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

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

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

PRINT NAME X ANGELA WHITE SIGNATURE X [signature]

ADDRESS X 954 HANOVER ST.

CALIFORNIA DRIVER LICENSE NUMBER X N9509744 SSN # X 567-17-7308

PY-1012 (11-89)

E-14150

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
Mamie	Thomas	Walker	12/06/1904	02/02/1998	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	Angela Marie White-Granddaughter 954 Hanover 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	▶ Frances L. Martin	02/13/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/13/1998 F Martin ▶	9802799

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 Street; San Diego, CA 92102	11B. DATE BURIED 2-13-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norma Terquan
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATI ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

OFFICIAL RECEIPT

49607

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-4 19 98

From: angela White Address: 954 Hanover Street SD 92114

four hundred and no/100 Dollars ($ 400.00)

In part Payment of interment of Mamie T. Walker

Lot 104 Grave 6 Row Section 3 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-14150

BALANCE DUE 1164.73

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

CREDIT	67007		
20% Sales Care	77184	400	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 0150

ISSUED BY Laura Avallone

AC-212 (Rev. 5-94)

73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/5/98

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

in a liner (Type of Burial Container) Funeral, date, time Wed 2-11 1:00

Church, Chapel, Graveside Chapel / Graveside Ragsdale Skipper 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 Ransom Lampkin

Lot 2922 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	199 355	995.00
Additional spaces and care fund		—
Opening/Closing & Setup	PAID IN	375.00
Burial Container	FULL 2-19-98	190.00
Handling Fees		145.00
Flower vases – Marker setting fee		—
Recording and filing fee		45.00
Sales taxes		14.73
Total Due		1764.73
Paid receipt number	R-49619	441.00
Balance due		1323.73

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.

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

Signature of recorded holder of deed

X Ransom Lampkin SR
Signature

X
Address

X 4333 Dawson Ave #28
City

X S.D. CA 92115
Zip Code

X
Telephone (619) 583-0701

Invoice # 294966

Work Order # E 14151

Acct. # 094666

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Lot picked by staff

family wanted to be close to

Lorraine [illegible] of 2925

MT. HOPE CEMETERY

W.O. # E-14151

NOTE

1323.73 San Diego, California February 6 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Three Hundred Twenty Three 73/100 DOLLARS with interest from March 12, 1998 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 RANSOM LAMPKIN SR SIGNATURE X Ransom Lampkin SR

ADDRESS X 4333 DAWSON AVE # 5028 Pelusa St.

CALIFORNIA DRIVER LICENSE NUMBER X Y1194515 SSN # X 436-20-9098

PY-1012 (11-89)

E-14151

APPLICATION 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
Gladys	-	Lampkin	01/24/1925	02/03/1998	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	Ransom Lampkin, Husband 5028 Pelusa St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Willen	02/09/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/10/1998	9802585 ▶ [signature]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2/11/98	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

49619

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2-6, 1998

From: Ransom Lampkin Address: 5028 Pelusa St San Diego 92113

Four Hundred Forty One Dollars ($ 441.00)

In part Payment of Interment of Gladys Lampkin

Lot 2922 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-14151

BALANCE DUE 1323.73

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

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

ISSUED BY S. Shackelton

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	441	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	441	00

AC-212 (Rev. 5-94)

E-14151

294966	02/12/98	094666	RANSOM LAMPKIN SR.			02/19/98 CK	1190	1,323.73	1,323.73	0.00
	E- [redacted]		100	072	77181	000072		375.00		PAID IN FULL
	14151		100	072	77182	000072		190.00		
			100	072	77183	000072		45.00		
			100	072	77184	000072		355.00		
			100	072	77185	000072		145.00		
			60101		78390			14.73		
			67007		77184			199.00		

no chairs family will witness

86

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-98

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

in a liner (Type of Burial Contains) Funeral date, time Tues 2-10 10:00

Church, Chapel, Graveside Chapel / Witness: Berge Roberts Mortuary Ben

All Funeral 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 5 Row _____ Section 1 Division/Block 12

Grave space & Care Fund ..... Pre-Need E-8433	0
Additional spaces and care fund	—
Opening/Closing & Setup ..... Pre-Need E-12364	0
Burial Container ..... " "	0
Handling Fees ..... " "	0
Flower vases – Marker setting fee	—
Recording and filing fee ..... " "	0
Sales taxes ..... " "	0
Total Due	0
Paid receipt number _____	
Balance due	0

I hereby certify I am the 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 John Bruno Jr
Signature

X 6483 Estrella Ave
Address

X San Diego, 92120
City Zip Code

X 265-9001
Telephone

Invoice # _____

Work Order # E 14152

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14152

APPLICATION 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	-	BUONO, JR.	11/16/1911	02/04/1998	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 BUONO III - SON 6483 ESTRELLA 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
BERGE-ROBERTS MORTUARY 607 NAT'L. CITY BLVD., NATIONAL CITY, CA 91950	FD-284	▶ Marla Souder	02/05/1998

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	MARLA SOUDER	▶9802377

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 2/10/98	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 2-3-98

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

in a _____ Funeral, date, time Mon 2-9 11:00
Type of Burial Container

Church, Chapel, Graveside Graveside ; SD memorial Mortuary.

All Funeral 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 2118 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	67.00
Balance due	203.00

VOID Baby to go in same grave 2117-1-01 Dawn

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.

X _____
Signature of recorded holder of deed

X Julius Shaw
Signature

X 2925 Webster Ave
Address

X San Diego CA 92103
City Zip Code

X 231-2124
Telephone

Invoice # _____

Work Order # E 14153

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2-5-98
2:35 pm

Julius Shaw called over the telephone to give his social security # to us for the 30 day note. Did not know his social security # when he came to the office to make the arrangements.

MT. HOPE CEMETERY

W.O. # E-14153

NOTE

$ 203.00 San Diego, California February 5 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of Two Hundred Three DOLLARS with interest from March 10, 1998 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 Julius Shaw SIGNATURE X Julius Shaw

ADDRESS X2925 webster ave sanDiego CA 92103

CALIFORNIA DRIVER LICENSE NUMBER X no license SSN # X did not Know SSN 138-70-0312

PY-1012 (11-89)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-98

ME# 97-1837

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 1228145 THUR. Feb. 12

in a liner (Type of Burial Container) Funeral, date, time ~~Wed Feb. 11 3:00~~ 10:00

Church, Chapel, Graveside delivery only ; Mayer JIM Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 36 Grave 4 Row — Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup PAID IN FULL 3-18-98	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

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 294967

Work Order # E 14154

Acct. # 000952

2-12-98

REA 104 (7-96) *This information is available in alternative formats upon request.*

2-11-98 3:20
per Jim at mayer, not really a full body, is partially bones and still part body in a pouch.
E-14154

E-14154 PA 1228145

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	10/03/1997	M

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

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Av. San Diego, CA 92116	FD 1424	▶ [signature]	02/09/1998

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

97-1837 AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	02/11/1998	▶ [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 85622 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (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 2/12/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMA ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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-14154

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 3-13-98
BY: CA CK IF
PAYMENT REF NO 04-556171
$ AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/12/98	03/14/98	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14154
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#1228145/ME#97-1837	
LOT 36 GR 4 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

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

INV NO. 294967

AC-22 (REV. 10/95)

RETURN WITH PAYMENT

E-14154

294967 02/12/98 000952	COUNTY OF SAN DIEGO				03/13/98 CK	04-556171	386.00	386.00	0.00
John Doe	100	072	77181	000072			165.00		PAID IN FULL
E-14154	100	072	77182	000072			50.00		
	100	072	77183	000072			45.00		
	67007		77184				126.00		

MT. HOPE CEMETERY

INTERMENT ORDER

box of bones a Liner placed center of grave

City of San Diego

Date 2-5-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA# 1228137 ~~thur 12 10:00~~

in a ~~[illegible]~~ Baby Liner Funeral, date, time Wed 2-25 3:00

Type of Burial Container

Church, Chapel, Graveside delivery only ; Mayer Jim Mortuary.

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

will be applied and billed to undersigned. _____

✓ Lot 48 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 PAID	50.00
Handling Fees 4-28-98	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

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

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

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # 2952666

Work Order # ✓ E 14155

Acct. # 000952

2-28-98

This information is available in alternative formats upon request

20 2-11-98
per Jim at Mayer
now he says
his is only a
skull and not
ones
E-14155

E-14155
E-14156
are only bones
Joann to pick
lots
Jim will call
w/ box measure-
ments

2-10-98

per jim at mayer - bones will be in a normal full body casket like regular PA deliveries.

2/25/98 Body arrived in small box.

2-12-98
12:45
Jim - Mayer
body has not yet been released
will call with rescheduled date
E-14155

E-14155

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	unk	10/02/1997	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	Public Administrator-L.Jamme 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Av. San Diego, CA 92116	FD 1424	▶ [signature]	02/20/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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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	02/23/1998 ▶	[signature]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, 3751 Market ST. San Diego, CA 92102	11B. DATE BURIED 2/23/98	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.

SKULL ONLY

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-5-98

ME#97-1813

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John/Jane Doe PA# 1228072 Thur. 12

In a _____ Type of Burial Container Funeral, date, time Wed. Feb. H 3:00

Church, Chapel, Graveside delivery only ; Mayer Jim Mortuary 10:30

All Funeral 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 119 Grave 6 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	120.00
Additional spaces and care fund	
Opening/Closing & Setup PAID IN FULL	165.00
Burial Container	50.00
Handling Fees 3-13-98	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number _____	
Balance due	

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

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

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 294968

Work Order # E 14156 ✓

Acct. # 000952

2-12-98

REA-104 (7-95) *This information is available in alternative formats upon request.*

2/6/98

Mayer to call with measurement of boxes for PA.

Size of an urn

Per Jim E-14156

45

E-14156 PA 1228072

APPLICATION 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/John	-	Doe	unknown	Found 09/30/1997	unk

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	Public Administrator-L.Jamme 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary 2859 Adams Av. San Diego, CA	FD 1424	▶ [signature]	02/09/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

97-1813

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	02/11/1998 ▶	[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 852222 San Diego, CA 92186-52222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market ST. San Diego, CA 92102	11B. DATE BURIED 2/12/98	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-14156

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 3-13-98
BY: CA [CK] IF
PAYMENT REF NO 04-556171 AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/12/98	03/14/98	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14156
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
✓JOHN/JANE DOE PA#1228072 ME#97-1813	
LOT 119 GR 6 SEC 2 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

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

INV NO. 294968

AC-22 (REV. 10/95) RETURN WITH PAYMENT

E- 14156

294968 02/12/98 000952	COUNTY OF SAN DIEGO				03/13/98 CK	04-556171	386.00	386.00	0.00
John/Jane Doe	100	072	77181	000072			165.00		PAID IN FULL
E-14156	100	072	77182	000072			50.00		
	100	072	77183	000072			45.00		
	67007		77184				126.00		

BC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/6/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Albert Bustamante Nunez PA# 1226088

In a liner (Type of Burial Container) Funeral, date, time Fri. 2-13 1:00

Church, Chapel, Graveside Delivery Only : Greenwood Robin Mortuary.

All Funeral 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 40 Grave ~~2~~ 4 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	1260.00
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	
Balance due	0

Paid in Full 04-06-98

Katherine Hoyard 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

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # 295137

Work Order # E 14157

Acct. # 000952 2-19-98

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14157

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
ALBERT	BUSTAMANTE	NUNEZ	08/15/1925	12/10/1997	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	KATHERINE HOWARD - PUBLIC ADMIN. 5201-A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	02/06/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 02/06/1998	▶ [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: MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED: 2-13-98	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

[redacted] TE - CUSTOMER

YELLOW - RETURN WITH PAYMENT

E-14157

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 4-6-98
BY: CA (CK) IF
PAYMENT REF NO 04-576890 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/19/98	03/21/98	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14157
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ALBERT B. NUNEZ PA#1226088	
LOT 40 GR 4 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

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

AC-22 (REV 5-1995) RETURN WITH PAYMENT INV NO. 295137

BC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/6/98

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

in a _____ (Type of Burial Container) Funeral, date, time Feb 7, Sat 12:00pm

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 $ _____

will be applied and billed to undersigned. _____

Lot 35 Grave — Row — Section Muslim Division/Block —

PAID
FEB 06 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO CALIF

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	425.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee Overtime Fee	600.00
Recording and filing fee	45.00
Sales taxes	
Total Due	1070.00
Paid receipt number Visa	1070.00
Balance due	0

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

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

_____
Signature of recorded holder of deed

X K. M Jarad
Signature

X 3906 Hardy Ave
Address

X San Diego CA 92115
City Zip Code

619 338-7339
Telephone

Invoice # _____

Work Order # E 14158

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14158

APPLICATION 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
ABDUL	WAHID	RAJA	02/18/1932	02/05/1998	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	FARAT MASOOD K. RAJA – SON 8757 DENT COURT SAN DIEGO, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Farat Raja	02/06/1998

ACKNOWLEDGMENT OF APPLICANT

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 2-7-98	▶ ROBERT ROSS FOR CDR

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/7/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

OFFICIAL RECEIPT

50333

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-28, 1998

From: P. Raja Address:

One Hundred Twenty Five Dollars ($ 125.00)

In full Payment of Marker Installation Fee
for Abadul Raja

Lot 35 Grave Row Section MUSLIM Division Block

Invoice No.

Acct. No.

W.O. E - 14158

BALANCE DUE -0-

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

AC-212 (Rev. 5-94)

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

ISSUED BY L. Stockton

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

87

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/9/98

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

in a Liner (Type of Burial Container) Funeral, date, time Thur. 2-12 10:00

Church, Chapel, Graveside Chapel + grvside Featherhill 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 T.S

✓ Lot 62 Grave 10 Row — Section 16 Division/~~Block~~ 7

Grave space & Care Fund	Pre Need D-5364	0
Additional spaces and care fund		
Opening/Closing & Setup	175	375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		14.73
30 day note	Total Due	769.73
	Paid receipt number VISA	200.00
	Balance due	569.73

Paid in Full 4/8/98

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 Tony Sorrentino
Signature

X 1421 Myrtle Ave.
Address

X S.D. CA
City

X 92103
Zip Code

Telephone

Signature of recorded holder of deed

Invoice # 294964

Work Order # E 14159

Acct. # 094664

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-14159

NOTE

$ 569.73 San Diego, California February 9 19 98

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 12, 1998 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 TONY SORRENTINO SIGNATURE X [signature]

ADDRESS X 1421 MYRTLE AVE.

CALIFORNIA DRIVER LICENSE NUMBER X S00 36343 SSN # X548-86-6431

PY-1012 (11-89)

E-14159

APPLICATION 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
Elsie	Berniece	Sorrentino	06/18/1910	02/08/1998	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	Tony Sorrentino, son 1001 Myrtle 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
Featherstone Hill Mortuary 6322 El Cajon Blvd San Diego, CA 92115	FD1083	▶ [signature]	02/09/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/09/1998	9802508 Edward Pascall ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/12/98	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 1st

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-9-98

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

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 232 Grave 9 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container PAID IN FULL 08/02/99	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	895.00
Paid receipt number R-49620	300.00
Balance due	595 00 595.00

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

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

_____
Signature of recorded holder of deed

X Grady C Slingleton
Signature
X 7510 Blackgold Road
Address
X San Diego, Ca 92114
City Zip Code
X 619 264 7403
Telephone

Invoice # _____

Work Order # E 14160

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** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot

Grady L. Shingleton

7510 Black Oak Road

San Diego, CA 92114

Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot

Grady L. Shingleton

7510 Black Oak Road

San Diego, CA 92114

Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above. $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

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

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ ~~25.00~~ 20.00

Amount due if paid more than ____ days after due 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-14160 Pre-need Lot
Grady L. Shingleton
7510 Black Oak Road
San Diego, CA 92114
Lot 232, Gr 9, Sec 2, Div 12

Month and Day Due Indicated Below

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

Amount due when paid on, or before, due date above ▶ $ 25.00

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

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

OFFICIAL RECEIPT

49620

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2-9- , 1998

From: Grady Shingleton Address: 7510 Blackoak Rd. San Diego 92114

Three Hundred Dollars ($ 300.00)

In part Payment of Pre-Need Lot

Lot 232 Grave 9 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E - 14160

BALANCE DUE 595.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2958

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

ISSUED BY S. Shuchellin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	300	00
Opening/ 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

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49673

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2/23, 1998

From: Grady Lee Shingleton Address: 7510 Blackcock Rd San Diego Ca 92114

One Hundred 00/00 Dollars ($ 100.00)

In Paid Payment of Pre Need Lot

Lot 232-~~4-2-12~~ Grave 9 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14160

BALANCE DUE 495

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 Kanya Baker

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

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49749

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/13, 19 98

From: Grady Lee Shingleton Address: 7510 Blackoak Rd S.D. CA 92114

One hundred 00/cc Dollars ($ 100.00)

In Part Payment of Pre Need Lot

Lot 232 Grave 9 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-14160

BALANCE DUE 995.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
298

AC-212 (Rev. 5-94)

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

ISSUED BY Karyn Bak

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	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	50101 76390		
TOTAL PAID	$	100	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49895

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

MOUNT HOPE CEMETERY
527-3400

Date: 5/1, 1998

From: Grady Lee Singleton Address: 7510 Blackoak Rd San Diego CA 92114

Pre Need Lot One hundred dollars 00/00 Dollars ($ 100.00)

In Part Payment of Pre Need Lot

Lot 232 Grave 9 Row Section 2 Division/Block D

Invoice No.

Acct. No.

W.O. E-14160

BALANCE DUE $945.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 3010

AC-212 (Rev. 5-94)

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

ISSUED BY

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

OFFICIAL RECEIPT

50125

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-2, 1998

From: Grady Shingleton Address: 7510 Black Oak Rd San Diego 92114

One Hundred Dollars ($ 100.00)

In part Payment of Pre-need Lot

Lot: 232 Grave 9 Row Section 2 Division/Block 12

Invoice No.

Acct. No.

W.O. E-14160

BALANCE DUE 195.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

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

ISSUED BY S. Hamilton

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

SHINGLETON, GRADY L. 7510 Black Oak Road, San Diego, 92114 dec 12327 E-14160
8/2/99

		DEBIT	CREDIT	BALANCE
02-09-98	Opened Pre-need Lot	895.00		895.00
	Lot 232, Gr 9, Sec 2, Div 12			
02-[redacted]98	Receipt #49620		300.00	595.00
2/[redacted]98	" 49673 Coupon 1-4		100.00	495.00
3-[redacted]98	" 49749 " 5-8		100.00	395.00
5/1 98	" 49895 " 9-12		100.00	295.00
7-2 98	50125 13-16		100.00	195.00
9-24	" 50413 17-20		100.00	95.00
7-30 99	51392		95.00	0

SHINGLETON, GRADY L. Pre-need Lot

MT. HOPE CEMETERY

38

INTERMENT ORDER

City of San Diego

Date 2/9/98

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

in a Liner (Type of Burial Container) Funeral, date, time Tues, Feb 10 10:00 am

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

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

✓

Lot 277 Grave 8 Row _____ Section 2 Division/~~Block~~ 10

Grave space & Care Fund	159	795.00
Additional spaces and care fund	245	
Opening/Closing & Setup	2-27-98	375.00
Burial Container	1W	190.00
Handling Fees	PAID	145.00
Flower vases – Marker setting fee	F.V.L.V	
Recording and filing fee		45.00
Sales taxes		14.73
Total Due		1564.73
Paid receipt number 49621		391.00
Balance due		1173.73

30 day note

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

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

_____
Signature of recorded holder of deed

X Lillie Rivers
Signature
7943 San Felipe St
Address
X San Diego . CA 92114
City Zip Code
X 698-4606
Telephone

Invoice # 2949605

Work Order # E 14161

Acct. # 0946065

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14161

									BALANCE
294965	02/12/98	094665	LILLIE RIVERS		02/27/98 CK	078700356	1,173.73	1,173.73	0.00
	E-14161		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-14161

MT. HOPE CEMETERY W.O. # 14161

NOTE

$ 1173.73 San Diego, California February 9, 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of One Thousand one hundred seventy three 73/100 DOLLARS with interest from March 9, 1998 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 Lillie Rivers SIGNATURE X Lillie Rivers

ADDRESS X 7943 San Felipe St S.D. Ca 92114

CALIFORNIA DRIVER LICENSE NUMBER X N8189821 SSN # X 439-58-9769

PY-1012 (11-89)

E-14161

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	SEX
RONNIE	-	RIVERS	08/04/1959	[redacted]	[redacted]

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	LILLIE JOHNSON-MOTHER 7943 SAN FELIPE STREET SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Tim Walker	02/09/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/09/1998 K. WALKER	▶ 9802491

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 2/10/98	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 DISPO—IF APPLI

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

OFFICIAL RECEIPT

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

CITY OF SAN DIEGO, CALIFORNIA E-14161

MOUNT HOPE CEMETERY
527-3400

49621

Date: 2/9, 1998

From: Lillie Rivers Address: 7943 San Felipe St San Diego CA 92114

Three hundred ninety one Dollars ($ 391.00)

In Full Payment of Interment of Ronnie Rivers

Lot 977 Grave 8 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14161

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 Burke

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	CC

[redacted] [redacted] .92

1st Burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-9-98

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

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time Wed. 2-11 11:00

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 David E. Lewis

✓

Lot 517 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund Pre-Need D-3517	~~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	1149.45
Paid receipt number M/C	1149.45
Balance due	0

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

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

Signature of recorded holder of deed

X David E. Lewis
Signature

X 4830 GARFIELD ST
Address

X LA MESA CA 91941
City Zip Code

X 619-466-8869
Telephone

Invoice # ____

Work Order # E 14162

Acct. # ____

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14162

APPLICATION 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
HOWELL	GRAVES	LEWIS	08/12/1905	02/05/1998	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	RONALD LEWIS - SON 644 OLINDA STREET ESCONDIDO, CA 92027

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	02/10/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 02/10/1998	9802574 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/11/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

OFFICIAL RECEIPT

49839

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-8, 19 98

From: David E. Lewis Address: 4830 Garfield La Mesa 91941

One hundred twenty five + no/100 Dollars ($ 125.00)

In Full Payment of Marker installation fee for Lucille & Howell Lewis

Lot 517 Grave ! Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-14162

BALANCE DUE 0

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

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 75390		
TOTAL PAID	$	125	00

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

ISSUED BY Catina Avallone

AC-212 (Rev. 5-94) 4919

D.I.P.
Double Depth Burial using two #6 liners first burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/11/98

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

in a #6 liner Funeral, date, time Tues. Feb. 17 11:00
Type of Burial Container

Church / Chapel / Graveside / Graveside Rosedale Mortuary.

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

✓ Lot 63 Grave 3 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund 179 2666	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container 3-17-98	220.00
Handling Fees PAID IN FULL	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	17.05
Total Due	1697.05
Paid receipt number R-496641	450.00
Balance due Invoice	1247.05

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 Pretretia y Dunlap
Signature

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

X 5860 Dulwich
Address

X San Diego, Ca 92114
City Zip Code

Signature of recorded holder of deed

X 266-1991
Telephone

oversize casket measurements L-7'4" W-27 1/2" H-22"

Invoice # 295177

Work Order # E 14163

Acct. # 094716

2-19-98

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OK per Joann. for burial to be a double depth lot using two number 6 liners instead of a double depth crypt. Due to the casket being overpized for the first burial and can not fit in a double crypt.

measurements given to us by Mr. Ragsdale 2-10-98.

L - 7'4" = 88 in.
W - 27 1/2"
H - 22"

Mrs. Dunlap will open a preneed for the second burial. charges of (1) #6 liner, (1) handling fee, (1) opening/closing fee, (1) recording fee, and tax.

Dunlap Service

U3-3-2-12

Ragdale

Measurements

E-14163

L - 4' 4" = 52"

W - 27 ½"

H - 30"

casket will fit
#6 liner

W 32
L 90
H 30

E-14163

THE CITY OF SAN DIEGO

JOANN WATTS

Cemetery Manager

Mount Hope Cemetery • Real Estate Assets

3751 Market Street, MS 72 • San Diego, California 92102-4527

(619) 527-3400 • (619) 527-3403 (FAX)

MT. HOPE CEMETERY

W.O. # E-14163

NOTE

$ 1247.05 San Diego, California February 11 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of one thousand two hundred forty-seven 05/100 DOLLARS with interest from March 17, 1998 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 Pretretia Y. Dunlap SIGNATURE X Pretretia Y Dunlap

ADDRESS X 5860 Duluth Ave. San Diego, Ca 92114

CALIFORNIA DRIVER LICENSE NUMBER X S0544948 SSN # X 552-78-6561

PY-1012 (11-89)

E-14163

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

03

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Drafton	-	Dunlap	03/04/1934	02/09/1998	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	Pretretia Dunlap, Wife 5860 Duluth Ave. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	Debbie Williams	02/12/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/12/1998	9802753

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 2-17-98	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.

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-14163

PRETRETIA Y. DUNLAP
5860 DULUTH AVENUE
SAN DIEGO CA 92114

ACCT NO
094716

TREASURERS USE ONLY

PAYMENT DATE 3-17-98
BY: (CA) CK IF
PAYMENT REF NO _____ AMT PAID: $1247.05

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/20/98	03/22/98	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14163
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
DRAFTON DUNLAP SVC	
LOT 63 GR 3 SEC 2 DIV 12	895.00
OPENING/CLOSING	375.00
LINER #6	220.00
HANDLING FEE	145.00
TAX ON LINER #6	17.05
RECORDING FEE	45.00
LESS PAYMENT R-49641	450.00-
TOTAL DUE	1,247.05

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-2 (REV 1-88) RETURN WITH PAYMENT INV NO. 295177

OFFICIAL RECEIPT

49641

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-11 19 98

From: Protretia Dunlap Address: 5860 Duluth Ave. SD 92114

four hundred fifty and no/100 Dollars ($ 450.00)

In part Payment of interment of Drafton Dunlap

Lot 63 Grave 3 Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-14163

BALANCE DUE 1247.05

Pre-Need Lot ☐ At Need ☒ On 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 Avallone

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

E-14163

295177 02/20/98 094716	PRETRETIA Y DUNLAP			03/17/98 CA		1,247.05	1,247.05	0.00
	100	072	77181	000072		375.00		PAID IN FULL
Drafton Dunlap	100	072	77182	000072		220.00		
E-14163	100	072	77183	000072		45.00		
	100	072	77184	000072		266.00		
	100	072	77185	000072		145.00		
	60101		78390			17.05		
	67007		77184			179.00		

BC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-9-98

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

in a T.S. vault Funeral, date, time Sun. Feb 15 2:00

Type of Burial Container

Church, Chapel, Graveside chapel + graveside @ Sunset Jeanette Mortuary.

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

✓ Lot 558 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	995.00
Additional spaces and care fund	—
Opening/Closing & Setup — David in Faith 3/2/98	375.00
Burial Container — 120	250.00
Handling Fees	185.00
~~Flower vases~~ ~~Marker setting fee~~ — Sunday overtime fee	600.00
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	2469.38
Paid receipt number R-49632	1500.00
Balance due	969.38

John Taylor 265-7803 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 John N Taylor
Signature

X 6244 Streamview Dr.
Address

X San Diego 92115
City Zip Code

X 265-7803
Telephone

Invoice # 295139

Work Order # E 14164 ✓

Acct. # 094713 2-19-98

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

[redacted] burial of [redacted]
Johnny Traylor.

John Taylor - father, would like to be as close to his other son buried here
Nolan Monico Taylor (301-2-9)

MT. HOPE CEMETERY

W.O. # E-14164

NOTE

$ 969.38 San Diego, California February 9 19 98

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 nine + 38/100 DOLLARS with interest from March 16, 1998 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 N. TAYLOR SIGNATURE X John N Taylor

ADDRESS X 6244 Streamview Dr. San Diego 92115

CALIFORNIA DRIVER LICENSE NUMBER X N6128475 SSN # X 463-68-2822

PY-1012 (11-89)

E-14164

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

18

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JOHNNY	IAN	TAYLOR	08/31/1979	[illegible] 02/06/1998	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 TAYLOR - FATHER 6244 STEAMVIEW 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	Kim Walker	02/11/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/11/1998 K. WALKER	9802656

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102-5222	11B. DATE BURIED 2-15-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Nguyen	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

49632

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-9- 19 98

From: John N. Taylor Address: 6244 Streamview Drive SD 92115

One Thousand five hundred & 00/100 — Dollars ($ 1500.00)

In Part Payment of Interment of Johnny Ian Taylor

Lot 558 Grave ____ Row ____ Section ____ Division/Block 10

Invoice No. ____

Acct. No. ____

W.O. E-141647

BALANCE DUE 969.38

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2460

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Avallone

CREDIT 20% Sales Cars	67007 77184	199	00
80% Sales of Lots	100 77184	796	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	130	00
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1500	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49956

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

MOUNT HOPE CEMETERY

527-3400

Date: 5-13 19 98

From: John Taylor Address: 6244 Streamview Dr SD 92115

In Full Payment of Marker setting fee and Trion vase

for Johnny Ian Taylor

Dollars ($ 171.93)

Lot 558 Grave Row Section Division 10 ~~Block~~

Invoice No.

Acct. No.

W.O. E-141164

BALANCE DUE 0

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

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77162	25.	00
Handling Fee	100 77165	20.	00
Recording & Misc. Fees	100 77183	125.	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	1.	93
TOTAL PAID	$	171.	93

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2512

ISSUED BY Catina Avallone

AC-212 (Rev. 5-94)

E-14164

DEPARTMENT 072 PROPERTY DEPT-MT HOPE CEMETERY

INV NO	INV DATE	ACCT NO	CUSTOMER NAME / FUND	DEPT	ORG	ACCT	J/O	PAYM DATE / OPER	PD BY / BN/EQ	PAYM REF NO / FACILI	AMOUNT PAID / AMOUNT APPLIED	AMOUNT BILLED	UNPAID BALANCE
295139	02/19/98	094713	JOHN N TAYLOR					03/03/98	CK	2474	969.38	969.38	0.00
			100	072		77182	000072				120.00		PAID IN FULL
			100	072		77183	000072				645.00		
			100	072		77185	000072				185.00		
			60101			78390					19.38		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 969.38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/9/98

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

in a Ash Vault (Type of Burial Container) Funeral, date, time AYD WED 3-18

Church, Chapel, Graveside _____ ; Family 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 71 Grave 3 Row _____ Section 7 Division/~~Block~~ 1

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-49758	269.26
Balance due	0

PAID
MAR 16 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO CALIF

Greg Marr
760-728-1689 pr
760-728-6753 Fax

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

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

_____
Signature of recorded holder of deed

X [signature]
Signature

X PO BOX 301506
Address

X ESCONDIDO CA 92030
City Zip Code

X (760) 432-0817
Telephone

Invoice # _____

Work Order # E 14165

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Josephine Cox is mother of Helen Mazie

E-14165 20763

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
Helen	L.	Meza	06/17/1920	02/07/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Murrieta	Riverside	Linda M. Meza-Daughter 1447 E. Boyle Ave. Escondido, Ca. 92027

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Berry-Bell & Hall Fallbrook Mortuary, Inc. 333 N. Vine Street, Fallbrook, Ca. 92028	FD-828	▶ [signature]	02/11/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	2/11/98	▶ [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 7600 Riverside, Ca. 92513-7600	P.O. Box 85222, San Diego, Ca. 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery: 3751 Market Street, San Diego, Ca. 92102	11B. DATE BURIED 3/18/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Eternal Hills Crematory: 1999 El Camino Real, Oceanside, Ca. 92054	12B. DATE CREMATED 2-12-98	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 THE DATE.

OFFICIAL RECEIPT

49758

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-16, 1990

From: Linda Meza Address: P.O. Box 301506 Escondido 92030

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

In full Payment of Interment of Helen Meza

Lot 71 Grave 3 Row ____ Section 7 Division 1 ~~Block~~

Invoice No. ____

Acct. No. ____

W.O. E-14165

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2846

AC-212 (Rev. 5-94)

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

ISSUED BY S. Hutchison

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	4	26
TOTAL PAID	$	269	26

BC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/11/98

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

in a Liner (Type of Burial Container) Funeral, date, time Fri, Feb 13th 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 will be applied and billed to undersigned. X Lavale Benson

✓ Lot 176 Grave 3 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	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-49647	1664.23
Balance due	0

PAID
FEB 12 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

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

X Lavale Benson
Signature

X 420 Hoett #5
Address

X San Diego Ca
City Zip Code

X 239-5544
Telephone

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

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 14166

Acct. # _____

2-19-98

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14166
50

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Kattie	B	Benson	02/11/1947	02/09/1998	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	Lucale Benson, Husband 5649 Rio Verde Way North Highland, CA 95660

7A. TYPED NAME AND ADDRESS OF 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]	02/11/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/12/1998	9802749 ▶ [signature]

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

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

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

FOR CORONER'S USE ONLY

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

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-13-98	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

49647

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2/12, 1998

From: Lavale Benson Address: 420 Hart St San Diego #5 (419

One thousand six hundred sixty four 73/00 Dollars ($ 1664.73)

In Fuel Payment of Interment of Katie Benson

Lot 176 Grave B Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14166

BALANCE DUE Ø

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

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

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	179	00
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	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	$	1664	73

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/12/98

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

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time Wed 18th Feb 9:00

Church, Chapel, Graveside Chapel Graveside ; Berge Robert John 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 Bettie Lucero

✓ Lot 243 Grave 1 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	199 w/tree	995.00
Additional spaces and care fund	259	
Opening/Closing & Setup	3-16-98	375.00
Burial Container	pd 266.00 cash	380.00
Handling Fees	pd 1341.45 check	380.00
Flower vases – Marker setting fee	1607.45	
Recording and filing fee	paid in full	45.00
Sales taxes		29.45
30 day note	Total Due	2144.45
	Paid receipt number 49643	537.00
	Balance due	1607.45

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 Bettie Lucero
Signature

X 1437 EPDEV Av APT 6
Address

X San Diego 92154
City Zip Code

✓ 423-7696
Telephone

Invoice # 295140

Work Order # E 14167

Acct. # 094714

2-19-98

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Evangelina Lucero

MT. HOPE CEMETERY W.O. # E-14167

NOTE

$ 1607.45 San Diego, California February 12 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of One thousand six hundred seven 45/00 DOLLARS with interest from March 12, 1998 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 Betty Lucero SIGNATURE X Betty Lucero

ADDRESS X 1437 Elder Av. Apt 6 92152 San Diego CA 92152

CALIFORNIA DRIVER LICENSE NUMBER X A3502860 SSN # X 561-15-0045

PY-1012 (11-89)

E-14167

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

05

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ESTEBAN	-	LUCERO	05/14/1932	02/11/1998	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	EVANGELINA LUCERO - WIFE 1174 27TH STREET, APT. #214 SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE-ROBERTS MORTUARY 607 NAT'L. CITY BLVD., NATIONAL CITY, CA 91950	FD-284	▶ Marla Souder	02/13/1998

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

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/13/1998	MARLA SOUDER ▶ 9802782

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 2-18-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Pequeen
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

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

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

14167

295140 02/19/98 094714	BETTY LUCERO			03/16/98 CK	804	1,607.45	1,607.45	0.00
	100	072	77181	000072		375.00		PAID IN FULL
E-14167	100	072	77182	000072		380.00		
	100	072	77183	000072		45.00		
Esteban Lucero	100	072	77184	000072		259.00		
	100	072	77185	000072		320.00		
	60101		78390			29.45		
	67007		77184			199.00		

OFFICIAL RECEIPT

49643

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2/18, 1998

From: Martha A Lucero Address: 1177 25th St San Diego Ca 92154-3232

Five hundred thirty seven 00/00 Dollars ($ 537.00)

In Part Payment of Interment of Esteban Lucero

Lot 243 Grave 1 Row Section 2 Division ~~Block~~ 2

Invoice No.

Acct. No.

W.O. E 14167

BALANCE DUE 1607.45

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 Karyn Bak

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	537	00
Opening/ 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	$	537	00

AC-212 (Rev. 5-94)

2nd Burial
Raymond Jacquet
is 1st burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-12-98

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

in a Double Depth (Type of Burial Container) Funeral, date, time ~~Fri 2-20~~ Fri 2-20 ~~2:00~~ 2:00

Church, Chapel, Graveside Church/Graveside; Ragsdale Debbie Mortuary.

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

will be applied and billed to undersigned. [signature]

Lot 52 Grave 10 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	Pre-Need E-8095	0
Additional spaces and care fund		—
Opening/Closing & Setup		375.00
Burial Container 1992	Pre-Need E-10123	0
Handling Fees	Pre-Need E-10123	0
Flower vases – Marker setting fee	Late fee	150.00
Recording and filing fee		45.00
Sales taxes	" "	0
	Total Due 570.00	~~420.00~~
	Paid receipt number R-49676	420.00
	Balance due	150.00

late service, arrived 3:59 pm

I hereby certify I am the [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]
Signature

X 3163 Webster Ave
Address

X San Diego Ca.
City Zip Code

X 2399934
Telephone

Invoice # 295265

Work Order # E 14168

Acct. # 094755

2-25-98

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

over →

2-20-98

Service came into front gates for a late service at 3:59 pm. invoice for late fee $150.00

Catina Avallone.

Karyn Burke

E-14168

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
Olivan	Richardson	Jacquett	08/28/1916	02/11/1998	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	Tommy B. Macquett, Son 3163 Webster Ave. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	02/16/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/19/1998 ▶ [signature]	9803068

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 2/20/98	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

49676

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-23 , 19 98

From: Anderson-Ragsdale Address: 5050 Federal Blvd. SD 92102

four hundred, twenty + no/100 Dollars ($ 420.00)

In part Payment of interment of Edward Maquett

Lot 52 Grave 10 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14168

BALANCE DUE 150.00

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

5285

AC-212 (Rev. 5-94)

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

ISSUED BY Catina Avallone

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	420	00

BC

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-12-98

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

in a liner (Type of Burial Container) Funeral, date, time Fri 2-13 2:00

Church, Chapel, Graveside Church/Graveside: Rydale Mortuary: Steffe

All Funeral cars must 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 279 Grave 8 Row _____ Section 32 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 49648	1564.73
Balance due	0

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

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

X _____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 14169

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

SAN DIEGO

E-14169

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Property Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open dai

TELEFAX COVER LETTER



Message:

PLEASE SIGN ON 150.00 line
and AT OTHER X's.

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-12-98

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

In a liner (Type of Burial Container) Funeral, date, time Fri 2-13 2:00

Church, Chapel, Graveside Church/Graveside; Rydale Mortuary Skyline

All Funeral cars must 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 279 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	
Balance due	

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

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

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 14169

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 2-12-98

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

in a liner (Type of Burial Container) Funeral, date, time Fri 2-13 2:00

Church, Chapel, Graveside Church/Graveside Riverdale Mortuary

All Funeral cars must 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 279 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: 49648	1564.73
Balance due	0

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

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

Signature of recorded owner of deed

X Mary E. Scott
Signature
X 3060 53rd St. # 6
Address
X San Diego, CA 92105
City Zip Code
X (619) 583-5404
Telephone

Invoice # ____

Work Order # E 14169

Acct # ____

AEA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14169

94

APPLICATION 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
Callie	Finley	Wardord (Warford)	02/13/1903	02/05/1998	F

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	Mary E. Smith-Niece 3060 53rd St. Apt. 6 San Diego Ca. 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 3050 Federal Blvd San Diego, CA 92102	F-1329	▶ Debbie Williams	02/12/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

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

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/13/1998 ▶ [signature]	9802797

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—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 2-13-98	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 ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

49648

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

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2/13, 19 98

From: Mary E Smith Address: 3060 53rd St San Diego Ca 92105

One thousand five hundred Sixty four 73/100 Dollars ($ 1564.73)

In Full Payment of Interment of Pollie Warford

*Lot 274 Grave 8 Row ___ Section 3 Division Block 12

Invoice No. ___

Acct. No. ___

W.O. E-14169

BALANCE DUE 0

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

AC-212 (Rev. 5-94)

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

ISSUED BY Tanya Bak

CREDIT 20% Sales Care	67007 77184	156	00
80% Sales of Lots	100 77184	624	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	63039 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1564	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-13-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Howard Carter PA# 1228811

in a Liner (Type of Burial Container) Funeral, date, time Fri March 13th 10:00am

Church, Chapel, Graveside delivery only; Featheringill Mortuary.

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

will be applied and billed to undersigned. _____

Lot 50 Grave ~~10~~ 12 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container PAID 4-28-98	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number _____	
Balance due	

P.A. 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 # 296301

Work Order # E 14170 ✓

Acct. # 000952

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

3-19-98

Grave 10 changed to
Grave 12 per Norman 3/12/94

E-14170

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

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

58

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Howard	-	Carter, Jr.	05/15/1939	01/30/1998	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	Katherine Howard, PA 5201-A Ruffin Rd. San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd San Diego, CA 92115	FD1083	Cindy McDowd	02/19/98

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	03/10/1998	9804134 Edward Fecnell ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/13/98	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 2/13/98

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

in a Liner (Type of Burial Container) Funeral, date, time Tues, Feb 17th 1:00pm

Church, Chapel, Graveside Church/Graveside ; Ragsdale Mortuary.

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

will be applied and billed to undersigned. X

✓ Lot 270 Grave 10 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total due	1564.73
Paid receipt number 49655	1564 73
Balance due	0

PAID
FEB 17 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Ragsdale to bring check

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.

X see attached
Signature

X
Address

X
City Zip Code

X
Telephone

Signature of recorded holder of deed

Invoice #

Work Order # E 14171

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

E-14171

Ragsdale to bring check. Interment order faxed original for Ragsdale to have family sign.

2/12/98
Ragsdale asked cemetery staff
to pick lot in 795[00] area

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/13/98

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

of Lillian DAVIS

In a Liner (Type of Burial Container) Funeral, date, time Tues Feb 17th 1:00pm

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. X Gertrude N. Rosedale

Lot 270 Grave 10 Row _____ Section 2 Division/Block 12

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

Rosedale to bring check

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

X Gertrude N. Rosedale
Signature

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

_____
Signature of recorded holder of deed

X 5050 Federal Blvd.
Address

X San Diego 92102
City Zip Code

X (619) 263-3141
Telephone

Invoice # _____

Work Order # E 14171

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

FEB-13-'98 FRI 12:06 ID:MT HOPE CEMETERY TEL NO: #381 P01

E-14171

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 88

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

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Lillian	B	Davis	11/06/1909	02/08/1998	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	Mattie Scott, Sister 369 Trotter Dr. Vallejo, CA 94591

7A. TYPED NAME AND ADDRESS OF 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]	02/13/1998

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

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/13/1998	9802796 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2-17-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Pequeen
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

49655

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-17, 19 98

From: anderson-Ragsdale Address: 5050 Federal Blvd. SD 92102

one thousand five hundred sixty four & 73/100 Dollars ($ 1564.73)

In full Payment of interment of Lillian Davis

Lot 270 Grave 10 Row _____ Section 2 Division 12 Block

Invoice No. _____

Acct. No. _____

W.O. E-14771

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5200

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Catina Avallone
ISSUED BY

CREDIT 20% Sales Cars	87007 77184	159	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	196	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-13-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leona Irene Mazurkiewitz

in a liner (Type of Burial Container) Funeral, date, time mon 2-23 1:00

Church, Chapel, Graveside graveside ; Mayer John Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X

Lot 147 Grave ~~4~~ 3 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund tree	995.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container PAID IN FULL	190.00
Handling Fees 2-19-98	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
~~30day note~~ Total Due	1764.73
Paid receipt number 49667	1764.73
Balance due	0

I hereby certify I am the X Trustee of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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] Trustee
Signature

X 274 Sharp Place
Address

X Encinitas, CA 92024
City Zip Code

X 760-753-5997
Telephone 619-526-9071 pager

Invoice # ____

Work Order # E 14172

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2-19-98

per Norman, had to change the grave number to 3 instead of 4 due to the tree being in grave, unable to lay frame on grave to cut it out.

Norman left message to Notify Julie Lubitz.

2-18-98 3:06

Julie Lubitz called to tentively schedule burial for Mon. 2-23 at 1:00 pm. will be in today 2-19 mailed check in full amount.

Julie Lubitz will be back on 2-17-98 to pay and let us know date & time of service

Burial will be Monday or Tuesday after John ("family trying to come up with money") MON. 1-23 1:00

MT. HOPE CEMETERY

W.O. # E-14172

NOTE

$ 1704 73 San Diego, California February 13 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of one thousand seven hundred sixty four DOLLARS + 73/100 with interest from March 20, 1998 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 Julie Lubitz Trustee SIGNATURE X Julie Lubitz Trustee

ADDRESS X 274 Sharp Place Encinitas, CA 92024

CALIFORNIA DRIVER LICENSE NUMBER X N3546626 SSN # X 476-62-2980

PY-1012 (11-89)

E-14172
70

APPLICATION 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
Leona	I.	Mazurkiewicz	02/06/1928	02/11/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Encinitas	San Diego	Julie A. Lubitz-Trustee 274 Sharp Pl., Encinitas, CA 92024

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person [illegible] permit	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	FD1424	▶ [signature]	02/13/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/19/1998 James Hale	9803045 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/23/98	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

49667

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2/19, 1998

From: Leona Mazurkiewicz Address: 1808 Stanton Rd Encinitas CA 92024-4224

One thousand seven sixty four 73/00 Dollars ($ 1764.73)

In Full Payment of Interment of Leona Mazurkiewitz

Lot 147 Grave 3 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14172

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1113

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kampe Bjak

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	995	00
Opening/ Closing	100 77181	315	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	$	1764	73

Preneed Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-13-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Sadie M. King

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 36 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... Preneed D-6116	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-49649	769.73
Balance due	0

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 14173 ✓

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Sadie M. King (Address)
111 Los Alamos Drive
San Diego, CA 92114

Lot owner is -
Myra H. Baker

authorize on file for burial
of Sadie M. King in 36-5-2-12.

2-13-98
Mr. Ragdale brought check
for payment of preneed trust
for Sadie King.

took copy of interment order
for her to sign.

will fax it to us when he gets
her signature on it.

OFFICIAL RECEIPT

49649

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-13 19 98

From: Sadie M. King Address: 111 Los Aramos Drive SD 92114

Seven Hundred Sixty Nine & 73/100 Dollars ($ 769.73)

In full Payment of Pre Need Trust for Sadie M. King

Lot 36 Grave 5 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14173

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1101

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	769	73
Sales Tax	60101 78300		
TOTAL PAID	$	769	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-17-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Johnson Jimmerson

in a liner (Type of Burial Container) Funeral, date, time Sat 2-21 ~~2-23~~ 10:30

Church, Chapel, Graveside Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X B.J.

Lot 140 Grave 11 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
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-49653	412.00
Balance due	1252.73
R-49666	1252.73

PAID in full FEB 19 1998 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF

VOID changed B to Interment order E-14182 to add Paid days over time fees & 30 day fee

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 746 O'Meara St Address

X San Diego Calif 92114 City Zip Code

X 263-0540 Telephone

see E-14182

Invoice # ____

Work Order # E 14174

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Family came in the office about 8:45 1900
Tuesday they wanted a Sall Service.
Sue helped them and told them
we could not do a Saturday service
because we did not have the staff
to work that day.
The family was upset but decided
on a Monday service instead
Thursday council district 4 called.
They spoke with Norman regarding
possible Saturday service. Norman
explained situation. They appeared
to be satisfied with his answer.
Bob Collins called about 1/2 later
asked Norman what we could do to
accomodate family. Norman told him
Jacqueline working on Friday he could
check with him. Bob said for Norman
to contact Jacque Norman & I tried
to call Jacque. I left message with
supervisor. Norman left message with
Receptionist. Jacque never called back.
Bob asked Norman to contact Wally
Wally said he would if his boss agreed
we waited for a phone call back from
Wally supervisor. No answer Bob went
to Barbara McLatchy she said it was
okay. Called Wally at Work 2/20/98 to
let him know what time to work Saturday -

MT. HOPE CEMETERY

W.O. # E-14174

NOTE

$ 1252.73 San Diego, California February 17 19 98

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 73/100 DOLLARS with interest from March 24, 1998 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 BEN JOHNSON SIGNATURE X Ben Johnson

ADDRESS X 746 OMEARA ST

CALIFORNIA DRIVER LICENSE NUMBER X D0385935 SSN # X429-56-5116

PY-1012 (11-89)

OFFICIAL RECEIPT

49653

CITY OF SAN DIEGO, CALIFORNIA

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 2-17, 1998

From: Ben Johnson Address: 746 Omeara St San Diego 92114

Four Hundred Twelve Dollars ($ 412.00)

PART In part Payment of Interment of Mary Johnson Jemmerson

Lot 140 Grave 11 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14174

BALANCE DUE 1252.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	412	00
Opening/ 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	$	412	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49666

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date 2/19, 1998

From: Anderson-Ragsdale Address: 5050 Federal Blvd San Diego, Ca 92102

One thousand two hundred fifty two 73/cc Dollars ($ 1252.73)

In Full Payment of Interment of Mary Johnson Jamieson

Lot 140 Grave 91 Row ____ Section 2 Division/Block B

Invoice No. ____

Acct. No. ____

W.O. E-14174

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 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	483	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	0
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022	1	
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1252	73

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/17/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Elinor Rush (X)

in a Ash Vault (Type of Burial Container), Funeral, date, time Fri. Feb 20th 11:00 mtne

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 1 Grave 3 Row ____ Section IOOF ~~Division/Block~~ Block 8

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 49652	269.26
Balance due	0

PAID
FEB 17 1998
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

Deborah Ann Wrynall
Signature

X 5156 AVENIDA PLAYA CANTUN
Address

X SAN DIEGO, CA
City Zip Code

X 92124
Telephone

Invoice # ____

Work Order # E 14175

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14175

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

Ellmore 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
Elinor	Esther	Rush	01/11/1924	02/14/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
TIJUANA	MEXICO	Deborah Wignall: Daughter 5156 Avenida Playa Cancun San Diego, CA 92124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Deborah Wignall	02/18/1998

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 02/18/1998	9802983 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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	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
- [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 2/20/98	11C. SIGNATURE OF PERSON IN CHARGE OF BU ▶ Kaye Bak
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Greenwood Crematory: I-805 & Imperial Avenue, San Diego, CA 92102	12B. DATE CREMATED 02/19/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ John C Stoddard
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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

49652

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2/17, 1998

From: Elinor R. Rush Address: 10071 Casa De Oro Blvd Spring Valley CA 91977

Two hundred sixty nine 26/00 Dollars ($ 26926)

In Full Payment of Interment of Elinor Rush

Lot 1 Grave 3 Row Section IOOF ~~Division~~ Block 8

Invoice No.

Acct. No.

W.O. E-14175

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 [signature]

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)

grave of Jestine Joh

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-18-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise Saunders (X)

in a Ash Vault (Type of Burial Container) Funeral, date, time AYD 3/17/98

Church, Chapel, Graveside _____ ; Ragsdale Skipper Mortuary. Debbie

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X

Lot 23 Grave 1 Row _____ Section 1 Division/Block 7

Grave space & Care Fund Pre-need B-1789	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 49745	26926
Balance due	0

PAID
MAR 12 1998
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

X _____ Address

X _____ City Zip Code

X _____ Telephone

See attached

Invoice # _____

Work Order # E 14176

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14176

Burial Container	55.00

grave of
Jestine Johnson

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-18-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Louise Saunders

in a Ash Vault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside : Ragsdale Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X [signature]

Lot 23 Grave 1 Row ____ Section 1 Division/~~Block~~ 7

Grave space & Care Fund Pre-need B-1789	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	
Balance due	

I hereby certify I am the X Nephew-FRIEND of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X [signature] Signature

X 3361 S. Ulinta Ct Address

X Denver Co 80231 City Zip Code

X 303 752-2583 Telephone

Invoice # ____

Work Order # E 14176

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14176

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
Louise	Zippora	Saunders	02/05/1910	02/16/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Charles Martin, Nephew 3361 S.Uinta Ct. Denver, CO 80231

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Andersob-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	02/18/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/19/1998	9803060 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3/11/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 571 J Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 2.21.98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

49745

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3/12, 19 98

From: Anderson Rosdale Address: 5050 Federal Blvd San Diego Ca 92102

Two hundred sixty nine 26/00 Dollars ($ 269.26)

In Full Payment of Interment of Louis Saunders

Lot 23 Grave 1 Row Section 1 Division Block 7

Invoice No.

Acct. No.

W.O. E-14176

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 Kaye Baker

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-18-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of William Jones

in a liner (Type of Burial Container) Funeral, date, time Mon 2-23 1:00

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

J Lot 112 Grave 1 Row ____ Section 3 Division/Block 12

Grave space & Care Fund	159	795.00
Additional spaces and care fund	245	—
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees	Paid in Full 4/18/98	145.00
Flower vases – Marker setting fee		—
Recording and filing fee		45.00
Sales taxes		14.73
Total Due		1564.73
Paid receipt number	49677	391.00
Balance due		1173.73

Cynthia Jones 266-7128

30-DAY

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 Willie M. Jones
Signature

X 181 Daisy DR.
Address

X Greenville SC
City

X 864-277-8715 29605
Telephone Zip Code

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 295204

Work Order # E 14177

Acct. # 094754

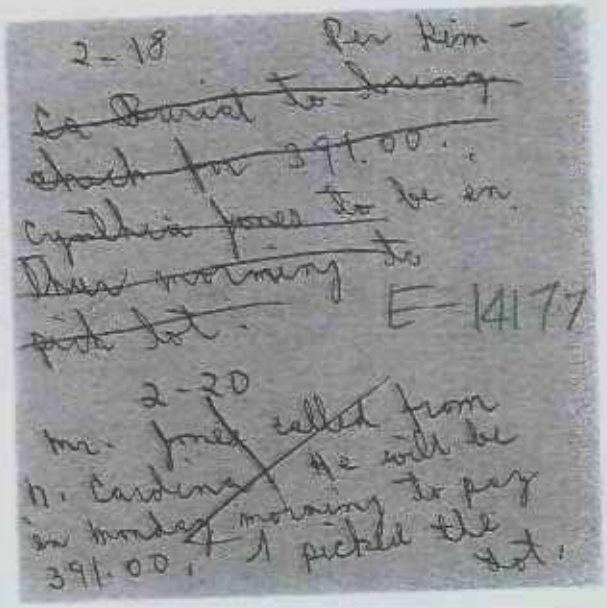
4-18-98 Sec Comp

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2-25-98

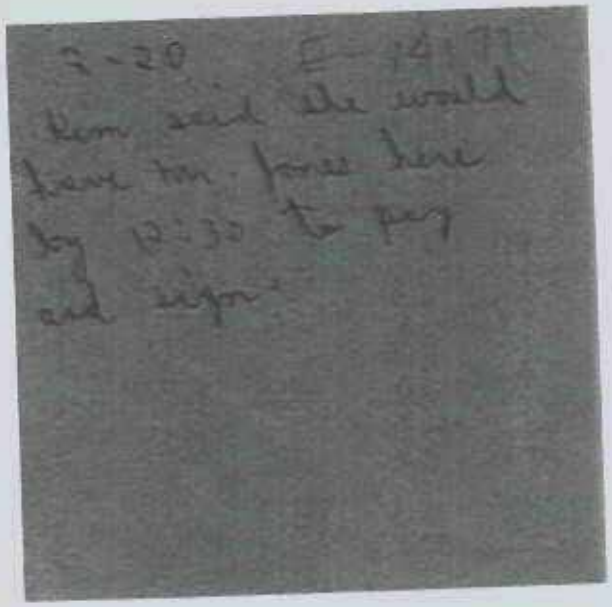


2-18 Per Kim -

~~Co Burial to bring~~
~~check for 391.00.~~
~~Cynthia Jones to be in~~
~~Thur morning to~~
~~pick lot.~~ E-14177

2-20

Mr. Jones called from
N. Carolina. He will be
in Monday morning to pay
391.00. I picked the
lot.



2-20 E-14177

Kim said she would
have Mr. Jones here
by 12:30 to pay
and sign.

MT. HOPE CEMETERY

W.O. # E-14177

NOTE

1173.73 San Diego, California February 18 1998

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 3 DOLLARS 73/100 with interest from March 24, 1998 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 M. Jones SIGNATURE X Willie M. Jones

ADDRESS X 101 DAISY DR. Greenville, S.C. 29605

~~CALIFORNIA~~ SC DRIVER LICENSE NUMBER X SCDL 0606949 SSN # X 251-38-1058

PY-1012 (11-89)

E-14177

38

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
WILLIAM	JONATHAN	JONES	09/02/1959	02/16/1998	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	CYNTHIA JONES-WIFE 865 EUCLID AVE. #A 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	▶ Tom Walker	02/20/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/20/1998 K. WALKER	▶ 9803124

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 2/23/98	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

49677

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9/23, 19 98

From: Willie Jones Address: 101 Daisy Dr Greenville SC 29605

Three Hundred ninety one 00/100 Dollars ($ 391.00)

In Full Payment of Interment of William Jones

Lot 112 Grave 1 Row Section 3 Division Block 15

Invoice No.

Acct. No.

W.O. E-14177

BALANCE DUE 117323

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kay BK

CREDIT		
20% Sales Care	67007 77184	
80% Sales of Lots	100 77154	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 79390	
TOTAL PAID	$	391 00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-18-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Armon Squire

in a liner Funeral, date, time Mon. Feb. 23 12:00

Church, Chapel, Graveside (Type of Burial Container) Chapel & grvside, 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 [illegible]

Lot 260 Grave 4 Row ____ Section 2 Division/Block 12

Grave space & Care Fund	159	795.00
Additional spaces and care fund	236	—
Opening/Closing & Setup		375.00
Burial Container	PAID IN	190.00
Handling Fees		145.00
Flower vases – Marker setting fee	FULL 3-30-98	—
Recording and filing fee		45.00
Sales taxes		14.73
Total Due		1564.73
Paid receipt number	R-49665	400.00
Balance due		1164.73

30 day note

I hereby certify I am the X [illegible] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

OVER

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Bobby Chamber
Signature

X 8527 paradise Valley Rd #155
Address

X SPRING VALLEY 91977
City Zip Code

X 475-4299
Telephone

Invoice # 295260

Work Order # E 14178

Acct. # 094751

REA-104 (7-96)

This information is available in alternative formats upon request.

2-25-98

Printed on recycled paper

3-30-98 paid 1164.73 on General Invoice

MT. HOPE CEMETERY

W.O. # E-14178

NOTE

1164.73

San Diego, California February 18 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of one thousand one hundred sixty-four + 73/100 DOLLARS with interest from March 23, 1998 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 BOBBY CHAMBERS SIGNATURE X Bobby Chambers

ADDRESS X8527 PARADISE VALLEY Rd #155 SPRING VALLEY CA 919

CALIFORNIA DRIVER LICENSE NUMBER X K0119212 SSN # X564-60-6331

PY-1012 (11-88)

E-1478

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

78

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ARMON	F.	SQUIRE	05/04/1919	02/17/1998	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	BOBBY CHAMBERS-SON 8527 PARADISE VALLEY RD. #155 SPRING VALLEY, CA 91977

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Tim Walter	02/23/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/23/1998 K. WALKER	9803200 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 2/23/98	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-14178

PacificTrust
A Federal Credit Union
P.O. BOX 6227, CHULA VISTA, CA 91912-6227

No. 55031266

70-7462/3222

PAY ONE THOUSAND ONE HUNDRED SIXTY FOUR AND 73/100 DOLLARS

DATE 27MAR98 AMOUNT **1164.73

TO THE ORDER OF MT HOPE CEMETERY***

RE:BOBBY J CHAMBERS
ACCT#094751

E-14178

VOID AFTER 90 DAYS

AUTHORIZED SIGNATURE

FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A VOID PANTOGRAPH. WHEN COPIED VOIDS. OMISSIONS AND A MOIRE PATTERN WILL APPEAR

E-14178

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

WHITE - CUSTOMER
YELLOW - RETURN WITH PAYMENT

MAKE REMITTANCE PAYABLE TO CITY TREASURER,
P.O.BOX 2288
SAN DIEGO, CALIFORNIA 92112
PLEASE RETURN YELLOW COPY OF INVOICE WITH YOUR PAYMENT.

BOBBY CHAMBERS
8527 PARADISE VALLEY ROAD #155
SPRING VALLEY CA 91977

ACCT NO
094751

TREASURERS USE ONLY

PAYMENT DATE 3-30-98
BY: CA (CK) IF
PAYMENT REF NO #55031266
AMT PAID: 1164.73

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/25/98	03/27/98	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14178
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527.3400

DESCRIPTION OF CHARGES	AMOUNT
ARMON SQUIRE SVC	
LOT 260 GR 4 SEC 2 DIV 12	795.00
OPENING/CLOSING	375.00
LINER	190.00
HANDLING FEE	145.00
TAX ON LINER	14.73
RECORDING FEE	45.00
LESS PAYMENT R-49665	400.00
TOTAL DUE	1,164.73

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

CITY OF SAN DIEGO
TREASURER'S DEPARTMENT
REG-RECEIPT:01-0011764 C:04-01-1998
CASHIER ID:M 02:59 PM A:04-02-1998

	$1,164.73
5000 INVOICE 295260	
TOTAL DUE	$1,164.73

RECEIVED FROM:
BOBBY CHAMBERS,

CHECK	$1,164.73
TOTAL TENDERED	$1,164.73
CHANGE DUE	$0.00

Almas Square
E-14178

14178

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
295260	02/25/98	094751	BOBBY CHAMBERS					03/30/98	CK	#55031266	1,164.73	1,164.73	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				236.00		
			100	072		77185	000072				145.00		
			60101			78390					14.73		
			67007			77184					159.00		

E-14178

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49881

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4/21, 19 98

From: Bobby Chambers Address: 8527 Paridise Valley Rd # 155 Spring Valley 91977

One hundred twenty-five o/o Dollars ($ 125.00)

In Full Payment of Setting fee for marker for Armen Square

Lot 260 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14178

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.

2

ISSUED BY Kenyon Ink

CREDIT	57007		
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	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E-14178

49882

MOUNT HOPE CEMETERY

527-3400

Date: 4/24, 1998

From: Bobby Chambers Address:

One hundred twenty five Dollars ($ 125.00)

In Full Payment of Setting Fee

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. _____

BALANCE DUE _____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

Sorry mymistake see 49881
had already used 49881

ISSUED BY _____

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	

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-14178 49882

Date: 4/24 19 98

From: Bobby Chambers Address:

One hundred twenty five Dollars ($ 125.00)

In Full Payment of Setting Fee

Lot Grave Row Section Division Block

Invoice No.

Acct. No.

W.O.

BALANCE DUE

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED PAID IN THIS SPACE

Sorry my mistake
See 49881
had already used 49881

ISSUED BY

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	

Pre need lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-18-98

attention : Martin Mitchell

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of California Cremation and Burial Chapel

in a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; Ca. Burial Martin Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 274 280 ~~258~~ Grave 3 & 11 2 & 10 ~~9, 10, 11 & 12~~ Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund (4 at $795.00)	3180.00
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee In Section 2, Division 12-	—
Sales taxes lot 274-gr. 3 & 11 -	—
Total Due	3180.00
Paid receipt number 49679	3180.00
Balance due	0

PAID
FEB 23 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO

VOID

fdeed # lot 280-gr. 2 & 10
~~12210~~ void.
mailed 2/23/98

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 5880 EL CATON Blvd
Address

X San Diego, CA 92115
City Zip Code

X (619) 234-3272
Telephone

SEE / E-14196

Invoice # _____

Work Order # E 14179

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2/18/98
2:40pm

Martin Mitchell / ca. Burial
fax 286-2674

called to request that we pick out four preneed lots for him, in a row side by side for a family that he is working with will let us know the names of the family.
Fax interment order over to him for signatures and as an invoice for payment. will pay in full.

also to put CA Burial as the owners of the graves.

2-24-98
made changes for location of graves per Joann due to martin is using/selling lots for future at need burials. new grabes.
lot 274, grs. 3 & 11, sec. 2, DIV. 12
lot 280, grs. 2 & 10, sec. 2, DIV. 12

Mount Hope Cemetery

3751 MARKET STREET
SAN DIEGO, CALIFORNIA 92102

E-14179

STATEMENT

TELEPHONE: 527-3400

DATE	YOUR ORDER NO.
February 18, 1998	E-14179

TO:

CALIFORNIA CREMATION & BURIAL CHAPEL
ATTENTION: MARTIN MITCHELL
5880 EL CAJON BOULEVARD
SAN DIEGO CA 92115

DESCRIPTION OF CHARGE	AMOUNT
INVOICE FOR PURCHASE OF PRENEED LOTS E-14179	
Lot 258, Gr. 09, Sec. 2, Div. 12	$ 795.00
Lot 258, Gr. 10, Sec. 2, Div. 12	795.00
Lot 258, Gr. 11, Sec. 2, Div. 12	795.00
Lot 258, Gr. 12, Sec. 2, Div. 12	795.00
TOTAL DUE	**$3,180.00**
	-3180.00
	0

paid in full
R-49679
changed location of
lots to 279-345-2 & 2
and
280-8 & 10-2-12
per E-14196

OFFICIAL RECEIPT

49679

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

E-14179

MOUNT HOPE CEMETERY
527-3400

Date: 2/23, 1998

From: California Cremation & Burial Address: 5880 El Cajon Blvd S.D. CA 92115

Three thousand one hundred eighty 00/00 Dollars ($ 3180.00)

In Full Payment of Pre Need Lots

Lot ~~258~~ 274 280 Grave 9, ~~10~~ 3+11, 12 Row — Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14179

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 Kanya Bok

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	3180	00
Opening/ 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	$	3180	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-19-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paula Hasse

in a liner ~~liner~~ ~~T.S. vault~~ Type of Burial Container Funeral, date, time 2-20 Thu 2:00

Church, Chapel, Graveside Witness : Pacific Beach 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. X

Lot 546 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~~	~~190.00~~ OK
Handling Fees	~~185.00~~	145.00 OK
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes	~~19.38~~	~~14.73~~ OK
Total Due	~~1869.38~~	~~1764.73~~
Paid receipt number	VISA	1764.73
Balance due		~~0~~

PAID
FEB 19 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO

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 William A. Hasse
Signature

X 5258 Alto Vista St.
Address

X San Diego Ca 92109
City Zip Code

X 274-2720
Telephone

Invoice # _____

Work Order # E 14180

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2-20-98

William Hapse came into office to change burial container from a liner to T.S. vault. Changed his mind again back to original burial container, liner.

E-14 180

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

42

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
PAULA	MARIE	HASSE	08/30/1955	02/14/1998	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	NANCY HASSE - MOTHER 5258 ALTA VISTA 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	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
PACIFIC BEACH MORTUARY 4710 CASS STREET, SAN DIEGO, CA 92109	815	▶	2/19/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	02/19/1998 ▶	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 2/20/98	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 2-19-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Oliver McKnight III

in a liner (Type of Burial Container) Funeral, date, time TUES. Feb. 24 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 Geraldine McKnight

J Lot 11 Grave 2 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund		995.00
Additional spaces and care fund		—
Opening/Closing & Setup	LO	375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases – Marker setting fee		—
Recording and filing fee		45.00
Sales taxes		14.73
30 day note — Total Due		1764.73
Paid receipt number R 496069		1310.00
Balance due		454.73

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 Geraldine McKnight
Signature
X 3786 43rd Street #40
Address
X San Diego- 92105
City Zip Code
X CA.
Telephone 619-283-5902

Invoice # 295262

Work Order # E 14181

Acct. # 094752

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2-25-98

MT. HOPE CEMETERY

W.O. # E-14181

NOTE

$ 454.73 San Diego, California February 19 19 98

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 fifty four & 73/100 DOLLARS with interest from March 24, 1998 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Geraldine McKnight SIGNATURE X Geraldine McKnight

ADDRESS X 3986 43rd Street # 10

CALIFORNIA DRIVER LICENSE NUMBER X Military I.D. 431-64-9470 SSN # X 559-90-4485

PY-1012 (11-89)

E-14181

52

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
OLIVER	-	MCKNIGHT	09/29/1945	02/15/1998	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	GERALDINE MCKNIGHT-WIFE 3786 43RD ST., UNIT 10 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 BLVD., SAN DIEGO, CA 92102	F-1329	▶ Yvonne Davis	02/23/1998

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	02/23/1998 Y. Davis	9803243

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS: P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOC[illegible]AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY; 3751 MARKET STREET SAN DIEGO, CA 92102	11B. DATE BURIED 2/24/98	11C. SIGNATURE OF PERSON IN CHARGE OF BUR[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 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
527-2400

49669

Date: 2-19 19 98

From: Geraldine McKnight Address: 3786 43rd Street #10 SD 92105

one thousand three hundred ten & no/100 Dollars ($ 1310.00)

In Part Payment of Interment of Oliver McKnight III

Lot 11 Grave 2 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-14181

BALANCE DUE 454.73

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	179	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	796	00
Opening/ Closing	100 77181	315	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022		
Sales Tax	80101 78380		
TOTAL PAID	$	1310	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY Catina Avallone

AC-212 (Rev. 5-94) 077731

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-20-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Mary Johnson Jimmerson

in a liner (Type of Burial Container) Funeral, date, time Sat. Feb. 21 10:30

Church, Chapel, Graveside, Chapel & grvside 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 [illegible]

✓ Lot 140 Grave 11 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases - Marker setting fee	600.00
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	2264.73
Paid receipt number 49653 & 49666	1664.73
Balance due	600.00
R-49670	-150.00

PAID in FULL 3-12-98

PAID FEB 19 1998 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF

30 day note for balance of Saturday overtime fee

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.

* balance due 450.00

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Annie M. Johnson
Signature

X 746 Omeara St
Address

X San Diego Calif 92114
City Zip Code

X 619 263-0540
Telephone

C.R.W/ E-14174

Invoice # 295259

Work Order # E 14182

Acct. # 094750

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2-25-98

cross reference with E-14174
for further detailed explination
of the situations concerning
this burial.

2-20-98
9:00 am
confirmed w/Debbie at
Ragsdale for burial time for
2-21-98 a 10:30 chapel & graveside
following.
also Ragsdale mortuary and
the sister annie johnson are
aware of there will be no
canopy available for graveside
service.

2:10
Brother Ben Johnson requested
to watch the lowering of the
casket and the completion
of the burial.

MT. HOPE CEMETERY

W.O. # E-14182

NOTE

450.00 San Diego, California February 20 19 98

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 fifty & no/100 DOLLARS with interest from March 23, 1998 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 ANNIE M. JOHNSON SIGNATURE X Annie M. Johnson

ADDRESS X 746 Omeara Street San Diego Calif 92114

CALIFORNIA DRIVER LICENSE NUMBER X A1123417 SSN # X 569-66-2103

PY-1012 (11-89)

3-12-98
paid with General Invoices
450.00

E-14182

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

03

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Mary	Johnson	Jimmerson Jimmerson	07/21/1934	02/13/1998	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	Ben Johnson, Brother 746 Omegra 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	Debbie Williams	02/17/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/20/1998 Debbie Williams	9803132

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 2/21/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL J. Watts	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

14182

295259	02/25/98	094750	ANNIE M JOHNSON			03/12/98	CK	3261	450.00	450.00	0.00
			100	072	77183	000072			450.00	PAID IN FULL	

NUMBER OF INVOICES PAID 9
TOTAL AMOUNT PAID 6,003.88

Mary Johnson Jimmerson
E-14182

OFFICIAL RECEIPT

49670

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-20 19 98

From: Annie Johnson Address: 746 Omeara Street San Diego 92114

One hundred-fifty and no/100 Dollars ($ 150.00)

In part Payment of Interment of Mary Johnson Jimmerson
downpayment of saturday overtime fee

Lot 140 Grave 11 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14182

BALANCE DUE 450.00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77154		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	150	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	00

To be buried with Pearl Troop

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-20-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hollene Delmar Troop &

In a ash Vault (Type of Burial Container) Funeral, date, time Fri 2-27 9:00

Church, Chapel, Graveside Witness : Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 228 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-Need D-533	-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-49671	269.26
Balance due	-0-

PAID
FEB 23 1998
MT. HOPE CEMETERY
CITY of SAN DI[illegible] 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.

X _____
Signature of recorded holder of deed

X see attached
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 14183

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

To be
buried with
Pearl Tiny

E-14183

You will [illegible]

[illegible]

[illegible]

Church [illegible]

[illegible]

[illegible]

[illegible]

Grave Space [illegible]

Additional [illegible]

Opening/[illegible]

Burial Contents

Handling Fees

Flower Vessels

[illegible]

Sales taxes

I hereby [illegible]
and [illegible]
that I have [illegible]
any liability [illegible]

[illegible]
[illegible]

By [illegible]

Work Order [illegible]

[illegible]

E-14183

CHAPEL OF FLOWERS

DENEGRI - GEOFFROY - ORIGLIA - SALMON

RALPH O. SALMON, Jr.
SUSAN SALMON

February 17, 1998

To Mt. Hope Cemetery: Dana 485-8479

Please contact Mr. Hollene D. Troop's niece at (619)485-8300 as she wants to be present when his ashes are placed. Her name is Dana Sue Gunn. Thank you for your assistance in this matter. I have enclosed a check for $269.00 for the placement of the cremains.

Sincerely yours,

Susan Salmon

Susan Salmon

Please send me a receipt for the above services.

E-14183

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
Hollene	Delmar	Troop	03/05/1924	01/16/1998	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 Jose	Santa Clara	Chuck Vogel-Public Guardian 1075 E. Santa Clara St. San Jose, CA 95112

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Chapel of Flowers 900 S. Second St. San Jose, CA 95112	Fd189	▶	

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	01/16/1998	▶ Martin Feinstein-Deputy

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
645 S. Bascom AV. San Jose, CA 95128	P.O. Box 85222 SAN DIEGO, CA 92186

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [x] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego, CA	11B. DATE BURIED 2/27/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Walt	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Irvington Memorial Cemetery 41001 Chapel Wy. Fremont, CA	12B. DATE CREMATED 1-19-98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMA ▶ Robert J Rose	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS NA	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION NA	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

49671

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-20 19 98

From: Chapel of Flowers Address: 900 S. Second St. San Jose 95112

Two Hundred Sixty Nine Dollars ($ 269.00)

In full Payment of Interment of Hollese D. Troop

Lot 228 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-14183 D

BALANCE DUE

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 19416

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Hubbell

CREDIT	87007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	4	00
TOTAL PAID	$	269	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-20-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of LYDAY VEYON G. BBS

in a _____ (Type of Burial Container) Funeral, date, time Mon 2-23 1:00

Church, Chapel, Graveside Chapel / Graveside Humphreys Mortuary, Terese

All Funeral cars must 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 VFCA

Lot 1899 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-49672	270.00
Balance due	0

PAID
FEB 2 4 1998
in full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

27 1/2 L
12 1/2 H
15" W

I hereby certify I am the X Great Aunt of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature

X 3975 Boston Ave.
Address

X SAN Diego CA 92113
City Zip Code

X (619) 263-4158
Telephone

Invoice # _____

Work Order # E 14184 ✓

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E- 14184

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

1 day

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LYDAY'VEYON	SHAYMAR DAYSHON	GIBBS	02/14/1998	02/14/1998	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	Tamela S. Singleton - Mother 3975 Boston Avenue San Diego CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person filing permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	Judith King	02/20/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/23/1998 J.E. King	9803180

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 2/23/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49672

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-20 19 98

From: Viretta F. Celestine Address: 4940 Dassco Ct. SD 92102

Two hundred seventy and no/100— Dollars ($ 270.00)

In Full Payment of Interment of Lyday Veyon Gibbs

Lot 1899 Grave ____ Row ____ Section ____ Division ____ Block 9

Invoice No. ____

Acct. No. ____

W.O. E-14184

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 435

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Katina Avalos

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID		$ 270	00

MT. HOPE CEMETERY

Charles Moss already in grave (full body)

[redacted]

Date 2-[redacted]

You are hereby authorized and instructed, subject to you[redacted]

of Marleen Duncan Smith (X)

in a Ash vault[redacted]

Type of Burial Con[redacted]

Church, Chapel, Graveside Witness [redacted] Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an ext[redacted]

will be applied and billed to undersigned.

Lot 79 Grave 10 Row Section 3 Division/~~Block~~ 12

Grave space & Care Fund Preneed D-9739	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

Nickie White 267-1496

Paid receipt number

Balance due

Link not found on this

New Reek E-14221 for interment information

VOID

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 14185

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

[redacted]

2384 Grove View Rd
SD 92139

267-1496

Nickie White called regarding payment of service. Gave her credit card # to have grave opened. She will pay with check or ~~credit card~~ cash on day of service 3-6-98

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-23-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Wesley Davis

in a liner (Type of Burial Container) Funeral, date, time Tues 2-24 1:00

Church, Chapel, Graveside 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.

PAID
FEB 23 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

✓ Lot 144 Grave 11 Row Section 1 Division/~~Block~~ 11

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	155.00
Flower vases – Marker setting fee Temporary marker	20.00
Recording and filing fee	45.00
Sales taxes	16.28
Total Due	1696.28
Paid receipt number M/C	1696.28
Balance due	~~0~~
	~~23.28~~

I hereby certify I am the X wife Gal. flower vase of the above ~~named~~ decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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.

X [signature] Signature

X 12053 NITA DR Address

X MORENO VALLEY, CA 92557 City Zip Code

X Telephone

Signature of recorded holder of deed

Invoice #

Work Order # E 14186

Acct. #

REA-104 (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

Galvanized flower vase paid for
with M/C 23-78

E-14186

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
CHARLES	WESLEY	DAVIS	10/19/1923	02/21/1998	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	MARK S. DAVIS-SON P. O. BOX E F LEMON GROVE, CA 91946

7A. TYPED NAME AND ADDRESS OF 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	02/24/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/24/1998 K. WALKER	▶ 9803255

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 2/24/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION ●	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

50232

CITY OF SAN DIEGO, CALIFORNIA

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 7/28, 1998

From: Emma Davis Address: 12053 Nila Dr. Moreno Valley Ca 92557

One hundred thirty five 00/00 Dollars ($ 135.00)

In Full Payment of Setting Fee for Marker for Charles Davis

Lot 144 Grave 7 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-14186

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

2890

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karen J Parker

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	135	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	135	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-23-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernest Warren

in a liner (Type of Burial Container) Funeral, date, time Tues 2-24 2:00

Church, Chapel, Graveside Church / Graveside SP 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 KRW

✓ Lot 5 | Grave 1 Row ____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund	159	795.00
Additional spaces and care fund	236	—
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-49674		400.00
Balance due		1164.73

Paid 3/31/98

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 Kimberly Williams
Signature

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

x 4746 LOGAN AVE #e
Address

x SAN DIEGO CA 92113
City Zip Code

x 263-9697
Telephone

Invoice # 295263

Work Order # E 14187 Acct. # 094753

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2-25-98

MT. HOPE CEMETERY

W.O. # E-14187

NOTE

$ 1164.73 San Diego, California March 23 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, at 3751 Market Street, San Diego, CA 92101, the sum of One Thousand One Hundred Sixty-four 73/100 DOLLARS with interest from March 25, 1998 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 KIMBERLY R WILLIAMS SIGNATURE X Kimberly Williams

ADDRESS X4746 Logan Ave #E San Diego CA 92113

CALIFORNIA DRIVER LICENSE NUMBER X C4622828 EXP 1-18-00 SSN # X 554-08-6380

PY-1012 (11-89)

E-14187

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

75

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	-	Warren	05/08/1922	02/21/1998	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	Salynitha Durgin - Daughter 4746 Logan, Avenue #E 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
San Diego Memorial Chapel 2441 Univerasity Ave.; San Diego, CA 92104	FD-1575	▶ Frances L Martin	02/24/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/24/1998 ▶ J Martinez	9803257

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 2/24/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49674

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-23 19 98

From: Kimberly Williams Address: 4716 Logan Ave #F San Diego 92113

Four Hundred Dollars ($ 400.00)

In part Payment of Interment of Ernest Warren

Lot 51 Grave 1 Row Section 2 Division Block 11

Invoice No.

Acct. No.

W.O. E-14187

BALANCE DUE 116.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 6-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Shellin

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	400	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

CITY OF SAN DIEGO
TREASURER'S DEPARTMENT
REG-RECEIPT:01-00116[illegible]
CASHIER ID:M 02:00 PM

3000 INVOICE
295213 $1,164.73

TOTAL DUE $1,[illegible]

RECEIVED FROM:
KIMBERLY LEE

TRAD CHK
CASH $500.00
[illegible]

TOTAL TENDERED $1,164.73

CHANGE DUE $0.00

E-14187

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

E-14187

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.

KIMBERLY R. WILLIAMS
4746 LOGAN AVENUE #E
SAN DIEGO CA 92113

ACCT NO
094753

TREASURERS USE ONLY

PAYMENT DATE 3/27/98
BY: (CA) (CK) IF
PAYMENT REF NO Travelerchecks
AMT PAID: $1164.73

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
02/25/98	03/27/98	JANUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14187
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ERNEST WARREN SVC	
LOT 51 GR 1 SEC 2 DIV 11	795.00
OPENING/CLOSING	375.00
LINER	190.00
HANDLING FEE	145.00
TAX ON LINER	14.73
RECORDING FEE	45.00
LESS PAYMENT R-49674	400.00-
TOTAL DUE	1,164.73

PAID
MAR 27 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

AC-22 (REV. 10/89)

CUSTOMER COPY

INV NO. 295263

14187

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
295263	02/25/98	094753	KIMBERLY R WILLIAMS					03/27/98	CA	TRAV CHK	1,164.73	1,164.73	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				236.00		
			100	072		77185	000072				145.00		
			60101			78390					14.73		
			67007			77184					159.00		

E-14187

Pall Bearers Required

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/23/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gordon Evans

in a Liner (Type of Burial Container) Funeral, date, time Thur. Feb 26th 2:00pm

Church, Chapel, Graveside Graveside ; Beardsley Mitchell (Arthur) 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 Ronald Evans

Lot 134 Grave 12 Row _____ Section 3 Division/Block B

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	49675		391.00
Balance due			1173.73

PAID in full APR 03 1998 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF

30 day Note

4/3/98 Ans 1173.73

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 Ronald Evans
Signature

X 3829½ Charlotte St.
Address

X San Diego Ca. 92106
City Zip Code

X 222-9107.
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # 295773

Work Order # E 14188

Acct. # 094825

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-4-98

MT. HOPE CEMETERY

W.O. # 14188

NOTE

$ 1173.73 San Diego, California February 23 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of One thousand one hundred seventy three 73/100 DOLLARS with interest from March 26th 1998 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 Ronald Evans. SIGNATURE X Ronald Evans.

ADDRESS X 2829½ Carleton St. San Diego, CA 92106

CALIFORNIA DRIVER LICENSE NUMBER X EVANSRG644RE SSN # X 292-30-9065

PY-1012 (11-89)

E-14188

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 92

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GORDON	LESLIE	EVANS	02/09/1906	02/21/1998	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	RONALD C. EVANS - SON 2829 CARLETON 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
BEARDSLEY-MITCHELL FUNERAL HOME 1818 SUNSET CLIFFS BLVD, SAN DIEGO, CA 92107	FD-816	Victor D. Mitchell	02/25/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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	02/25/1998 V.I. MITCHELL	9803397

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/26/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49675

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2/23, 1998

From: Ronald Evans Address: 3829 1/2 Chalcedon St San Diego 92110

Three Hundred ninety one 00/00 Dollars ($ 391.00)

In Full Payment of Interment of Gordon Evans

Lot 134 Grave 12 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14188

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 Kayla Burk

CREDIT	67007		
20% Sales Cars	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-14188

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.

RONALD C. EVANS
2829 CARLETON STREET
SAN DIEGO CA 92106

ACCT NO
094825

TREASURERS USE ONLY

PAYMENT DATE 4/3/98
BY: CA (CK) IF

PAYMENT REF NO 1055 | AMT PAID: 1173.73

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/04/98	04/03/98	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-14188
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
GORDON EVANS SERVICES	
LOT 134 GR 12 SEC 3 DIV 12	795.00
OPENING/CLOSING	375.00
LINER	190.00
HANDLING FEE	145.00
TAX ON LINER	14.73
RECORDING FEE	45.00
LESS PAYMENT R-49675	391.00-
TOTAL DUE	1,173.73

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.

AC-22 (REV 10/96) RETURN WITH PAYMENT INV NO. 295773

14188

29573	03/04/98	094825	RONALD C. EVANS			04/03/98	CK 1055	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-14188

D.I.P.
2nd burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/23/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie A. Hopkins

In a liner (Type of Burial Container) Funeral, date, time Sat. Feb. 28 1:00

Church, Chapel, Graveside Church & grvside Ragsdale Skipper 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

J Lot 198 Grave 1 Row ____ Section 1 Division/Block 12

Grave space & Care Fund ..... Pre Deed E-4986	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
~~Flower vases~~ ~~Marker setting fee~~ Saturday overtime fee	600.00
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1369.73
Paid receipt number 49684	1369.73
Balance due	0

skipper to bring check for full amount.

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 14189 ✓

Acct. # _____

REA-104 (7-96)

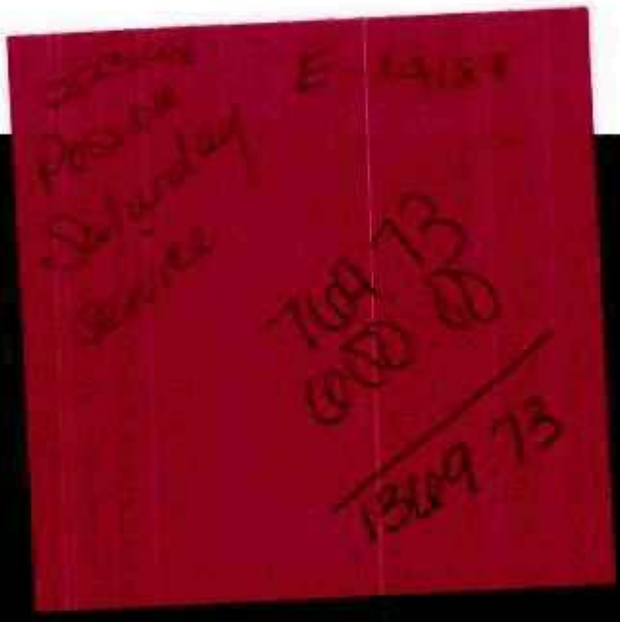
This information is available in alternative formats upon request.

Printed on recycled paper

Albert Hopkins Jr. already buried in grave.

2-24-98 1:35

Skipper from Ragsdale called to schedule saturday service. mortuary to bring check for full amount. Faxed (243-1507) to Skipper for signature and will fax back to us.



D.I.P.
2nd burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/23/98

#402 P02

FEB-24-'98 TUE 13:42 ID:MT HOPE CEMETERY TEL NO:

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Willie A. Hopkins

in a liner (Type of Burial Container) Funeral, date, time Sat. Feb. 28 1:00

Church, Chapel, Graveside Church & graveside Ragsdale (Skipper) 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 Leslie A. Hopkins

Lot 198 Grave 19 Row ____ Section 1 Division/Block 19

Grave space & Care Fund ..... Pre Deed E-4986	0
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
~~Flower vases~~ ~~Marker setting fee~~ Saturday overtime fee	600.00
Recording and filing fee	46.00
Sales taxes	14.73
Total Due	1369.73
Paid receipt number	
Balance due	

skipper to bring check for full amount.

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 Leslie A. Hopkins
Signature

I hereby authorize the interment in lot I hold under deed.

Signature of associated holder of deed

X 5452 Bonita Drive
Address

X San Diego, CA 92114
City Zip Code

X (619) 262-9754
Telephone

Invoice # ____

Work Order # E 14189 ✓

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14189

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Willie	Allen	Hopkins	09/19/1913	02/21/1998	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	Leslie Hopkins, Son 5452 Bonita Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Williams	02/25/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/26/1998 ▶	9803446

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 2/25/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49684

Date: 3/25, 1998

From: Anderson Ragdale Mortuary Address: 3050 Federal Blvd San Diego Ca 92102

One thousand three hundred sixty nine 73/cc Dollars ($ 1369.73)

In Full Payment of Interment of Willie Hopkins

Lot 178 Grave 12 Row Section 1 Division Block 14

Invoice No.

Acct. No.

W.O. E-14159

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 Ramirez

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	645	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	14	73
TOTAL PAID	$	1369	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/24/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald Everett Reynolds ⊗

in a Ash Vault ⊗ (Type of Burial Container) Funeral, date, time Thur. Feb 26 12:00

Church, Chapel, Graveside Chapel/Graveside Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned. X L Reynolds

✓ Lot 33 Grave 6 Row ____ Section 2 Division/Block 7

Grave space & Care Fund ..... Pre Need E 9763	⊘
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	⊘

PAID
FEB 24 1998
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.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Loretta Lee Reynolds (Signature)
X 184 Finch St (Address)
X El Cajon Ca 92020 (City, Zip Code)
X 619 448-0127 (Telephone)

Invoice # ____

Work Order # E 14190

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Julian LaHara In grave already
and
Mabel LaHara ⊗ In grave.

E-14190

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
RONALD	EVERETT	REYNOLDS	02/21/1914	02/22/1998	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	LORETTA LEE REYNOLDS - WIFE 1184 FINCH STREET 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
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ [signature]	02/24/1998

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	02/25/1998	VICTORIA MEZA 9003330 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO BE 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 2/26/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 2/25/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ John C. Stoddart
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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.

Ina Cotner
shelby in
grave

aprep & permit in office

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-24-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wayne Cotner

in a ash vault (Type of Burial Container) Funeral, date, time AYD Mar. 10 Tues.

Church, Chapel, Graveside delivery only; Paris Frederick Mortuary. Harold

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X

Lot 1192 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-Need E-453	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container ..... PAID IN FULL 3-5-98	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-49721	269.26
Balance due	~~0~~

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address see attached

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 14191

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

INTERMENT ORDER

[illegible] Drive

Date 2-29-[illegible]

You are hereby authorized and instructed, subject to your rules and regulations, to enter the remains

[illegible]

in a [illegible] Funeral [illegible]

Church, Chapel, Graveside [illegible] Marketing

All Funeral cars must 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 1122 Grave [illegible] Row [illegible] Section [illegible] Drive-on/Block 10

Grave space & Care Fund [illegible] E-453 ~~0~~

Additional spaces and care fund —

Opening/Closing & Sealer 105.00

Burial Container 55.00

Handling Fees 60.00

Flower [illegible] —

Recording and Map Fee 45.00

Sales Dead 4.26

Total Due 269.26

[illegible]

I hereby certify I am the [illegible] of the above named decedent and this is your authority to make disposition of the same as above [illegible] I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the attempt to be held under dated

[illegible]

Signature

X [illegible]

Address

X [illegible] 2071

Zip Code

X 619-562-5281

Telephone

Invoice #

Work Order # E 14191

Acct. #

This information is available in alternative formats upon request

[illegible]

E-14191

96

APPLICATION 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
WAYNE	LOU	COTNER	06/09/1901	02/22/1998	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	Sybil Owen - Cousin 10800 Woodside Avenue, #241 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
Paris-Frederick Mortuary 374 N. Magnolia Ave. El Cajon CA 92020	FD - 795	▶ Judith Ettung	02/27/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/27/1998 J.E. King ▶	9803493

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 1-1-11	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Oceanview Crematory - 1625 Gisler Ave. Costa Mesa CA 92626-5554	12B. DATE CREMATED 03/03/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 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

49721

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-5 19 98

From: Steven L. Owen Address: 12005 Wintercrest Drive #256 Lakeside 92040

two hundred sixty nine & 26/100 — Dollars ($ 269.26)

In full Payment of Interment of Wayne Cotner

Lot 1122 Grave Row Section Division Space 10

Invoice No.

Acct. No.

W.O. E-14191

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	100	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	53033 9022		
Sales Tax	59101 78380	4	26
TOTAL PAID	$	269	26

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1993

ISSUED BY Catina Avalone

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

disinterred 8/20198 see E-14504

City of San Diego

Date 2-24-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kris Alexander PA# 1228978

in a liner (Type of Burial Container) Funeral, date, time Thur. Feb 26th 10:00

Church, Chapel, Graveside delivery only; Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 52 54 Grave 5 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
Balance due	0

Paid in Full 04-06-98

PA 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 # 295778

Work Order # E 14192 ✓

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-4-98

2/26/98

Per Norman -

unable to use the original burial lot due to the grave being soggie from the rain. Changed to 52-5-1-12.

Rev Ed
PA 98-0343

E- 14192

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS 48

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
Kris	Marcel	Alexander	04/11/1949	02/03/1998	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 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
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD1083	[signature]	02/24/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/26/1998 Candice Haggard	[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
- [X] 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: 2/26/98	11C. SIGNATURE OF PERSON IN CHARGE OF: [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-14192 0047

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 4-6-98
BY: CA (CK) IF
PAYMENT REF NO 04-574890 AMT PAID: $ 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/04/98	04/03/98	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
SUE SHACKELTON REF NO: E-14192
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
295778	
KRIS M. ALEXANDER SERVICES	
LOT 52 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 LISTED ABOVE.

AC-22 (REV 10/95) RETURN WITH PAYMENT INV NO. 295778

141 12

295778	03/04/98	000952	COUNTY OF SAN DIEGO			04/06/98	CK	04-576890	386.00	386.00
E-14192			100	072	77181	000072			165.00	0.00
			100	072	77182	000072			50.00	PAID IN FULL
			100	072	77183	000072			45.00	
			67007		77184				126.00	

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-25-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Cecelia Syverson PA# 1229877

in a liner (Type of Burial Container) Funeral, date, time

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 52 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	
Balance due	

CANCELL 3/24/98 per Rebecca Barr

Rebbeca Barr 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 # _____

Work Order # E 14193

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 2-25-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Theodore Desilva PA# 1229591

in a liner (Type of Burial Container) Funeral, date, time Tues, Mar 3rd 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 ~~58~~ 56 Grave ~~8~~ 12 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	—
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	386.00
Paid receipt number INVOICE	
Balance due	0

Paid in Full 3-10-98 OH

K. Howard 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 # 295952

Work Order # E 14194

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-10-98

E-14194

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

78

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Theodore	-	De Silva	08/05/1919	02/15/1998	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	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		02/26/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/26/1998 CD Hardesty	9803427 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 92101	11B. DATE BURIED 3/3/98	11C. SIGNATURE OF PERSON IN CHARGE OF BU... ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY NA	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS NA	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION NA	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

CITY OF SAN DIEGO, CALIFORNIA

GENERAL INVOICE

[redacted] TE - 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-14194

COUNTY OF SAN DIEGO
PUBLIC ADMINISTRATOR
5201 A RUFFIN ROAD
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 4-6-98
BY: CA (CK) IF
PAYMENT REF NO 04-576890 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/10/98	04/09/98	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14194
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
THEODORE DESILVA PA#1229591	
LOT 56 GR 12 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

AC-22 (REV. 10/95) RETURN WITH PAYMENT - INV NO. 295952

14194

295952 03/10/98 000952	COUNTY OF SAN DIEGO			04/06/98 CK	04-576890	386.00		386.00		0.00
E-14194	100	072	77181	000072		165.00			PAID IN FULL	
	100	072	77182	000072		50.00				
	100	072	77183	000072		45.00				
	67007		77184			126.00				

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-26-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hyman Gordon X

In a _____ (Type of Burial Container) Funeral, date, time Fri 2-27 11:00

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. _____

Lot 321 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	
Recording and filing fee	45.00
Sales taxes	
Total Due	450.00
Paid receipt number R-49686	450.00
Balance due	-0-

PAID
FEB 26 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X Great niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Lisa Hineke
Signature

X 8462 Via Sonoma #39
Address

X La Jolla, CA 92037
City Zip Code

X 619-453-1677
Telephone

Invoice # _____

Work Order # E 14195

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14195

APPLICATION 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
HYMAN	-	GORDON	11/25/1913	01/26/1998	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR 5201-[redacted] 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-1252	▶ [signature]	02/26/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
8.00	02/26/98 VINCE ALAMO	9803442 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 2/27/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY n/a	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS n/a	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED n/a	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION n/a	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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

49686

Date: 2-26 19 98

From: Lisa A. Pirch Address: 8462 Via Sonoma N 39 La Jolla 92037

Four Hundred Fifty Dollars ($ 450.00)

In full Payment of Interment of Hyman Gordon

Lot 321 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E-14195

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1666

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shutter

CREDIT	67007	60	00
20% Sales Cars	77184		
50% 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

Attention:
Martin Mitchell
fax # 286-2074

MT. HOPE CEMETERY
INTERMENT ORDER
City of San Diego

Date 2-26-98

Pre-need lots

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CA. Cremation and Burial Chapel

In a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside _____ ; CA Burial Martin Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to undersigned. _____

279 345 2 12

Lot 280 Grave 8+10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund (4 at $795.00 each)	3180.00
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	3180.00
Paid receipt number R-49679	3180.00
Balance due	0

PAID IN FULL FEB 23 1998 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature
X _____ Address
X _____ City Zip Code
X _____ Telephone

Cross reference with E-14179

Work Order # E 14196

Invoice # _____

Acct. # _____

REA-104 (7-96) *This information is available in alternative formats upon request.*

see attached

mailed to E-14196
CA Burial
for
Martin Mitchell's
Signature
waiting for him to
mail back to!

original Preneed Interment/Purchase order was E-14179. Wrote up a new order due to the lots needed to be spaced apart in case there is going to be at need burials in them. So the graves will not cave in.

Fax # 286-2674 Martin Mitchell
CA. Burial

deed # 12216

3-5-98 1:03 pm
spoke to martin regarding these new pre need lots paperwork. I am mailing originals to him and he aware that he needs to sign and mail the original paperwork back to me. also, Martin will disregard previous purchase order E-14179 of the old lots that were chosen.

Xerox copy

Pre need lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-18-98

attention Martin Mitchell

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of California Cremation and Burial Chapel

In a _____ Funeral, date, time _____
Type of Burial Container

Church, Chapel, Graveside _____ ; Ca. Burial Martin Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot ~~258~~ 274 ~~280~~ Grave ~~9,10,11 & 12~~ 3 & 11 2 & 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund (4 at $795.00)	3180.00
Additional spaces and care fund	—
Opening/Closing & Setup	—
Burial Container	—
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee in Section 2, Division 12 -	—
Sales taxes lot 274 - gr. 3 & 11 -	—
Total Due	3180.00
Paid receipt number 49679	3180.00
Balance due	0

PAID
FEB 23 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO

VOID

deed # ~~12210~~ void. mailed 2/23/98

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 5880 El Cajon Blvd
Address

X San Diego CA 92115
City Zip Code

X (619) 234-3272
Telephone

SEE E-14196

Invoice # _____

Work Order # E 14179

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

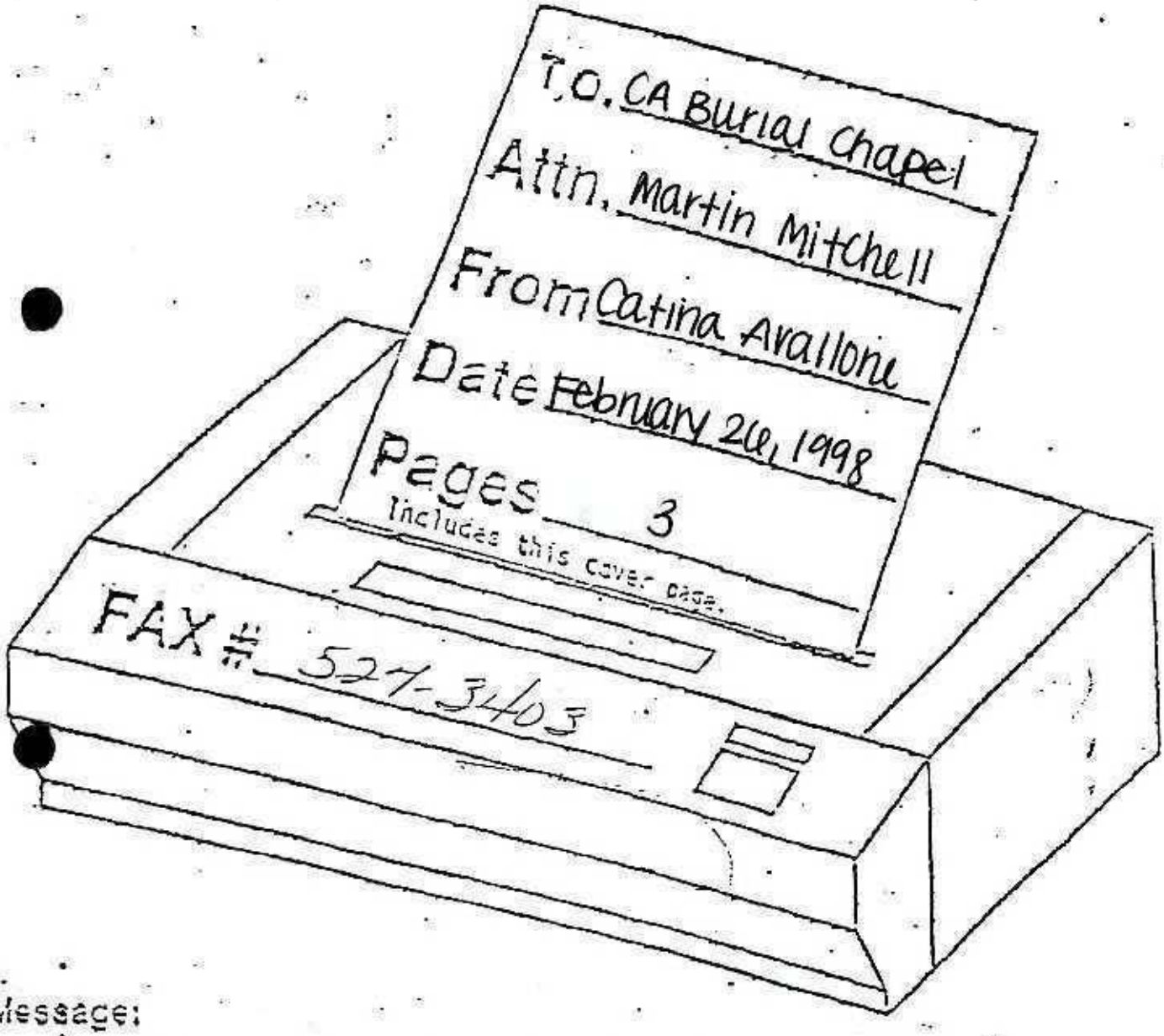
E-14196

SAN DIEGO

E-14196

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Property Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

TELEFAX COVER LETTER



Message:

please sign by the "X's" on the interment/purchase order E-14196 and fax back to me. Thank you.

If all pages are not received, please call (619) 527-3400.

E - 14196

THE CITY OF SAN DIEGO

February 26, 1998

CA. Burial Chapel
Attn. Martin Mitchell
5880 El Cajon Boulevard
San Diego, CA 92115

Re: Purchase of Pre-need Lots (E-14196)

Dear Mr. Mitchell:

Here is a copy of the new Interment/Purchase Order for the four pre-need lots purchased at your request for California Burial Chapel. The original lots that I had chosen, where four all in a row, side by side. You would only have been able to bury in two of the four, due to allowing a burial lot a year for the ground to settle and not cave in. I have chosen four new grave spaces. This will allow you to bury in all four of them, whenever you should need to use one of them for an at need burial. The new locations of the pre-need lots are:

Lot 279, Graves 3 & 5, Section 2, Division 12
and
Lot 280, Graves 8 & 10, Section 2, Division 12

Please disregard the previous Interment/Purchase Order E-14179, with the old location of the pre-need lots. Here is a fax copy of the new Interment/Purchase Order E-14196 with the new location of the pre-need lots. Please sign the fax copy of the Interment/Purchase Order and fax it back to me. I will be mailing you the hard original copy to you for your signature. Once you have signed it, please mail it back to me. At the same time I will mail the deed for the purchase of the four pre-need lots.

If you have any questions, or if I can be of any further assistance to you, please do not hesitate to write or contact me at (619) 527-3400.

Sincerely,

Catina Turgeon-Avallone
Catina Turgeon-Avallone
Clerical Assistant II

Attention:
Martin Mitchell

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-26-98

Pre-need lots

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of CA. Cremation and Burial Chapel

in a _____ (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ : CA Burial Martin Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

279 3+5 2 12

Lot 280 Grave 8+10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund (4 at $795.00 each)	3180.00
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	3180.00
Paid receipt number R-49679	3180.00
Balance due	0

PAID IN FULL FEB 23 1998 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

X _____ Address

X _____ City Zip Code

X _____ Telephone

Cross reference with E-14179

Work Order # E 14196

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

12216

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

E-14196

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO California Burial Chapel for the sum of $ 3,180.00(4@$795.ea.) (DOLLARS)

LEGAL DESCRIPTION Lot 279, Grs. 3&5, Sec. 2, Div. 12 and Lot 280, Grs. 8&10, Sec. 2, Div. 12

AS DESCRIBED ON PURCHASE ORDER NUMBER E-14196

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:

Cemetery Manager

Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Lot & Trust fee

Date 2/26/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lasea Tauanuu

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 108 Grave 11 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	395.00
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 49687	416.00
Balance due	1248.73

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Aitofo Tauanuu
Signature
X 123 N. Royal Oak Dr.
Address
X San Diego, Ca. 92114
City Zip Code
X (619) 479-2287
Telephone

Invoice # _____

Work Order # E 14197

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14197

TAUANUU, LASEA 123 N. Royal Oak Dr., San Diego 92114

		DEBIT	CREDIT	BALANCE
02-26-98	Opened Pre-need Lot & Trust			
	Lot 108, Gr 11, Sec 1, Div 12	895.00		
	Trust includes Opening/Closing, Liner, Handling Fee, Recording Fee, Tax on Liner.	769.73		1664.73
02-26-98	Receipt #49687		416.00	1248.73
3-24-98	Coupon #1 & 2 R-49788		104.00	1144.73

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49687

Date: 2/26, 1998

From: Artogi Tanamen Address: 123 N. Royal Oak Dr. SD Ca 92114

Four hundred sixteen 00/00 Dollars ($ 416.00)

In Part Payment of Pre Need Lot 1 Trust

Lot 108 Grave 11 Row Section 1 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. 14197

BALANCE DUE 1948.73

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: Kanya Baker

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

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-26-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Evelyn V. Hood

in a T.S. vault Funeral, date, time Mon. Mar. 2 11:00

Church Chapel Graveside (Type of Burial Container) chapel+grvside Ragsdale Mortuary. Mt. Ragsdale

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X R. L. Hood

Lot 76 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund w/tree	199	995.00
Additional spaces and care fund	329	—
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-496091		467.00
Balance due		1402.38

30 day note

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Reginald L. Hood
Signature
X 4173 Wilson Ave
Address
X San Diego CA. 92104
City Zip Code
X 619 283-9398
Telephone

Invoice # 295927

Work Order # E 14198

Acct. # 0948604

REA-104 (7-86)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY W.O. # E-14198

NOTE

$ 1402.38 San Diego, California February 27 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of one thousand four hundred two & 38/100 DOLLARS with interest from April 2, 1998 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 REGINALD L. HOOD SIGNATURE X Reginald L. Hood

ADDRESS X 4173 Wilson Avenue, S.D. 92104

CALIFORNIA DRIVER LICENSE NUMBER X V9056196 SSN # X 032-32-1637

PY-1012 (11-88)

E- 14198

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
Evelyn	Valetta	Hood	04/16/1915	02/26/1998	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 Hood, Son 4173 Wilson Ave. San Diego, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329		02/27/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/02/1998	9803559

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 3/5/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Pat	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

49691

Date: 2-27, 19 98

From: Rodney E. Hood Address: 4875 Taitec Drive La Mesa 91941

Four Hundred Sixty Seven & no/100 Dollars ($ 467.00)

In part Payment of Interment of Evelyn Hood

Lot 716 Grave 5 Row 1 Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14198

BALANCE DUE 1462.38

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1007

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	467	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	467	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/26/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Victoria Wilson

in a Liner (Type of Burial Container) Funeral, date, time Monday, Mar 2, 10:30

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 will be applied and billed to undersigned. X Violet M. Wilson

Lot 99 Grave 11 Row _____ Section 3 Division/Block 12

Grave space & Care Fund 20% 104	795.00
Additional spaces and care fund 80 %	
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 49688	391.00
49704 380	
873.7 Balance due	1173.73

Balance as of 5/13/98 273.73 pending

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Violet M. Wilson
Signature

X 282 Latimer St
Address

X San Diego CA 92114
City Zip Code

X 263-5153
Telephone

Invoice # 295950

Work Order # E 14199

Acct. # 094860

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-10-98

2-27-98
1:45

called SD memorial and spoke with John regarding the time of service. He said it was saturday 2-28-97. He checked w/ mark and found out that services are tomorrow but burial is on monday. someone at SD memorial wrote burial date on the wrong schedule day.

1173.73
300.00 PAID 3-3-98 R-49704
873.73

Family E-14199
to call BACK
on time for Monday

2-27-98
1:45
per John at
SD Memorial
will call
back w/
time.

as of 3-3-98

MT. HOPE CEMETERY 873.73

W.O. # E-14199

NOTE

1173.73 San Diego, California February 26 19 98

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 April 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 Violet M Wilson SIGNATURE X Violet M. Wilson

ADDRESS X 282 Latimer St San Diego, CA 92114

CALIFORNIA DRIVER LICENSE NUMBER X N6166018 SSN # X 552-92-5109

PY-1012 (11-89)

14199

295950 03/10/98 094866 VIOLET M. WILSON

E-14199

100	072		04/16/98 CK 4037		75.00	873.73	723.73
100	072	77181	000072		32.19		PARTIAL PAYMENT
100	072	77182	000072		16.31		
100	072	77183	000072		3.86		
60101		77185	000072		12.45		
67007		78390			1.26		
		77184			8.93		

NUMBER OF INVOICES PAID 1
TOTAL AMOUNT PAID 75.00

295950 03/10/98 094866 VIOLET M. WILSON

E-14199

100	072		03/23/98 CK 4024		75.00	873.73	798.73
100	072	77181	000072		32.19		PARTIAL PAYMENT
100	072	77182	000072		16.31		
100	072	77183	000072		3.86		
60101		77185	000072		12.45		
67007		78390			1.26		
		77184			8.93		

E-14199 liner 99-11-3-12 3-2-98

E-14199

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
Victoria	-	Wilson	09 17 1951	02/24/1998	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	Violet Wilson - Sister 282 Latimer 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
San Diego Memorial Chapel 2441 University Ave; San Diego, CA 92104	FD-1575	▶ [signature]	02/27/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/02/1998	9803568

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85822 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address) -

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2/5/98	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 CR ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

49688

Date: 2/26, 1998

From: Violet Wilson Address: 282 Latimer St San Diego Ca 92114

Three hundred ninety 00/00 Dollars ($ 391.00)

In Part Payment of Interment w/ Victoria Wilson

Lot 99 Grave 11 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14199

BALANCE DUE 1173.73

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 3957

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49704

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-3 19 98

From: Violet Wilson Address: 282 Latimer St San Diego 92114

Three Hundred Dollars ($ 300.00)

In part Payment of Interment of Victoria Wilson

Lot 99 Grave 11 Row ____ Section 3 Division ~~Block~~ 12

Invoice No. ____

Acct. No. ____

W.O. E-14199

BALANCE DUE 873.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐ 1005

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	55	00
80% Sales of Lots	100 77184	245	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	$	300	00

ACR07I INVOICE INQUIRY E-14199 PG 3
INVOICE: 295950 INV TOTAL: 873.73
ACCOUNT: 094866 NAME: VIOLET M. WILSON

PAYMENT DATA

APPLIED	RECEIVED	AMOUNT	METH	REF NO
03/25/98	03/23/98	75.00	CK	4024
04/20/98	04/16/98	75.00	CK	4037
05/05/98	05/01/98	450.00	CK	40571

DEPRESS PA1 KEY FOR NEXT SCREEN

LOWER WEST END OF GRAVE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/27/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Jane Doe PA# 1230077 ME 97-2074

in a unfant liner (Type of Burial Container) Funeral, date, time Thur. Mar. 12 '98

Church, Chapel, Graveside delivery : Mayer Jim Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 77 Grave 10B Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	120.00
Additional spaces and care fund	
Opening/Closing & Setup	1105.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00

Paid in full 04-12-98

Rebecca BAKER P.A.

Paid receipt number INVOICE

Balance due ~~0~~

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 296035

Work Order # E 14200

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-12-98

per Joann
use as infant liner as burial container; charge as adult liner charge.

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 RUFFIN ROAD A
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 4-6-98
BY: CA (CK) IF
PAYMENT REF NO 04-576890 AMT PAID: (A) 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/12/98	04/11/98	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14200
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN/JANE DOE PA#1230077	
LOT 77 GR 10B SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
INFANT LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 296035

AC-22 (REV - 10/95)

RETURN WITH PAYMENT

Jim / Mayer 3/9

Skull (mostly)
maybe few bones
will call w/
measurements
to ensure we
pick right glove
use infant liner

E 14200

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John/Jane	-	Doe	Unknown	11/16/1997	Unk

FOUND

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Lakeside	San Diego	R. Barr-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	FD1424	▶	03/11/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/10/1998 James Hale	9804088 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ — 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-14200

296035 03/12/98 000952 COUNTY OF SAN DIEGO 04/06/98 CK 04-576890 386.00 386.00 0.00

E-14200

100	072	77181	000072	386.00
100	072	77182	000072	165.00
100	072	77183	000072	50.00
67007		77184		45.00
				126.00

PAID IN FULL

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2/27/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Lee Howard

in a Liner (Type of Burial Container) Funeral, date, time Frid. Feb. 27th 1:00

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

Lot 64 Grave 8 Row — Section 1 Division/Block 11

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number 49695	1664.73
Balance due	0

I hereby certify I am the X — of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Signature

X Address lee attached

X City Zip Code

X Telephone

Invoice #

Work Order # E 14201

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2/27/98
Ragdale / Skipper called about 1310
to confirm this burial for today
we did not have it on the schedule
no one has come in and Ragdale
never called to schedule.

E14201

APPLICATION 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
Annie	Lee	Howard	06/18/1929	02/19/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Regina Howard, Daughter 3027 "L" St. San Diego, CA 92102

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mortuary; 6050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	02/25/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/26/1998	9803448 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 2/27/98	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 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

49695

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 2/27, 1998

From: Anderson Bagdal Mortuary Address: 5050 Federal Blvd SD Ca 92105

One Thousand Six Hundred Sixty Four 73/00 Dollars ($ 1664.73)

In Full Payment of Interment of Minnie Lee Howard

Lot 64 Grave 8 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-14201

BALANCE DUE 0

Pre-Need Lot ☑ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

6322

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	174	00
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1664	73

AC-212 (Rev. 5-94)

E 14201

INTERMENT ORDER

E 14201

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 2-27-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Idella Hayes

in a liner Funeral, date, time Mon. Mar. 22:00

Church, Chapel, Graveside (Type of Burial Container) Chapel + grvside 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 M.H

Lot 273 Grave 9 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	159	795.00
Additional spaces and care fund	136	—
Opening/Closing & Setup		375.00
Burial Container	not paid	190.00
Handling Fees	do 4/9/10/98	145.00
Flower vases – Marker setting fee	Ren Asley city Treasure	—
Recording and filing fee		45.00
Sales taxes		14.73
30 day note	Total Due	1564.73
	Paid receipt number R-49690	500.00
	Balance due	1064.73

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 Marfella Hayes
Signature

X 3846 38th St
Address

X Sandiego Calif 92104
City Zip Code

X (619) 583-3624
Telephone

Invoice # 295949

Work Order # E 14202

Acct. # 094865

3-10-98

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-14202

NOTE

$ 1064.73 San Diego, California February 27 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of one thousand sixty four + 73/100 DOLLARS with interest from April 2, 1998 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 MAEDELLA HAYES SIGNATURE X Maedella Hayes

ADDRESS X 3846 38th Street Apt 5 92104, B3655818

CALIFORNIA DRIVER LICENSE NUMBER X San Diego Calif 92104 SSN # X 463-23-6563

PY-1012 (11-89)

E-14202 liner 273-9-2-12 3-2-98

E 14202

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

01/12-1921 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
Idella	-	Hayes	02/12/1921	02/20/1998	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	Mae Della Hayes, Daughter 3846 38th St. Apt. 5 San Diego, CA 92105

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ Bettie Williams	02/27/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/02/1998	9803560 ▶ 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	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49690

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-27 19 98

From: MaDella Hayes Address: 3846 38th Street #15 SD 92104

Five hundred and no/100 Dollars ($ 500.00)

In part Payment of Interment of Idella Hayes

Lot 273 Grave 9 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14202

BALANCE DUE 1064.73

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.

Catina Avalos

ISSUED BY

CREDIT	67007		
20% Sales Care	77184	500	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

* full military honors service

Date 2-27-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Gardner Kincade

In a liner (Type of Burial Container) Funeral, date, time Tues. Mar. 3 11:30

~~Church, Chapel~~ Graveside only Clairemont Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 1 Grave 6 Row _____ Section 6 Division/~~Block~~ 3

Grave space & Care Fund ... prepaid	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-491694	769.73
Balance due	0

PAID
FEB 27 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X SPOUSE of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Gwen Kincade
Signature
X 3890 ASHFORD ST
Address
X SAN DIEGO 92111
City Zip Code
X 619/292-5386
Telephone

Work Order # E 14203

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14203

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
JOHN	G.	KINCADE	05/16/1918	02/25/1998	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	GWEN M. KINCADE - WIFE 3890 ASHFORD 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	FD-1126	▶ Victoria Meza	03/02/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	03/02/1998	VICTORIA MEZA 9803625 ▶

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 3/3/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49694

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 2-27 19 98

From: Gwendalyn Kincade Address: 3890 Ivard Street SD 92111

Seven Hundred Sixty Nine and 73/100 Dollars ($ 769.73)

In full Payment of Interment of John Gaddis Kincade

Lot 1 Grave 6 Row Section 6 Division Block 3

Invoice No.

Acct. No.

W.O. E-14203

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 6441

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Catina Wallace

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
	100	145	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390	14	73
TOTAL PAID	$	769	73

OFFICIAL RECEIPT

50111

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-24 19 98

From: Gwendolyn Kincade Address: 3890 Ashford St. SD 92111

One hundred twenty five + no/100 Dollars ($ 125.00)

In full Payment of marker setting fee for

John Kincade

Lot 1 Grave 16 Row Section 6 Division 3 Block

Invoice No.

Acct. No.

W.O. E-14203

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

USIG

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Calvin Avallone

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	125	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/2/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Brian Timothy Rodrigues

in a Linee (Type of Burial Container) Funeral date, time

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 3 Grave 4 Row Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre Need D-7545	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number	
Balance due	

Francis Rodrigues 264-35H

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.

X _____
Signature of recorded holder of deed

X _____
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # [redacted]

Work Order # E 14204

REA-104 (7-96) This informa

E14204

Family will come in to sign & pay. Time not

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/2/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Brian Timothy Rodrigues

in a Liner (Type of Burial Container) Funeral date, time

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 3 Grave 4 Row Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... Pre Need D-1545 0

Additional spaces and care fund .....

Opening/Closing & Setup 375.00

Burial Container 190.00

Handling Fees 145.00

Flower vases – Marker setting fee .....

Recording and filing fee 45.00

Sales taxes 14.73

Total Due 769.73

Paid receipt number _____

Balance due _____

Frances Rodrigues 2664 33rd

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 14204

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 1420.4

Family will
come in to sign
& pay
Service time not
determined yet.
3/3/98 Service still pending
per Greenwood and Family
3/5/98 change to CA Burial to
per Greenwood decided to
3/6/98 Family decided
[illegible]
[illegible]
[illegible]

E 14203

John G Kincade

Grave 6

marriage

John 1

Bob Pre

Service

Claireman

Full Military

Tuesday

11:30

Grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-2-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jose Vargas DeLaca PA# 1289346

in a liner (Type of Burial Container) Funeral, date, time Wed, March 4th

Church, Chapel, Graveside Deliver Only : Mayer JM Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

✓ Lot 64 Grave 12 Row — Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	45.00
Total Due	
Paid receipt number INVOICE	386.00
Balance due	~~386.00~~

Paid in Full 4-6-98

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 295953

Work Order # E 14205

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-10-98

E 14205

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
Jose	-	Vargas-DeVaca	09/06/1920	02/09/1998	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	J. Edwards-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 who files permit	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	FD1424	▶ [signature]	02/27/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/27/1998 James Hale	9803488 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3-4-98	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 CREM ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E-14205 [illegible]

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 4-6-98
BY: CA (CK) IF
PAYMENT REF NO 04576890 AMT PAID: 386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/10/98	04/09/98	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14205
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOSE VARGAS PA#1229346	
LOT 64 GR 12 SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

AC-22 (REV. 10/95) RETURN WITH PAYMENT INV NO. 295953

E14205

295953 03/10/98 000952	COUNTY OF SAN DIEGO				04/06/98 CK	04-576890	386.00	386.00	0.00
E-14205	100	072	77181	000072			165.00		PAID IN FULL
	100	072	77182	000072			50.00		
	100	072	77183	000072			45.00		
	67007		77184				126.00		

Pre-Need
Lot + Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-2-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gertrude & Elmore Graham

in a _____ Funeral, date, time _____
Type of Burial Container

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 109 Grave 8 & 9 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	2 at 895.00	1790.00
Additional spaces and care fund		
Opening/Closing & Setup	2 at 375.00	750.00
Burial Container	2 at 190.00	380.00
Handling Fees	2 at 145.00	290.00
Flower vases – Marker setting fee		
Recording and filing fee	2 at 45.00	90.00
Sales taxes	2 at 14.73	29.46
Total Due		3329.46
Paid receipt number R-49697		400.00
Balance due		2929.46

SEE E-14362

R-49739 A32.00

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 Gertrude Graham
Signature
X 334 Woodrose DR
Address
X S.D. CA 92114
City Zip Code
X 619-264-3393
Telephone

Invoice # _____

Work Order # E 14206

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2929.46
432.00

R49739

2497.46

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/3/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Allie Daniels-Dubose

in a TS Vault (Type of Burial Container) Funeral, date, time Frid. March 6th 11:00

Church, Chapel, Graveside Chapel/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. [signature]

Lot 251 Grave 1 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	179	895.00
Additional spaces and care fund	273.65	
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-49715	442.35
Balance due		1327.03

30 day Note Check for $62.35 – 3/30/98 Returned (payment stopped) $82.35 Due from customer. PAID "2003"

I hereby certify I am the X Sister of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X [signature] Signature

X 8215 Orchard Ave Address

X LA Mesa, CA 91941 City Zip Code

X 469-8345 Telephone

Invoice # 295954

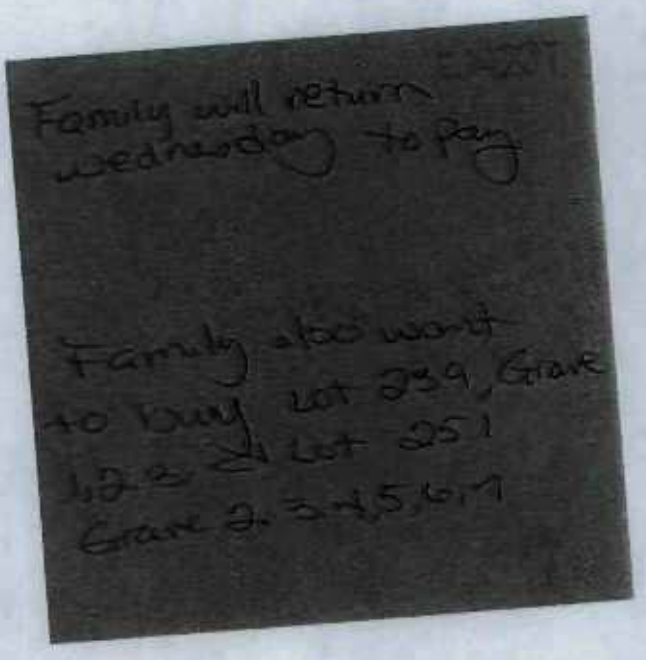
Work Order # E 14207

Acct. # 094867

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper


Family will return
wednesday to pay
Family also want
to buy Lot 239, Grave
1 & 2 & Lot 251
Grave 3. 345,617

MT. HOPE CEMETERY W.O. # 14207

NOTE

$ 1327.03 San Diego, California March 5 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of One thousand three hundred twenty seven 03/100 DOLLARS with interest from April 6, 1998 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 Karen HUFF SIGNATURE X [redacted]

ADDRESS X Box 3873 La Mesa, CA 91944

CALIFORNIA DRIVER LICENSE NUMBER X A7874857 SSN # X 616-40-7344

PY-1012 (11-89)

E 14201 50

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Allie	Mae	Daniels-Dubose	11/24/1947	02/26/1998	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	Karen Huff - Sister 8215 Orchard Ave. 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
San Diego Memorial Chapel 2441 University Ave.; San Diego, CA 92104	FD-1575	▶ Frances X Huff	03/03/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10276 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/05/1998	9803828

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 3-6-98	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

49715

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/5, 19 98

From: James Logan Ophelia Pickets/Karen Haff Address: 105 16th Ave SD CA 92101

Four Hundred Forty, Four 35/100 Dollars ($ 440.35)

In Cash Payment of Interment of Willie Daniels Burial

Lot 251 Grave 1 Row _____ Section 2 Division Block D

Invoice No. _____

Acct. No. _____

W.O. E-14207

BALANCE DUE 1327.65

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1824

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	440.	35
Opening/ 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	$	440	35

E14207

May 23, 1998

Karen Huff
8215 Orchard Ave #6
La Mesa Ca 91941

Dear Ms. Huff:

Please find attached a copy of the check you submitted to the office of Mt. Hope Cemetery for the burial of Allie Daniels Dubose, in Lot 251, Grave 1, Section 2, Division 12. This check was returned to the cemetery because payment was stopped. This accounts will remain unpaid until this check for $62.35 is replaced plus $20.00 for the return check fee. Also due is any unpaid balance for which you signed a 30 day note.

Please be aware that no marker may be placed on this grave until all fees have been paid. You may submit a money order or credit card for the amount of $82.35, the amount needed to replace the check. All other payment should be made directly to the City Treasures Office. Their address is listed on the invoice you received in the mail.

Also the lots you placed on reserved for 30 days will be taken off reserved unless we hear from you regarding the purchasing of these lots.

If you have any questions, please call me at 527-3400.

Karyn Baker
Administrative Aide

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/3/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Robert James Rogers ⊗

in a Ash Vault (Type of Burial Container) Funeral, date, time Saturday, March 7th 1:00

Church, Chapel, Graveside Graveside : Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned. Debbie Machado

Lot 31 Grave 8 Row ____ Section MAS Division/~~Block~~ S

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 ..... Sat. at return	210.00
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	479.26
Paid receipt number Visa	479.26
Balance due	0

PAID
MAR 03 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO CALIF.

I hereby certify I am the X [redacted] 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 Debbie Machado
Signature
X 912 Terra lane
Address
X El Cajon 92019
City Zip Code
X 447-7224
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 14208

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Family to bring ashes 3/3/98
a permit.
day of service.

per family grave to be used
for ashes only E 14208

E14208

Juanita to be buried with
husband at Glenn Abbey

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

51606

Date: 10-11, 1999

From: Debbie L. Machado Address: 712 Terra Lane

One Hundred Sixty and 00/100 Dollars ($ 160.00)

In Full Payment of $ Setting Fee for Robert Myers

Lot 51 Grave 8 Row ____ Section MAS Division Block S

Invoice No. ____

Acct. No. ____

W.O. F 14208

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 5715

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lynda

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	160	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	160	00

E 14208
Refile

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

70

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	James	Myers	03/17/27	02/27/98	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
PHOENIX	AZ	Debbie Machado - Dghter 712 Terra Ln. El Cajon, CA 92019

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Debbie Machado 712 Terra Ln, El Cajon, CA 92019	—	Debbie Machado	03/04/98

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/04/1998	[signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA

9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records
P.O. Box 85222
San Diego, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery 3751 Pioneer St. San Diego, CA	11B. DATE BURIED 3-7-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL Norman Torgerson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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 3/3/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Guadalope Zuniga (X)

in a Ash Vault Type of Burial Container Funeral, date, time Wednesday Mar 4 2:00

Church, Chapel, Graveside Graveside ; Family Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned. X Magdalena Carranco

Lot 263 Grave 1 Row _____ Section 2 Division/Block 18

Grave space & Care Fund	300.00
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	569.26
Paid receipt number 49793	120.00
Balance due	449.26

PAID
MAR 3 1998
MT. HOPE CEMETERY
CITY of San Diego

R-49710 449.26

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 Magdalena Carrancho Carranco
Signature

X P.O. Box 3762 San Luis AZ
Address

X Arizona
City Zip Code

X 26316 72
Telephone

Invoice # _____

Work Order # E 14209

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # E-14209

NOTE

449.26 San Diego, California March 3 1998

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 forty nine 26/00 DOLLARS with interest from April 3, 1998 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 Magdalena Coronado SIGNATURE X Magdalena Coronado

ADDRESS X P. O. BOX 3762 San Luis Arizona

~~CALIFORNIA~~ DRIVER LICENSE NUMBER X 600249110 EX 7/01 SSN # X600-24-9110

Arizona

PY-1012 (11-89)

92
E14209

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND-REFILE

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
GUADALUPE	-	ZUNIGA	11/12/1905	02/20/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	MARTHA VILLAGOMEZ-DAUGHTER 3622 BETA 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
CARING CREMATION SERVICES OF S.D. P.O.BOX 711036 S.D. CA 92171-9972	FD-1516	▶ Rosa Nava	03/03/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/03/1998	9803713 ROSA NAVA ▶

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 3-4-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Lerner
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMA ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶
			15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

49703

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/3, 1998

From: Magdalena Carrancho Address: P.O. Box 3762 San Luis AZ

One hundred twenty Dollars ($ 120.00)

In Part Payment of Interment of Guadalupe Zuniga

Lot 263 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14209

BALANCE DUE 449.26

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 Kanya Bak

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	120	00
Opening/ 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	$	120	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49710

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3 - 3, 1998

From: Magdalena Carrancho Address: PO Box 3762 San Luis Oz

Four Hundred Forty Nine - 26/100 Dollars ($ 449.26)

In full Payment of Interment of Guadalupe Gurrego

Lot 263 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E - 14209

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. Stockelton

CREDIT 20% Sales Care	67007 77184	60	00
80% Sales of Lots	100 77184	120	00
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	$	449	26

AC-212 (Rev. 5-94)

grave may be used for future ashes.

center Right

69

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-3-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Roy Iwashita

in a ash vault (Type of Burial Container) Funeral, date, time Sat. 3-7 11:00

Church, Chapel, Graveside Graveside ; Family — Mortuary. Humphrey

All Funeral 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 5170 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-Need C-1282	~~0~~
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee Sat. overtime	210.00
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	479.26
Paid receipt number 49711	479.26
Balance due	~~0~~

PAID
MAR 04 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

Leslie
479-1768

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 Leslie Iwashita
Signature
X 2986 Plaza Leonardo
Address
X Bonita, CA 91902
City Zip Code
✓ 619 479 1768
Telephone

Invoice # _____

Work Order # E 14210

REA-104 (7-96) This info

3-3 E14210
family will come in wed. to pay and sign.

E14210

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

69

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
ROY	SHIGERU	IWASHITA	03/30/1928	02/07/1998	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	Paula Iwashita - Daughter 2986 Plaza Leonardo Bonita CA 91902

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	Judith E King	02/11/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	02/11/1998	9802637 J.E. King

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 3-7-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Oceanview Crematory - 1625 Gisler Ave. Costa Mesa CA 92626-5554	12B. DATE CREMATED 02/13/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49711

Date: 3/4, 19 98

From: Roy S. Iwashita Address: 3956 Maza Leonardo Rancho CA 91902

Four Hundred seventy nine 76/100 Dollars ($ 479.76)

In Full Payment of Interment by Roy Iwashita

Lot 5170 Grave — Row — Section — Division 10 Block

Invoice No.

Acct. No.

W.O. E-14-10

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 Kenyon Bank

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	165	00
Burial Containers	100 77182	35	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	255	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390	4	76
TOTAL PAID	$	479	76

OFFICIAL RECEIPT

49829

CITY OF SAN DIEGO, CALIFORNIA

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-7, 1998

From: Paula Lwashita Address: 2986 Playa Leonardo Bonita 91902

One Hundred Sixty two Dollars ($ 162.00)

In full Payment of Foundation & border for Roy Lwashita

Lot 5170 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E - 14210

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 1471

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	162	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	162	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

11/25/2008

City of San Diego

Date 3-3-98

John Michael Wheaton 3/19 PS

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA # 1228439 Thur Mar 12 1:00

in a liner (Type of Burial Container) Funeral, date, time Thur Mar 12 1:00

Church, Chapel, Graveside delivery : mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

94 7

Lot 69 Grave 8 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	—
Opening/Closing & Setup 4-28-98	165.00
Burial Container PAID	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	386.00
Paid receipt number	
Balance due	

Rebecca Barr

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature _____

Address _____

City _____ Zip Code

Telephone _____

Signature of recorded holder of deed

ME-98-00180

Invoice # 2963394

Work Order # E 14211

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-20-98

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) 496-5956

January 25, 2008

City of San Diego
Mount Hope Cemetery
3751 Markct Street
San Diego CA 92102

Attn: Cemetery Records – Maria 619-527-3403

Re: John Doe (Medical Examiner Case #98-00180) Pin: 172716

Ladics and Gentlemen:

This letter is to inform you of the identification of John Doe, Medical Examiner case number 98-0180. The date of death of John Doe was 01/25/1998. He was positively identificd on 01/22/2008 through a fingerprint comparison.

The decedent's identity has been cstablished as: John Michael Wheaton with date of birth of 02/15/1945. His next of kin could not be determined or locatcd. 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

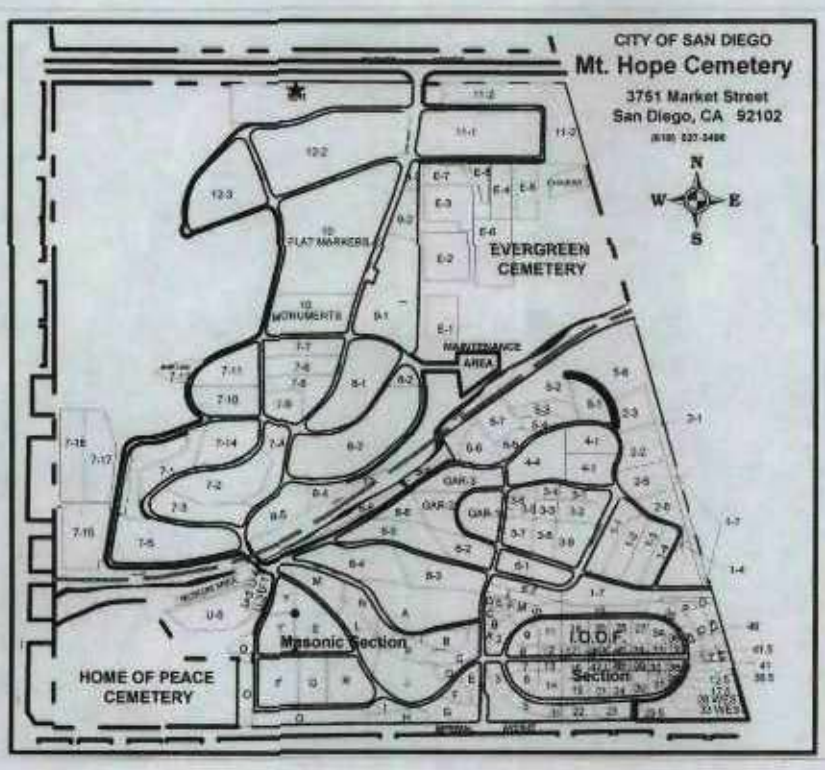
Public Administrator number : 1228439 D

E-14211

12, 1,, 94, 7

E14211

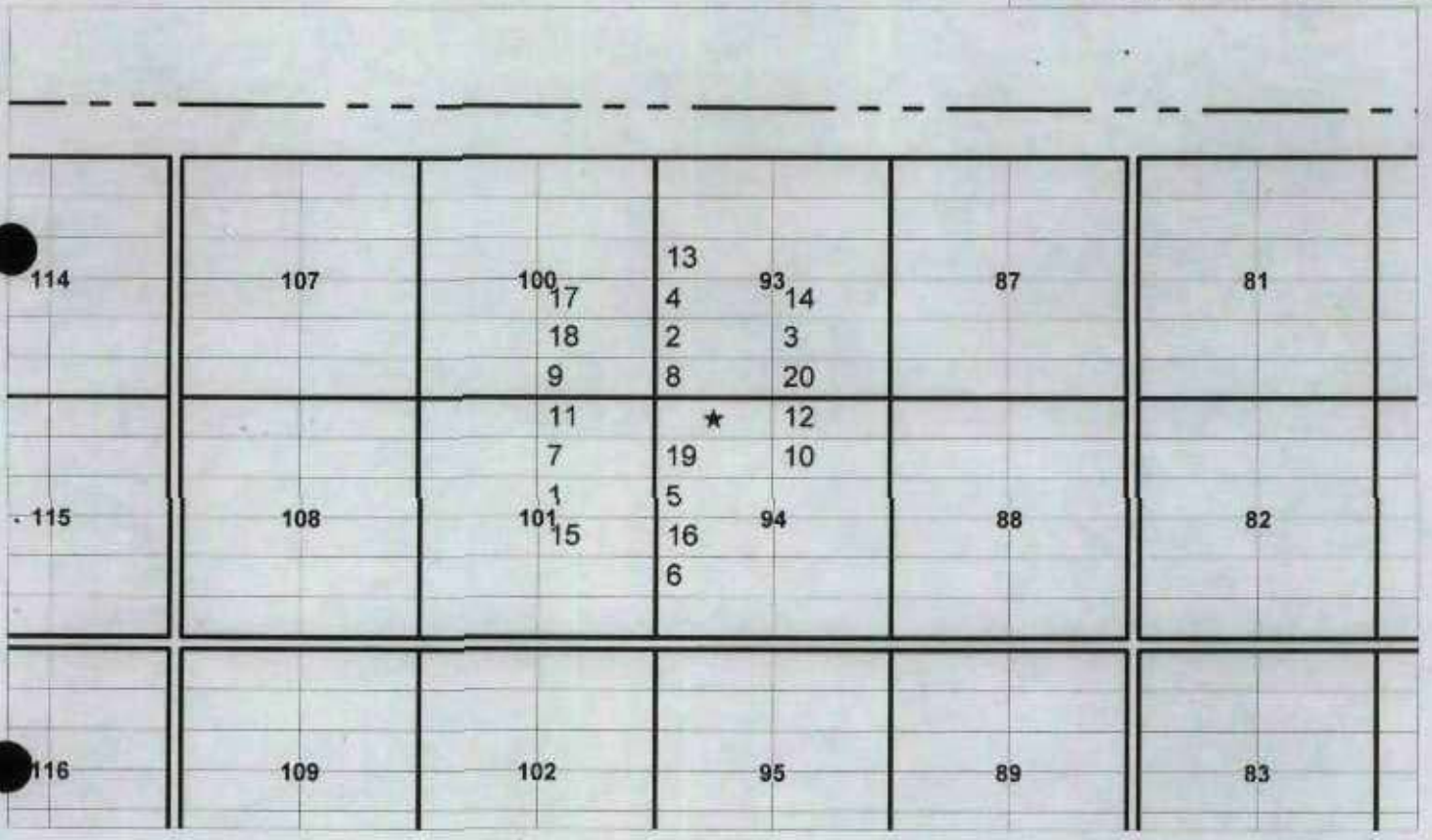
Locator Map




```
Location          : 12,1,,94,7
Division          :    12
Section           :     1
Block_Row         :
Lot               :    94
Grave             :     7
C01_Prop_Status   : I
C52_Deceased_A    : Wheaton, John Michael
C53_Deceased_B    :
C54_Deceased_C    :
C55_Deceased_D    :
C56_Deceased_E    :
C57_Deceased_F    :
C10_Convey_No     :
C11_Convey_Date   :   /  /
C20_ContractNo_A  :
C21_ContractNo_B  :
C22_ContractNo_C  :
C23_ContractNo_D  :
C24_ContractNo_E  :
C25_ContractNo_F  :
C36_Owner_Name_A  :
C37_Owner_Name_B  :
C38_Owner_Name_C  :
C39_Owner_Name_D  :
C40_Owner_Name_E  :
C41_Owner_Name_F  :
C60_Dec_Info_A    : DOB=02/15/1945 DOD=01/25/1998
C61_Dec_Info_B    :
C62_Dec_Info_C    :
C63_Dec_Info_D    :
C64_Dec_Info_E    :
C65_Dec_Info_F    :
```

Deceased Within A 15 Ft. Radius.

01-Bettancourt, Jorge (12,1,,101,3)
02-Buck, Doris (12,1,,93,11)
03-Burr, Rita (12,1,,93,8)
04-Dahl, Edgar Joseph (12,1,,93,10)
05-Davis, Mattie Louise (12,1,,94,9)
06-Dixon, Amie Eunice (12,1,,94,11)
07-Doe, Jane PA 1220012 (12,1,,101,2)
08-Doe, John PA 1145797 (12,1,,93,12)
09-Doe, John PA 1180193 (12,1,,100,6)
10-Doe, John PA 1220020 (12,1,,94,2)
11-Fowler, Charles , Jr (12,1,,101,1)
12-Gillie, Andrew Jackson (12,1,,94,1)
13-Hasty, Pearlie May (12,1,,93,9)
14-Herrera, Clorinda R (12,1,,93,4)
15-Hogan, Jeremy David (12,1,,101,4)
16-Holman, Mealy Mardella (12,1,,94,10)
17-House, Thelma Johnson (12,1,,100,4)
18-Mathieson, Jill (12,1,,100,5)
19-Palmer, Johnnie (12,1,,94,8)
20-Robles, Julio (12,1,,93,6)



E 14211

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

53

FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
John	Michael	Wheaton	02/15/1945	01/25/1998	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	R. Barr-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	FD1424	▶ [signature]	03/17/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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	03/19/1998	▶ [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
San Diego, P.O.Box 85222, San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St., San Diego, CA 92102	11B. DATE BURIED 3/19/98	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 3-4-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Charles Tyler

in a liner (Type of Burial Container) Funeral, date, time Tues 3-10 10:00

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. Y J.T.

Lot 135 Grave 2 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number 49719	1564.73
Balance due	0

PAID
MAR 05 1998
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.

X _____
Signature

X 78 Woodlawn #B
Address

X Chula Vista, Ca. 91910
City Zip Code

X 619-427-9403
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 14212

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14212

59

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

FOUND

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	-	TYLER	01/24/1939	03/02/1998	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	GLORIA ANN TYLER - WIFE 786-B WOODLAWN AVENUE CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
BERGE-ROBERTS MORTUARY 607 NAT'L. CITY BLVD., NATIONAL CITY, CA 91950	FD-284	▶ Marla Souder	03/05/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/05/1998	MARLA SOUDER ▶ 9803882

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/10/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

49719

MOUNT HOPE CEMETERY

527-3400

Date: 3/5, 1998

From: Joe Tyler Address: 786 Woodlawn #B Chula Vista Ca 91910

One thousand five hundred sixty four 73/100 Dollars ($ 1564.73)

In Full Payment of Interment of Charles Tyler

Lot 135 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14212

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	795	00
Opening/ Closing	100 77181	395	00
Burial Containers	100 77182	170	00
Handling Fee	100 77165	145	00
Recording & Misc. Fees	100 77163	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1564	73

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

51087

CITY OF SAN DIEGO, CALIFORNIA

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-29 1999

From: Berge Roberts Address: 607 National City Blvd NC

One hundred twenty five Dollars ($ 125.00)

In full Payment of Marker Setting Fee for

C. Charles Tyler (Cemetery Granite Co)

Lot 135 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E 14212

BALANCE DUE X

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

2014827336

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Calina Wallace

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

MT. HOPE CEMETERY

W.O. # E - 14212

NOTE

$ 1564.73 San Diego, California March 4 19 98

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 DOLLARS 10U with interest from April 11, 1998 on the unpaid principal at the rate of 12 percent per annum, payable on demand.

Should this note not be paid when due, it shall thereafter bear interest on the principal. Interest after maturity will accrue at the rate indicated above. Principal and interest are payable in lawful money of the United States. The maker will be liable and consents to renewals, replacements and extensions of time for payment hereof before, at or after maturity, and waives presentment, demand and protest and the right to assert any statute of limitations. A married person who signs this note agrees that recourse may be held against his/her separate property for any obligation contained herein. If any action be instituted on this note, the undersigned promise(s) to pay such sum as the Court may fix as attorney's fees.

Part II, Chapter I, Article 2, Paragraph 7528 of the State of California Health and Safety Code authorizes the removal of any remains from a plot for which the purchase price is past due and unpaid.

PRINT NAME X Joseph Tyler SIGNATURE X

ADDRESS X 786 Woodlawn Ave #B Chula Vista, Ca. 91910

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X 573-31-4865

PY-1012 (11-89)

Elmer Chase

D. I. P.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-4-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Joe Chase

in a liner (Type of Burial Container) Funeral, date, time Mon. 3-9 10:00

Church, Chapel, Graveside Chapel / Graveside Featherngill Mortuary Elmer

All Funeral cars must 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 4840 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund Pre-Need C-0678	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-49712	769.73
Balance due	0

PAID
MAR 05 1998
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.

X E.L. CHASE BY K. KEY
Signature

X 6832 ESTRELLA AVE
Address

X SAN DIEGO, CA 92120
City Zip Code

X 583-5566
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 14213

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

ORDER

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIFORNIA

E14213

DATE 2-25 1964

CHARGE Susan L. Chase

ADDRESS 2820 Palm Springs Way, Las Vegas

NAME OF DECEASED Elmer L. Chase

OWNER Joe G. Chase

ADDRESS 7187 Colony Rd. La Mesa

MORTUARY Erickson-Anderson

D I P

LOT 4840 GR ROW SEC DIV 10	315	00
OPENING TIME 2P DAY Thurs. DATE 2-27-64	127	50
~~VAULT~~ BOX SIZE 2	46	80
REMOVAL OR FOUNDATION		
TOTAL	$ 489	30
PAID RECEIPT NUMBER 12445	341	80
12751 2/26/64 BALANCE	147	50

Monument Regulation Explained

(Ded + 86)

PAID

FEB 25 1964

MT. HOPE CEMETERY

CITY OF SAN DIEGO, CALIF.

THE CITY CHARTER MAKES NO PROVISIONS FOR THE EXTENSION OF CREDIT.

I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF MT. HOPE CEMETERY.

Mrs Chase phoned 2/26/64 & requested

AUTHORIZED IN PERSON D.I.P.

PHONE BY E. L. Chase ORDER TAKEN BY R. W. Kline

W.O. NO. C 0678 INVOICE NO. Cash

FORM PR-974 REV.

3-10-98
4:15 P
per Irma at
Vital Records -
OK to pencil in
3751 to correct
4751 for St. adds.
do not need new permit

3-9-98 call County
address # is get name
incorrect, shows
4751 instead
of 3751.
~~3:30~~ See what to do
if we can change) to or
need a new permit
3:30 busy

E 14213

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
Zoe	Quilla	Chase (Chase)	03/14/1909	03/04/1998	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	Elmer Chase, son 124 Virginia Pl. #2, Costa Mesa, CA 92627

7A. TYPED NAME AND ADDRESS OF 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]	03/05/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/06/1998 Candice Maggard	9803921

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 (3751)	11B. DATE BURIED 3/4/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49712

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3-5, 1998

From: Kenneth Key Address: 6832 Estrella Ave San Diego 92120

Seven Hundred Sixty nine & 73/100 Dollars ($ 769.73)

In full Payment of Interment of Zoe Chase

Lot 4840 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-14213

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

4206

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	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 ~~Mon 3-16 10:00~~

City of San Diego

Date ~~Wed 3-18 10:00~~ ~~Tues 3-17 10:00~~ 3/4/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul Daniel Schell PA 1228404 MC98 0164

in a Liner (Type of Burial Container) Funeral, date, time ~~Thurs MAR 12 1:00~~ ~~Wed 3-18~~ 10:00

Church, Chapel, Graveside delivery ; Mayer Jim Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot ~~77~~ 10 Grave ~~10~~ 1 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	
Opening/Closing & Setup PAID 3-28-98	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	

Kathleen 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

X _____ Signature

X _____ Address

X _____ City Zip Code

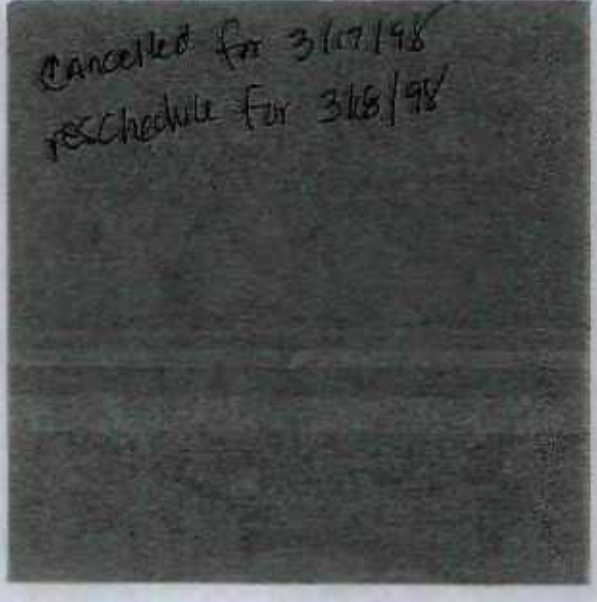
_____ Telephone

Invoice # 296391

Work Order # E 14214 Acct. # 000952

REA-104 (7-96) *This information is available in alternative formats upon request.*

Printed on recycled paper 3-20-98


Cancelled for 3/07/98
reScheduled For 3/28/98

3-11-98 1:45P
E1424

Jim called to
cancel delivery
for 3-12-98
will call to
reschedule date

mm 10:00
~~Jim cancell for 3/16 now~~
scheduled 3/17/98

E 14214

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
Paul	Daniel	Schell	12/14/1959	FOUND 01/24/1998	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	K. Howard-Public Administrator 5201-A Ruffin Rd. 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	FD1424	▶ [signature]	03/03/1998

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	03/17/1998 ▶	[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
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 3/18/98	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.

UPPER
EAST END
PART OF GRAVE

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/5/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of John Doe PA 1230085 ME 972001

in a Infant Uner Funeral, date, time Thur. Mar 12 1:00
Type of Burial Container

Church, Chapel, Graveside delivery ; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 77 Grave 10A 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 —
Balance due	

Paid in full 04-02-98

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 # 296036

Work Order # E✓14215

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-12-98

Per Joann -

use infant liner as burial container, charge as adult liner charge.

3/9/98
per JoAnn
Use baby
Liner for bones
charge Adult PA price

Jim/Mayer 3-9-98
will call us back
with measurements
of box.
per Joann use
an infant liner.
2 1/2 ft Long

Rebecca said this is
only 1 or 2 times
would like an small
grave maybe infant
or ash size will not
need liner per Rebecca

Need measurement from
Mortuary to determine
then call Rebecca Back

E14215

APPLICATION 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	11/04/1997	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Boulevard	San Diego	B. 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 Av. San Diego, CA 92116	FD 1424	▶ John Howard	03/14/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	03/11/1998 ▶	R. Brough

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 9218[illegible]-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE 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 9210[illegible]	11B. DATE BURIED 3/13/98	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.

E14215 [illegible]

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 RUFFIN ROAD A
SAN DIEGO CA 92123

ACCT NO
000952

TREASURERS USE ONLY

PAYMENT DATE 4-6-98
BY: CA CK IF
PAYMENT REF NO 04-576890 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/12/98	04/11/98	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14215
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
JOHN DOE PA#1230085	
LOT 77 GR 10A SEC 1 DIV 12	126.00
OPENING/CLOSING	165.00
INFANT LINER	50.00
RECORDING FEE	45.00
TOTAL DUE	386.00

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 296036

AC-22 (REV - 10/95)

RETURN WITH PAYMENT

E14215

E-14215

296036 03/12/98 000952	COUNTY OF SAN DIEGO			04/06/98 CK	04-576890	386.00	386.00	0.00
	100	072	77181	000072		165.00		PAID IN FULL
	100	072	77182	000072		50.00		
	100	072	77183	000072		45.00		
	67007		77184			126.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Claudine McCloud

in a liner (Type of Burial Container) Funeral, date, time Mon. Mar. 9 10:00

~~Church~~ Chapel Graveside chapel & grvside. 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 W.C.M

Lot 261 Grave ~~108~~ 8 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund 159	795.00
Additional spaces and care fund 245	—
Opening/Closing & Setup	375.00
Burial Container PAID IN FULL 3-31-98	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
30 day note Total Due	1564.73
Paid receipt number R-49720	391.00
Balance due	1173.73
	1173.73

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 Willie C. McCloud
Signature
X 1171 So. 36th St
Address
X San Diego 92113
City Zip Code
X 262-6607
Telephone

Invoice # 296034

Work Order # E 14216

Acct. # 094930

per Norman E14216 grave 10 is unusable but grave 8 is ok.
l/m for Willie to call me, so I can ask if grave 8 will be ok or wants to pick a different grave

able in alternative formats upon request.

3-12-98

Per Mr. McLeod grave 8 okay
to use instead of 10. Called 8:00 AM 3/8/98
grave 10 unusable

MT. HOPE CEMETERY

W.O. # E-14210

NOTE

$ 1173.73 San Diego, California March 5 19 98

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 April 9, 1998 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 C. McCloud SIGNATURE X Willie C. McCloud

ADDRESS X 1171 So. 36th St. San Diego, Ca. 92113

CALIFORNIA DRIVER LICENSE NUMBER X J0418262 SSN # X 566-58-2705

PY-1012 (11-89)

3-6-98
12:55
per Norman, grave 10 is unusable due to the burial in grave 11 encroched into grave 10.

12:57 pm
left a message for Willie to call me so I can let him know that burial in grave 11 encroched into grave 10. But grave 8 is available. Ask him if that's OK to use in place of grave 10 or pick another grave. 30 day note

Debbie / Ragsdale called re: location
264-8264

263-2690

she gave me the first # when I called it had a recording for the 2nd #

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-5-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Claudine McCloud

in a liner Funeral, date, time Mon. Mar. 9 10:00

~~Church~~, Chapel, Graveside (Type of Burial Container) chapel & grvside: 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 [illegible]

Lot 261 Grave 10 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-49720	391.00
Balance due	1173.73

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 Willie C. McCloud
Signature
X 1171 S. 26th St
Address
X San Diego 92113
City Zip Code
X 262-6467
Telephone

Invoice # ____

Work Order # E 14216

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

h 2048264

E 14216

CITY OF SAN DIEGO
TREASURER'S DEPARTMENT

REG-RECEIPT:01-0011765 C:04-01-1998
CASHIER ID:M 03:00 PM A:04-02-1998

5000 INVOICE	$1,173.73
296034	
TOTAL DUE	$1,173.73

RECEIVED FROM:
WILLIE MCCLOUD

CHECK	$1,173.73
TOTAL TENDERED	$1,173.73
CHANGE DUE	$0.00

Claudia McCloud
E-14216

E14216

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.

WILLIE C. MCCLOUD
1171 SOUTH 36TH STREET
SAN DIEGO CA 92113

ACCT NO
094930

TREASURERS USE ONLY

PAYMENT DATE 3/31/98
BY: CA (CK) IF
PAYMENT REF NO 3891 AMT PAID: $1173.73

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/12/98	04/11/98	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14216
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
CLAUDINE MCCLOUD SERV	
LOT 261 GR 8 SEC 2 DI	795.00
OPENING/CLOSING	375.00
LINER	190.00
HANDLING FEE	145.00
TAX ON LINER	14.73
RECORDING FEE	45.00
LESS PAYMENT R-49720	391.00-
TOTAL DUE	1,173.73

PAID
MAR 31 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 296034

AC-22 (REV - 10/95)

RETURN WITH PAYMENT

STREAMLINE (619) 571-7007

E 14216

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

54

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Claudine	-	McCloud	09/26/1943	03/04/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Charles L. McCloud, Son 4501 Logan Ave. Apt. A 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-1229	▶ [signature]	03/06/1998

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/09/1998	9803994 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3/9/98	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 14816

296034 03/12/98 094930	WILLIE C MCCLOUD			03/31/98 CK 3291		1,173.73	1,173.73	0.00
E-14816	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		

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

49720

MOUNT HOPE CEMETERY

527-3400

Date: 3-5, 1998

From: Willie C. McCloud Address: 1171 So. 36th Street San Diego 92113

three hundred ninety one & no/100 Dollars ($ 391.00)

In part Payment of Interment of Claudine McCloud

Lot 261 Grave ~~10~~ 8 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14216

BALANCE DUE 1173.73

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 Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49827

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-6 19 98

From: Willie McCloud Address: 1171 S. 26th St SD 92113

One hundred twenty five and no/100 Dollars ($ 125.00)

In full Payment of marker setting fee for Caudine McCloud

Lot 261 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14216

BALANCE DUE 0

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	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3502

ISSUED BY Catina Arellano

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date March 5, 1998
1:00

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fernando Gonzales PA# 1220336

in a liner (Type of Burial Container) Funeral, date, time Wed. Mar. 11 10:00

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 $ Stewart / Mike will be applied and billed to undersigned.

Lot 67 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	
Balance due	0

Paid in full 04-06-98

P.A. K. Howard

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # 296010

Work Order # E 14217

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-11-98

*date of death March 4, 1998

March 5, 1998
2:00 pm
Katherine Howard from the PA's office called to schedule burial and gave the death date, PA#, name of deceased and mortuary's name.

3-6-98 Stewart from Greenwood 8:55 am called to schedule delivery date and time for Wed., Mar. 11, 98, at 10:00 am.

3-11-98 12:30
Mikel Greenwood called to change delivery time to 1:00 P.

E14217 Jul

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 4-6-98
BY: CA CK IF
PAYMENT REF NO 04-576890 AMT PAID: $386.00

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
03/11/98	04/10/98	FEBRUARY

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA T. AVALLONE REF NO: E-14217
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
FERNANDO GONZALES PA#1220336	
LOT 67 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.

AC-12 (RS/ 10/95) RETURN WITH PAYMENT INV NO. 296010

E 14217

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

39

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
FERNANDO	-	GONZALES	06/27/1958	03/04/1998	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	Katherine Howard-Public Admin. 5201-A Ruffin Road San Diego, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	03/10/1998

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	03/11/1998 ▶	VICTORIA MEZA 9804153

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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: 3/11/98	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.

E14217

296010 03/11/98 000952	COUNTY OF SAN DIEGO				04/06/98 CK	04-576890	386.00	386.00	0.00
E-14217	100	072	77181	000072			50.00		PAID IN FULL
	100	072	77183	000072			45.00		
	100	072	77184	000072			165.00		
	67007		77184				126.00		

48

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date March 5, 1998

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alan Dale Henderson

in a liner (Type of Burial Container) Funeral, date, time Sat. Mar. 7 11:00

Church, Chapel, Graveside Church+grvside CA Burial Gary Mortuary 150.00

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X CMH

Lot 208 Grave 12 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	179	895.00
Additional spaces and care fund	150	—
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees		145.00
~~Flower vases~~ ~~Marker setting fee~~ SATURDAY SVC OVERTIME		600.00
Recording and filing fee		45.00
Sales taxes		14.73
Total Due		2264.73
Paid receipt number R-49723		566.00
Balance due		1698.73

Paid in full 3/10/98

30 day note

I hereby certify I am the X Wife of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Consuelo M. Henderson
Signature

X 908 Angelus Ave
Address

X San Diego Ca 92114
City Zip Code

X 619 461 7703
Telephone

Invoice # 295948

Work Order # E 14218 ✓

Acct. # 0948108

3-10-98

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Ensue called 3/12/98 11:00 said she did not realize her husband was buried in liner with no bottom. She wanted TS Vault I explained to her that the staff always explains all three burial containers She said it was not explained to her. She asked if there was anything that could be done. I said short of a disinterment reinterment cl $1000.00, nothing I would ~~mention~~ ask lady who took her order if she remembered explaining containers

E14218

48

APPLICATION 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
ALAN	DALE	HENDERSON, SR.	11/25/1949	02/28/1998	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	CONSUE HENDERSON-WIFE 908 ANGELUS AVENUE SAN DIEGO, CA 92104

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	Kim Walker	03/05/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/05/1998 K. WALKER	▶ 9803869

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 3-7-72	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 W.O. # E-14218

NOTE

$ 1698.73 San Diego, California March 5 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of one thousand six hundred ninety eight DOLLARS & 73/100 with interest from April 7, 1998 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 Consue M Henderson SIGNATURE X Consue M Henderson

ADDRESS X 908 Angelus Ave San Diego Ca 92114

CALIFORNIA DRIVER LICENSE NUMBER X N6446209 SSN # X 438 94 7392

PY-1012 (11-89)

OFFICIAL RECEIPT

49723

CITY OF SAN DIEGO, CALIFORNIA

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: March 5, 1998

From: Conrue Henderson Address: 908 Angelus avenue SD 92114

five hundred sixty six & no/100 Dollars ($ 566.00)

In part Payment of interment of Dean Dale Henderson

Lot 208 Grave 1/2 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14218

BALANCE DUE 1698.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☒ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

Catina Avallone

ISSUED BY

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	566	00
Opening/ 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	$	566	00

AC-212 (Rev. 5-94)

3236

($400.00 cash + $166.00 check)

E 14218

E-14218

295948 03/10/98 094868	CONSUE M. HENDERSON			04/08/98 CK	787003697	1,698.73	1,698.73	0.00
	100	072	77181	000072		375.00		PAID IN FULL
	100	072	77182	000072		190.00		
	100	072	77183	000072		645.00		
	100	072	77184	000072		150.00		
	100	072	77185	000072		145.00		
	60101		78390			14.73		
	67007		77184			179.00		

Pre Need Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/5/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Diane B. Cunningham

in a _____ Funeral, date, time _____
Type of Burial Container

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 1 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-49727	895.00
Balance due	0

PAID
MAR 06 1998
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

Clara M. Cunningham
Signature

4351 Balboa with Dr
Address

San Diego Ca, 92105
City Zip Code

264-8081
Telephone

Invoice # _____

Work Order # E 14219

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 10219

Clara to come back
3/6/98 to pay
in Full for Rented
Lot.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

49727

MOUNT HOPE CEMETERY

527-3400

Date: 3-6, 1998

From: Clara B. Cunningham Address: 2541 Balboa Vista Dr. SD 92105

Eight hundred ninety five & no/100 Dollars ($ 895.00)

In full Payment of pre need lot for Diane B. Cunningham

Lot 53 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14219

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

150

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	179	00
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	$	895	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/16/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Laura James Henderson

in a Liner (Type of Burial Container) Funeral, date, time Mon. 3-16 10:00

Church, Chapel, Graveside Church Graveside Rigsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ X (STRIPPER)

will be applied and billed to undersigned. Adam J Henderson Sr.

Lot 116 Grave 6 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1664.73
Paid receipt number R-49746	1664.73
Balance due	0

PAID
MAR 12 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the Husband of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Adam J. Henderson Sr.
Signature

X 1H102 Z St.
Address

X San Diego Ca 92113
City Zip Code

X 262 6528
Telephone

Invoice # ✓

Work Order # E 14220

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14220

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
Laura	James	Henderson	11/22/1937	03/08/1998	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	Adam Henderson, Sr., Husband 4402 "Z" St. San Diego, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	03/11/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

A CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/13/1998 ▶ [signature]	9804316

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 SanDDiego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (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 3/16/98	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

49746

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/18, 19 98

From: Anderson-Ringsdale Address: 3050 Federal Blvd San Diego Ca 92102

One Thousand Six Hundred Sixty four 73/100 Dollars ($ 1664.73)

In Full Payment of Interment of Laura James Henderson

Lot 116 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14020

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 5466

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Tanya Ark

CREDIT 20% Sales Care	57007 77184	179	00
60% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	193	00
Handling Fee	100 77185	115	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	11	73
TOTAL PAID	$	1664	73

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49984

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 5-22, 19 98

From: Adam Henderson Address: 4402 7 Street SD 92113

One hundred twenty five & no/100 Dollars ($ 125.00)

In full Payment of marker installation fee for Laura Henderson

Lot 1110 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14220

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77161	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

727

ISSUED BY Katina Avallone

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Charles Moss already in grave

Date 3-6-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marleen Duncan Smith (X)

in a Ash vault (Type of Burial Container) Funeral, date, time Fri. Mar. 6 2:00

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 79 Grave 10 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... pre need D-9739 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 209.26

Paid receipt number R-49726 209.26

Balance due Ø

PAID IN FULL MAR 06 1998 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 Dickie White
Signature

X 2384 Grove View Rd
Address

X San Diego, CA
City

X 619-267-1496 92135
Telephone Zip Code

also see E-14185 voided.

Work Order # E 14221

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 1422

Family will be in on the week of 3-2-98 to pay & sign.

Family will bring a photo & permit.

called Family at 5:00 3/5/98 left message they need to come in

Nickie White 3/5/98 telephoned us to give her credit card # to hold as reference for payment for service. so we can open the grave. will pay by cash or check 3-6-98 needs to also sign.

E 1422

E 14221

MT. HOPE CEMETERY

Charles Moss already in grave (full body)

IN[redacted]

City of San Diego

Date 2-[redacted]

You are hereby authorized and instructed, subject to you[redacted]

of Marleen Duncan Smith (X)

In a Ash vault[redacted]

Type of Burial Con[redacted]

Church, Chapel, Graveside Witness [redacted] Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extr[redacted]

will be applied and billed to undersigned.

Lot 79 Grave 10 Row ____ Section 3 Division/Block 12

Grave space & Care Fund Preheed D-9739	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 ____

Balance due ____

Nickie White 267-1496

Int cut on this

VOID

See E-14221

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 14185

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E14221

56

APPLICATION 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
Marlene	-	Duncan-Smigh	09/24/1941	12/13/1997	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	Wendi Foy, Daughter 1240 Valencia Parkway 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]	12/15/1997

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	12/17/1997	9716894 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 3-6-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 571 J Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 12/19/97	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

49726

CITY OF SAN DIEGO, CALIFORNIA

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 3-6 19 98

From: Nickie White Address: 2384 Grove View Rd SD 92139

two hundred sixty nine + 26/100 Dollars ($ 269.26)

In full Payment of Interment of Marilyn Duncan Smith

Lot 79 Grave 10 Row ____ Section 3 Division 12 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-14221

BALANCE DUE ____

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

230

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Fatima Aparicio

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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Disinterment done 4-13-98

Date 3-9-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernest Stone

in a _____ (Type of Burial Container) Funeral, date, time ~~Jim~~

Church, Chapel, Graveside _____ ; Mayer Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 67 Grave 12 Row _____ Section 100F ~~Division~~/Block 7

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
~~Handling Fees~~ DISINTERMENT	350.00
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	350.00
Paid receipt number R-49801	350.00
Balance due	0

Work Done 4-10-98

X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address see attached

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 14222

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E14222

SAN DIEGO

3-9-98

Florence Mitchell daughter P.O. Box 70 Steamburg N.Y. 14783

MARGARET BYTTNER
Notary Public, State of New York
Qualified in Erie County
My Comm. Expires Jan. 31, 19 99

Margaret Byttner

E 14222

daughter

Florence Micheels
P.O. Box 70
Steamburg N.Y. 14783
716 354 2815

OFFICIAL RECEIPT

49801

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-2 19 98

From: Boyer Mortuary Address: 2859 Adams Ave San Diego 92116

Three Hundred Fifty Dollars ($ 350.00)

In full Payment of Disinterment of Ernest Hoe

Lot 67 Grave 13 Row ____ Section 100 F Division 7 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-14222

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

9433

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY S. Hubble

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	350	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	350	00

E 14222

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Ernest	-	Stone	03/30/1880	10/08/1947	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	Thomas Michaels-Grandson 421 Eden St., Buffalo, NY 14220

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—[illegible] permit	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	FD1424	▶ [signature]	03/31/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/31/1998 James Hale	9805192 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Diego, P.O.Box 85222, San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [x] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [x] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED Res. Thomas Michaels 421 Eden St., Buffalo, NY 14220	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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 3-9-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Martha Cruz PA 1226908 30

in a liner (Type of Burial Container) Funeral, date, time ~~Mon~~ Mar. ~~27~~ 10:00

Church, Chapel, Graveside delivery ; 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 ~~75~~ Grave 8 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	126.00
Additional spaces and care fund	—
Opening/Closing & Setup PAID 4-28-98	165.00
Burial Container	50.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	386.00
Paid receipt number	—
Balance due	—

Rebecca Barr

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # 296796 4-1-98

Work Order # E 14223

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14223

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FOUND 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
MARTHA	-	CRUZ	04/30/1930	12/29/1997	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	REBECCA BARR-DEPUTY PUBLIC GUARDIAN 5201-A RUFFIN RD. SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GUADALUPANA MEM. CHAPEL & MORT. 2601 IMPERIAL AVE., SAN DIEGO, CA 92102	FD-1425	▶ Nancy Lopez	03/23/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 03 / 25 / 1998 ▶	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS P.O. BOX 85222 SANDIEGO, CA 921860 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 ST. SAN DIEGO, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E14223

296796	04/01/98	000952	COUNTY OF SAN DIEGO				04/28/98	CK	593734	386.00	386.00	0.00
E-14223 Martha Cruz		100	072	77181	000072					165.00		PAID IN FULL
		100	072	77182	000072					50.00		
		100	072	77183	000072					45.00		
		67007		77184						126.00		

may have future ash burials.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-9-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tsuruyo Ozaki

in a ash vault (Type of Burial Container) Funeral, date, time MON. MAR. 30 10:00

Church, Chapel, Graveside Witness ; 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 2664 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund Pre-Need E-9873	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-49728	269.26
Balance due	0

PAID
MAR 09 1998
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 Mark Ozaki
Signature
X 3695 Mt. Ariane Dr.
Address
X S.D. 92111
City Zip Code
X 571-5211
Telephone

Invoice # _____

Work Order # E 14224

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

LEWIS COLONIAL
73129 E14224

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

82

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TSURUYO	TSURA	OZAKI	10/16/1915	03/06/1998	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	GEORGE OZAKI - SON 3695 MT ARIANE DR SAN DIEGO, CA 92111

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/SENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104	FD-480	▶ Lauretta Valentine	03/09/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/11/1998 ▶	[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 92186-5222	-

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 3/30/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY 3953 IMPERIAL AVE., SAN DIEGO, CA 92113	12B. DATE CREMATED 3/12/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶ [signature]
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 3 OF THE PERMIT IS TO BE RETURNED TO THE COUNTY OF DEATH WHEN THE REMAINS ARE DISPOSED OF IN ANOTHER DISTRICT. IF NOT APPLICABLE, COPY 3 MAY BE DISCARDED. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OF DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

49728

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3-9, 1998

From: Sharon Dodge Address: 2150 Wennett St. San Diego 92114

Two Hundred Sixty Nine - 26/100 Dollars ($ 269.26)

In full Payment of Interment of Tsuruzo Ozaki

Lot 2664 Grave Row Section Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E- 14224

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

93

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-9-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Violet Allison

in a liner (Type of Burial Container) Funeral, date, time Mon.

Church, 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 $ _____

will be applied and billed to undersigned. _____

Lot _____ Grave _____ Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund 3-12-98	—
Opening/Closing & Setup	375.00
Burial Container VOID	190.00
Handling Fees	145.00
Flower vases – Marker setting fee PER MARTIN	—
Recording and filing fee Being cremated and placed elsewhere	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number _____	_____
Balance due	_____

adela

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 14225

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 March 9, 1998

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Edward Foster

in a liner Funeral, date, time Fri. Mar 13 11:00

Church Chapel Graveside Chapel + graveside SD 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 DJ

Lot 109 Grave 8 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	159	795.00
Additional spaces and care fund	245	—
Opening/Closing & Setup		375.00
Burial Container	Check Returned because of insufficient fund 4/2/98	190.00
Handling Fees		145.00
Flower vases – Marker setting fee	Not fired family, left message	—
Recording and filing fee	Family out of town.	45.00
Sales taxes		14.73
30 day note	Total Due	1,564.73
This check bounced 5/20/98 New Rec # -	Paid receipt number R-49730 49979	391.00
	Balance due	1173.73

I hereby certify I am the X Dolly A Jones of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Dolly A Jones
Signature

X 3258 Greely ave
Address

X San Diego Calif 92113
City Zip Code

X 619) 236-8262
Telephone

Invoice # 296300

Work Order # E 14226

Acct. # 094995

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-19-98

MT. HOPE CEMETERY

W.O. # E-14226

NOTE

[redacted] 1173.73 San Diego, California March 9 19 98

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 DOLLARS with interest from April 13, 1998 on the unpaid principal at the rate of 12 percent per annum, payable on demand. 3/110

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.

[redacted] 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 DOLLY A JONES SIGNATURE X Dolly Jones

ADDRESS X 3258 GREELY AVE SAN DIEGO CALIF

CALIFORNIA DRIVER LICENSE NUMBER X D5048946 2 SSN # X 42-561-58-6250

PY-1012 (11-89)

E14226

APPLICATION 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	Edward	Foster, Jr.	01/21/1923	03/09/1998	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	Dolly Allene Jones - Sister 3258 Greely Ave.;San Diego,CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
San Diego Memorial Chapel 2441 University Ave.; San Diego, CA 92104	FD-1575	▶ Frances E Martin	03/12/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	03/12/1998	9804289

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 3/13/98	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.

E14229

CITY OF SAN DIEGO

RETURNED DAILY CASH RECEIPT ITEMS

DEPARTMENT: Treasurer/Accounting 052

DATE: 4, 2, 98.

DCR No.: 011439

EXPLANATION	FUND (16-21)	DEPT. (22-27)	ORG. LEVEL (28-33)	ACCOUNT (34-39)	JOB ORDER (40-45)	FACILITY (67-72)	AMOUNT (89-99)
	100			77183			($ 391.00)
							($)
							($)
							($)
							($)
							($)
							($)

The attached check has been returned unpaid by the payor's bank. At your discretion, please take necessary action to discontinue services, permits, etc. for which this check was issued. The original deposit is now reversed by means of this Form TR-1614. If payment is received, please deposit in regular manner. The returned check fee should be deposited to Fund 100 and Account 77100. If payment is not received, please proceed in accordance with AR 63.30. If you have any questions, please contact 533-3800.

Department: Mt. Hope Cemetery

Payor's Name/Check Number/Reason: Dolly Allen Jones, 1018-NSF

Check Return to Dolly on 3/20/98

E-14226

Purpose of Deposit: Burial fees

Act 246300

Date Deposited: 3-20-98.

Inv. 94095

Date Returned from Bank: 3-30-98.

PREPARED BY:	PHONE	DEPOSITED BY:	AUDITED BY:	KEY PUNCH: / DATE:	TOTAL WITHDRAWAL
[illegible]	236-6196	MS-204			($ 391.00)

TR-1614 (Rev. 3-88)

OFFICIAL RECEIPT

49730

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-9 19 98

From Dolly A. Jones Address: 3258 Greely AVE SD 92113

Three hundred ninety one & no/100 Dollars ($ 391 00)

In part Payment of interment of James Foster

Lot 109 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14226

BALANCE DUE 1173.73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1018

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Fortuna Valdez

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49979

Date: 5/20, 1998

From: Dolly Jones Address: 3258 Creely Ave S.D. CA 92113

Four hundred eleven 0400 Dollars ($ 411.00)

In Full Payment of Interment of James Edward Foster

Lot 109 Grave 8 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14226

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1099

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kamplink

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	20	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	411	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/10/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ernesto Gonzalez Duran

in a liner (Type of Burial Container) Funeral, date, time FRI. 3-13 10:00

Church, Chapel, Graveside Church/Graveside; Mayer Jim Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 50 will be applied and billed to undersigned. X [signature]

Lot 84 Grave 9 Row _____ Section 3 Division/~~Block~~ 13

Grave space & Care Fund	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		14.73
Total Due		1664.73
Paid receipt number 49738		1664.73
Balance due		0

PAID
MAR 10 1998
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 [signature]
Signature

X 911 E 7th #A
Address

X National City 91950
City Zip Code

X 474-8920
Telephone

Invoice # _____

Work Order # E 14227

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-11-98
3:15 P

Jim from Mayer called to schedule burial for 3-13-98 @ 10:00 A Church then graveside here

E14227

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
Ernesto	Gonzalez	Duran	01/10/1947	03/09/1998	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	Yyelva Duran-Wife 911 E. 7th St., National City, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	FD1424	▶ [signature]	03/11/1998

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/12/1998 James Hale	9804268 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/13/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ [signature]	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CRE[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.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49738

E14227

Date: 3/10, 1998

From: Yvelva Rosalia Duran Address: ~~115 Highland Ave National~~ 911 East 7th St National City, CA 91950

One thousand six hundred sixty four 73/00 Dollars ($ 1664.73)

In Full Payment of Interment of Ernesto Gonzales Duran

Lot 84 Grave 9 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14329

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 20% Sales Care	67007 77184	179	00
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	23
TOTAL PAID	$	1664	73

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

49981

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-21 19 90

From: Isaac Duran Address: 911 E. 7th St National City 919

One Hundred Twenty five Dollars ($ 125.00)

In full Payment of Installation fee for marker

Ernesto Gonzalez Duran

Lot 84 Grave 9 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14237

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 Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Container	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

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/11/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Beulah Franklin

in a T3 Vault (Type of Burial Container) Funeral, date, time Frid, March 13th 11:00

Church, Chapel, Graveside Chapel/Graveside; El Cajon Lindy Mortuary.

All Funeral 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 114 Grave 8 Row — Section IOOF ~~Division~~/Block 43

Grave space & Care Fund ..... Pre Need E-6177	0
Additional spaces and care fund	
Opening/Closing & Setup ..... "	0
Burial Container ..... "	0
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee ..... Pre Need E 6177	0
Sales taxes	
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

X John R. Franklin
Signature

X 6447 Felix Vista Dr.
Address

X San Diego 92115
City Zip Code

X 583 3054
Telephone

Invoice # _____

Work Order # E 14228

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E14228

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
Beulah	Marie	Franklin	10/13/1906	03/03/1998	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	William Franklin-Son 6447 Celia Vista Dr 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
EL CAJON MORTUARY 684 S MOLLISON AVENUE EL CAJON CA 92020	FD-1022	▶	3/11/98

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 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	03/09/1998 CD Hardesty	9804018 ▶

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/3751 Market St/San Diego, CA 92101	11B. DATE BURIED 3/13/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY NA	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS NA	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED NA	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION NA	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-11-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of David A. Lindberg PA # 1278773

in a liner (Type of Burial Container) Funeral, date, time ~~Friday~~ Monday Mar ~~27th~~ 23rd 1:30

Church, Chapel, Graveside Calvary : 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 88 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 4-28-98 Applied 5/4/98

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 # 296520

Work Order # E 14229 ✓

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-25-98

Rescheduled to Monday Rev JoAnn. 3/20/05

E 14229

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

57 FOUND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE PRONOUNCED DEAD MONTH, DAY, YEAR	4. SEX
David	August	Lindberg	07/22/1940	01/31/1998	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	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	FD1424	▶	03/17/1998

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/19/1998 ▶	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
San Diego, P.O.Box 85222, San Diego, CA 92186-5222	

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [X] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St, San Diego, CA 92102	11B. DATE BURIED 3/23/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-11-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Judith Nemis-Cartew PA # 1230179

in a liner. (Type of Burial Container) Funeral, date, time 3-13 Fri 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 62 Grave 44 Row 8 Section 7 Division/~~Block~~ 1 12

Grave space & Care Fund	120.00
Additional spaces and care fund	
Opening/Closing & Setup	165.00
Burial Container	PAID 50.00
Handling Fees	4-28-98
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	380.00
Paid receipt number _____	
Balance due	

Judith Evans 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 # 296302

Work Order # E 14230 ✓

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-19-98

E 14230

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
JUDITH	-	NEMAIS-CARLEN	06/09/1942	03/07/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CO 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 [illegible] Permit	8B. DATE SIGNED
MERKLEY-HITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	▶ Victor A. Mitchell	03/12/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/12/1998 V.I. MITCHELL	9804257 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/13/98	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 3/11/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia Ann Schupner Ⓓ 1:00

in a _____ Funeral, date, time WED 3-25-98
Type of Burial Container WITNESS

Church, Chapel, Graveside ~~Delivery Only~~ ; Humphrey Mortuary.
RAY

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 293 Grave — Row — Section 4 Division/Block 8

Grave space & Care Fund Pre Need E-4599	Ø
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	150.00
Paid receipt number R-49782	150.00
Balance due	0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____ See attached
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 14231

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-13-98 3:07P

Ray / Humphreys

425-4637 Fax

Pon is at mortuary at this time faxed to mortuary for signature will bring check when ashes are delivered with service or will put in the mail before service date.

Re: Julia Schupner

Deliver to

Mt Hope

Mon. 3/23/98

c Interment

order & check

Have cemetery

please

Call Gloria

Garzon when

inurnment is

planned 273-1481

3-23
tried calling to see
if want to interest
or service. no answer

Box will be on
Monday 3/16/98
to Signet pay

3-13-98
faxed to mortuary
for signature. still
need to pay.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/11/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julia Ann Schupner

In a _____ Type of Burial Container Funeral, date, time _____

Church, Chapel, Graveside Delivery Only : Humphrey Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150

will be applied and billed to undersigned X

Lot 293 Grave — Row _____ Section 4 Division/Block 8

Grave space & Care Fund	Pre Need E 4599	0
Additional spaces and care fund		—
Opening/Closing & Setup		105.00
Burial Container		—
Handling Fees		—
Flower vases – Marker setting fee		—
Recording and filing fee		45.00
Sales taxes		—
Total Due		150.00

Paid receipt number _____

Balance due _____

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 160 Hungry Hollow Rd Address

X Chestnut Ridge NY 10977 City Zip Code

X 914-425-2846 Telephone

Invoice # _____

Work Order # E 14231

Acct. # _____

REA-10s (7-98)

This information is available in alternative formats upon request.

Printed on recycled paper

E14231

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
JULIA	ANN	SCHUPNER	09/07/1914	03/11/1998	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 E. Shocody - Nephew 160 Hungry Hollow Road Chestnut Ridge NY 10977

7A. TYPED NAME AND ADDRESS OF 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	03/16/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/17/1998 J.E. King	9804435 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 3/25/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Oceanview Crematory - 1625 Gisler Ave. Costa Mesa CA 92626-5554	12B. DATE CREMATED 03/18/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 1 OF THE PERMIT ACCOMPANIES THE REMAINS TO THE STATED PLACE OF DISPOSITION. THE PERSON IN CHARGE OF DISPOSITION IS RESPONSIBLE FOR COMPLETING AND FORWARDING THE PERMIT WITHIN 10 DAYS OF DISPOSITION TO THE REGISTRAR OF THE DISTRICT IN WHICH DISPOSITION OCCURRED OR THE DISTRICT NEAREST THE POINT WHERE THE CREMATED REMAINS WERE SCATTERED AT SEA. THE LOCAL REGISTRAR MAY DESTROY ANY ORIGINAL OR DUPLICATE PERMIT AFTER ONE YEAR FROM ISSUE DATE.

OFFICIAL RECEIPT

49782

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-23, 1998

From: Humphrey Mortuary Address: 855 Broadway Chula Vista 91911

One Hundred Fifty Dollars ($ 150.00)

In full Payment of Interment of Julia Ann Schuyler

Lot 293 Grave Row Section 4 Division Block 8

Invoice No.

Acct. No.

W.O. E-14231

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

26779

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY J. Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	60033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	150	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

No permit needed - no ashes - picture + handkerchief in vault

Date 3-12-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Lois Krueger

in a Oak Vault Funeral, date, time Thur. 3-19 10:00
Type of Burial Container

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. _____

Lot 74 Grave 2 Row _____ Section 11 Division/Block 7

Grave space & Care Fund ..... Pre-Need B-6667	-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 49755	269.26
Balance due	-0-

PAID
MAR 16 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Jim Grant
276-0202
Rev Katie Baartseth

I hereby certify I am the son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature]
Signature
X 5121 SEPTEMBER ST
Address
X SAN DIEGO 92110-1118
City Zip Code
X 276-0202
Telephone

Invoice # _____

Work Order # E 14232

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-12-98
12:45 P

Jim Grant called to schedule date and time of service. He said he spoke to Sue and then verified it with JoAnn about it being OK to put a picture and hanker of his mother's, instead of her ashes. Will be in before service to pay & sign.

OFFICIAL RECEIPT

49755

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3/10, 19 98

From: Jane Giant Address: 5121 September St San Diego Ca 92110

Two hundred sixty nine 26/00 Dollars ($ 269.26)

In Full Payment of Interment of Belonging of Lois Krueger

Lot 74 Grave 2 Row - Section 11 Division ~~Block~~ 7

Invoice No.

Acct. No.

W.O. E-14232

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1711

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kaupiaka

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

AC-212 (Rev. 5-94)

Buried on
3-19-1998

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

I phone requested

Date 3-12-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Fatmah Farhat

in a _____ (Type of Burial Container) Funeral, date, time Fri. Mar. 13 3:00

Church, Chapel, Graveside graveside ; Greenwood Sharon Mortuary.

All Funeral 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 44 Grave B Row — Section MUSlim Division/Block —

Grave space & Care Fund	100.00
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	270.00
Paid receipt number R-49744	270.00
Balance due	0

PAID
MAR 12 1998
PAID IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X FATHER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Fadey Farhat
Signature

X 1537 Katella Plc.
Address

X Escondido Calif 92025
City Zip Code

X 760-745-2279
Telephone

Invoice # _____

Work Order # E 14233

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-12-98 15wks
3 C5 stillborn
Sharon/Greenwood
called burial.
q-deceased is
wrapped in a
shroud only
~~under~~ deceased
is under 12 inches

Family will call
with time of service
by 4:30P today or
8:00A tomorrow

---

sharon / Greenwood
2:05
will call back with
measurements for ~~burial~~
box or casket to let us know
for sure

E 14233

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1998

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Fatmah	-	Farhat	03/09/1998	03/09/1998	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	Fady Farhat: Father 1532 Katalla Way Escondido, CA 92027

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
Greenwood Mortuary I-805 & Imperial Avenue, San Diego , CA 92103	FD843

ACKNOWLEDGMENT OF APPLICANT	I hereby acknowledge as applicant that the proposed disposition stated herein is one of the 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
		▶ Svonika Pryor	03/13/1998

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 03/13/1998	9804340 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/13/98	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 CRE[illegible]N ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY 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

49744

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date 3-12 19 98

From: Fady Farhat Address: 1532 Katella Place Escondido 92025

Two hundred seventy and no/100— Dollars ($ 270.00)

In Full Payment of Interment of Fatmah Farhat

Lot 44 Grave B Row _____ Section Muslim Division Block _____

Invoice No. _____

Acct. No. _____

W.O. L-14233

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 Avalone

CREDIT	87007		
20% Sales Care	77184	20	00
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	270	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/12/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Adam Ruiz 1:30

in a TS Vault (Type of Burial Container) Funeral, date, time Mon, Mar 16th

Church, Chapel, Graveside Graveside ; Greenwood Alex Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 50

will be applied and billed to undersigned. X Eddie Ruiz

Lot 2865 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	
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
	874.38
Paid receipt number 49747	874.38
Balance due	0

PAID
MAR 12 1998
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 Eddie Ruiz
Signature
X 3225 National Ave
Address
X San Diego Ca 92113
City Zip Code
X 232-5917
Telephone

Invoice #

Work Order # E 14234

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14234

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
ADAM	W.	RUIZ	02/10/1916	03/11/1998	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	EDDIE RUIZ - BROTHER 3225 NATIONAL AVENUE SAN DIEGO, CA 92113

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	03/16/1998

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	VICTORIA MEZA 9804388 03/16/1998 ▶	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/16/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49747

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3/12, 19 98

From: Eddie Ruiz Address: 3225 National Ave San Diego CA 92113

Eight hundred seventy four 38/100 Dollars ($ 874.38)

In Full Payment of Interment of Adam Ruiz

Lot 2865 Grave — Row — Section — Division 10 Block

Invoice No.

Acct. No.

W.O. E-14934

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 0104115

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Tonya Burke

CREDIT		
20% Sales Care	87007 77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	375 00
Burial Containers	100 77182	200 00
Handling Fee	100 77185	153 00
Recording & Misc. Fees	100 77183	45 00
Pre-Need Trust	63033 9022	
Sales Tax	80101 78390	19 38
TOTAL PAID	$	874 38

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49779

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 3-20 , 19 98

From: Eddie Ruiz Address: 3225 Nautilus Ave SD 92113

In FULL Payment of one hundred forty eight and 78/100 Dollars ($ 148.78)

Marker setting fee + galvanized flower vase for Adam W. Ruiz

Lot 2805 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-14234

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avalos

CREDIT	67007		
20% Sales Cert	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	65033 9022		
Sales Tax	60101 78390		78
TOTAL PAID	$	148	78

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-16-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Tina L. Howell

in a T.S Vault (Type of Burial Container) Funeral, date, time Thur 3-19 10:00

Church, Chapel, Graveside graveside : Conrad GARY Mortuary.

All Funeral 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 125 Grave 10 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker set fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1769.38
Paid receipt number VISA	1769.38
Balance due	-0-

PAID
MAR 16 1998
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.

X Sandra L Howell (Signature)
X 10763 Vista Dolsur (Address)
X Spring Valley CA 91978 (City, Zip Code)
X 619 660 6708 (Telephone)

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 14235

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E14235

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

39

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TINA	LEE	HOWELL	04/23/1958	03/13/1998	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	PAUL J. HOWELL - FATHER 10763 VISTA DEL SUR 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
CONRAD LEMON GROVE MORTUARY 7287 BROADWAY - LEMON GROVE, CA 91945-1533	F-941	Grant Conrad	03/18/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Grant K. Conrad 03/18/1998	9804575 ▶

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 3/19/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49831

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-7 19 98

From Sandra Howell Address: 10763 Vista Del Sur Spring Valley

One hundred twenty five and no/100 Dollars ($ 125.00) 91977

In full Payment of interment application fee for

Tina Lee Howell

Lot 125 Grave 10 Row Section 2 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-14235

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 1536

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avellone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

Pre Need
Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/16/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys Daniels

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 83 Grave 1 Row _____ Section 3 Division/~~Block~~ 10

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup — PAID IN FULL 3-26-99	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	
Sales taxes	
Total Due	795.00
Paid receipt number 49756	200.00
Balance due	595.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Gladys R. Daniels
Signature

X 7279 West Point Ave
Address

X La Mesa CA 91941
City Zip Code

X 460-0138
Telephone

Invoice # _____

Work Order # E 14236

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

50159
E14236

Date: 7/10, 1998

From: G. B. Daniel Address: 7279 West Point Ave La Mesa Ca 91940

One hundred 00/00 Dollars ($ 100.00)

In Part Payment of Pre Need lot for Gladys B Daniel

Lot 83 Grave 1 Row Section 3 Division Block 13

Invoice No.

Acct. No.

W.O. E-14236

BALANCE DUE 395.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1637

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	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

50979

Date: 3-26, 1999

From: Gladys Daniels Address: 7279 West Point Ave La Mesa 91941

One Hundred Ninety Five Dollars ($ 195.00)

In Full Payment of Pre-Need Lot

Lot 83 Grave 1 Row ____ Section 3 Division 12 ~~Block~~

Invoice No. ____

Acct. No. ____

W.O. E-14236

~~0~~

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	159	00
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	$	195	00

OFFICIAL RECEIPT

49756

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/16 19 98

From: Gladys Daniels Address: 7879 West Point Ave La Mesa CA 91941 4722

Two hundred 00/100 Dollars ($ 200.00)

In Part Payment of Pre Need Lot

Lot 83 Grave 1 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14236

BALANCE DUE $595.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1378

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Tammy Baker

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	200	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49934

Date: 5/8, 1998

From: Gladys Daniels Address: 7279 West Point Ave ~~San Diego~~ Lankwa CA 91941

One hundred 00/100 Dollars ($ 100.00)

In Part Payment of Pre Need Lot

Lot 83 Grave 1 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14236

BALANCE DUE 495.00

Pre-Need Lot ☑ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

1096

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kenya Bak

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	100	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	100	00

AC-212 (Rev. 5-94)

E-14236

DANIELS, GLADYS B. 7279 West Point Ave., La Mesa 91941

		DEBIT	CREDIT	BALANCE
03-16-98	Opened Pre-need Lot Lot 83, Gr 1, Sec 3, Div 12	795.00		
03-16-98	Receipt #49756		200.00	595.00
5-8 98	cpn 1-4 Rec. 49934		100.00	495.00
7-10 98	cpn 5-7 Rec		100.00	395.00
10-30-98	R-50512 cpn 9 to 12		100.00	295.00
1-22 99	R50779 cpn 13 to 15		100.00	195.00
3-26-99	R-50974		195.00	-0-

DANIELS, GLADYS B. Pre-need Lot

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14236

Gladys B. Daniels
7279 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Div 12

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
				10							

Amount due when paid on or before due date above. ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 1.00 00

NAME Gladys B. Daniels

ADDRESS 7279 West Point Ave

CITY La Mesa STATE CA ZIP 91941

☐ 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-14236

Gladys B. Daniels
7279 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Div 12

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
				10							

Amount due when paid on, or before due date above. ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14236

Gladys B. Daniels
7279 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Div 12

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than _____ days *after due date above.* ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-14236

Gladys B. Daniels
7279 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Div 12

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on, or before due date above ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot B-14236

Gladys B. Daniels
7279 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Div 12

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-14236

Gladys B. Daniels
7279 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Div 12

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. ▶ $ 25.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14236

Gladys B. Daniels
7279 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Div 12

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 8

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-14236

Gladys R. Daniels
7279 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Div 12

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14230

Gladys B. Daniels
7279 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Div 11

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
				10							

Amount due when paid on, or before, due date above. ▶ $ 15.00

Amount due if paid more than ____ days *after due date above.* ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-14236

Gladys L. Daniels
7179 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Dlv 12

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
				10							

Amount due when paid on, or before, due date above. ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ • ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-14230

Gladys B. Daniels
7279 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Div 12

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10							

Amount due when paid on, or before, due date above. ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14236

Gladys B. Daniels
7279 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Div 12

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
				10							

Amount due when paid on, or before, due date above. $ 25.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ , ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot [illegible]

Gladys B. Daniels

7279 West Point Ave.

La Mesa, CA 91941

Lot 83, Gr 1, Sec 3, Div 12

E 14236

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 ▶ $ 15.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot E-14236

E 14236

Gladys B. Daniels
7279 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Div 13

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

Amount due when paid on, or before due date above. ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 23**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need lot owners

Gladys B. Daniels

7279 West Point Ave.

La Mesa, CA 91941

Lot 83, Gr 1, Sec 3, Blk 12

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
				10							

Amount due when paid on, or before, due date above. ▶ $ 25.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot E-14236

Gladys B. Daniels
7279 West Point Ave.
La Mesa, CA 91941
Lot 83, Gr 1, Sec 3, Div 12

Month and Day Due Indicated Below

DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV
				10							

Amount due when paid on, or before due date above. $ ~~25.00~~ 20.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-16-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Gladys Rachmanow

In a liner (Type of Burial Container) Funeral, date, time Fri 3-20 10:30

Church, Chapel, Graveside Graveside ; Conrad GARY Mortuary.

All Funeral 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 2047 Grave _____ Row _____ Section 3 Division/~~Block~~ 8

Grave space & Care Fund Pre-Need C-2431	-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-49757	769.73
Balance due	-0-

PAID
MAR 16 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO CALIF

I hereby certify I am the X daughter-in-law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Evelia C. Swanson
Signature

X 2320 Calle Tres Lomas
Address

X San Diego 92139
City Zip Code

X 479-0317
Telephone

Invoice # _____

Work Order # E 14237

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

49757

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-16 , 19 98

From: Evelia Ingram Address: 3320 Calle Tres Lomas San Diego 92139

Seven hundred Sixty nine & 73/100 Dollars ($ 769.73)

In full Payment of Interment of Gladys Rechmenow

Lot 2047 Grave Row Section 3 Division Block 8

Invoice No.

Acct. No.

W.O. E-14237

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 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

E 142 5T

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
GLADYS	EVELYN	RACHMANOW	08/02/1913	03/15/1998	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	DIANE M. WADE - GRANDDAUGHTER 10854 VALLEDEMOSA LANE SAN DIEGO, CA 92124

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CONRAD' LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	F-941		03/19/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10078 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Grant K. Conrad 03/19/1998	9804639

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/20/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-17-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of NILLA DEAN JONES

in a Liner (Type of Burial Container) Funeral, date, time THUR 3-19 12:00

Church, Chapel, Graveside Delivery Only; Halley-Olsen Mortuary.

All Funeral 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 1 Grave 5 Row _____ Section 100F ~~Division~~/Block 9

Grave space & Care Fund ..... Pre-Need A-2097	-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-49768	769.73
Balance due	-0-

PAID
MAR 19 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

X

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____
Signature

X _____
Address See attached

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 14238

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-17-98 12:48P.

spoke to John regarding he will need to bring CA burial permit and he is aware of it. will bring check for fuel amount as well.

3-13-98
1:45P.

E14238

Nilla Dean Jones
1-5-100F-9 & A-2097
liner Preneed
$769.73

lot owner is her father
Henry Chesshir

mortuary is Halley-Olsen
in Palm Dale AZ
John Bankson from mortuary
called to inquire about cost.

will let us know for sure if
they are going to inter her here.

liner ~~fee~~
805 947
805 947 4155
8415
~~to~~ delivery
only
Thurs. 10 12:00

E14238

INTERMENT ORDER

E 14238

E 14238

Halley Family
FUNERAL CHAPELS

TELECOPIER COVER SHEET

DATE: MAR 17 95

TIME: 1100

PLEASE DELIVER THE FOLLOWING PAGES TO:

NAME: Sue

FIRM: MT Hope Cemetery

CITY: San Diego Calif

TELECOPIER PHONE NUMBER: 619 527-3403

* FROM (NAME) John Bengtson

HALLEY-OLSEN FUNERAL CHAPEL
3150 EAST PALMDALE BLVD.
PALMDALE, CALIF. 93550
FAX: 805-947-8418
PHONE: 805-947-4135

TOTAL NUMBER OF PAGES: Three (INCLUDING THIS COVER SHEET)

** IN CASE YOU DO NOT RECEIVE ALL PAGES, PLEASE CALL (805) 947-4135 ASK TO SPEAK TO THE PERSON NAMED ABOVE.

REMARKS:

The following pages is the Authorization For Interment of Nilla Jones

Thank ya
John Bengtson

E14238

Sandra L. Cassidy
3563 L-25 Road
Hotchkiss, Colorado 81419
(970)872-3929

Hafley Olver Mortuary
3150 E. Palmdale Blvd.
Palmdale, CA 93550

Director of Services,

I give my permission to have my remains of my mother, Nilla Dean Jones, interred at the Mount Hope Cemetery in San Diego, California.

I wish to thank you, and your staff, for the considerate way in which you assisted my sister and I during a most difficult time. You thoughtfulness and gentleness was a great strength for Pam and I.

With sincere appreciation,

Sandra L. Cassidy

E 14238

HALLEY-OLSEN FUNERAL CHAPEL

3150 E. PALMDALE BLVD.
PALMDALE, CALIFORNIA 93550
(805) 947-4155 FAX 947-8405

FAX COVER SHEET

Date MARCH 18 1998

Time 1020

PLEASE DELIVER THE FOLLOWING PAGES TO:

Name Sue

Firm MT. Hope Cemetery

Fax # (619) 527-3403

* From: John Bengtson

Total Number of Pages Two (including this cover sheet)

** SHOULD YOU NOT RECEIVE ALL PAGES, PLEASE CONTACT THE PERSON NAMED ABOVE AT (805) 947-4155.

COMMENTS:

The Following page is an Interment Authorization FOR Nile Jones
This authorization was signed by Harvey Jones the third child of Mrs Jones

Sincerely
John Bengtson

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49768
E-14238

Date: 3-19-98, 19

From: Holley-Olsen Address: 3150 East Palmdale (Palmdale 93550

Seven Hundred Sixty nine & 73/100 Dollars ($ 769.73)

In full Payment of Interment of Lilla Dean Jones

Lot 1 Grave 15 Row Section 100F Division Block 9

Invoice No.

Acct. No.

W.O. E-14238

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3892

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY L. Hudelson

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	145	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	83033 9022		
Sales Tax	80101 78390	14	73
TOTAL PAID	$	769	73

E14238

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
NILLA	DEAN	JONES	10/27/1920	03/10/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
LANCASTER	LOS ANGELES	HARVEY JONES, SON 37382 96TH STREET EAST LITTLEROCK, CA 93543

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
HALSEY-OLSEN FUNERAL CHAPEL PALMDALE, CA	FD1247	▶ Valerie DePries	03/17/1998

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	03/17/1998	▶ 42611791 Valerie DePries

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 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 SAN DIEGO, CA	11B. DATE BURIED 3/10/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Unit	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/17/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jerrica Benson

in a _____ (Type of Burial Container) Funeral, date, time Tues, Mar 17th 12:00

Church, Chapel, Graveside Chapel/Graveside : CA Burial Mortuary. GARY/JEANNETTE

All Funeral 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 834 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 R49783	270.00
Balance due	0

paid in full 3-23-98

CASKET $1.20 34" X 16" X 16"

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 14239

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

California Burial called 8:10
Regarding service for today
family did not come in
California Burial wants us to pick
cemetery
lot.

E14239

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1month 11days

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
JERRICA	DENISE	BENSON	01/27/1998	03/16/1998	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	BRENDA HAMPTON--FOSTER PARENT 1719 OLAMAR WAY SAN DIEGO, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶Kim Walker	03/16/1998

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed dispositon stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/17/1998 K. WALKER	▶9804440

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 3/17/98	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.

COPY 2

California E14239 3/17/98 CE
Burial will bring check
will call back with measurements, will have family come in to sign
34 x 16 x 16

E14239
3-17-98
4:08P called mortuary will bring check tomorrow
3-19-98 3:55P Call CA Burial Jeannette to call back.
Dst is in the mail

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49783

Date: 3-23, 1998

From: CA Burial Address: 5880 El Cajon Blvd. SD 92115

Two hundred seventy and no/100 Dollars ($ 270.00)

In full Payment of interment of Jessica Benson

Lot 834 Grave _____ Row _____ Section 1 Division Block 9

Invoice No. _____

Acct. No. _____

W.O. E-14239

BALANCE DUE X

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

4108

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	20	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	80	00
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	270	00

pre-need lots

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/17/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Nancy & William Hasse

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 544/545/547 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	3 lots @ 995 2985.00
Additional spaces and care fund	
Opening/Closing & Setup	PAID IN
Burial Container	
Handling Fees	FULL
Flower vases – Marker setting fee	04-10-00
Recording and filing fee	
Sales taxes	
Total Due	2985.00
Paid receipt number Visa	746.00
Balance due	2239.00

I hereby certify I am the X Nancy J. Hasse of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Nancy J. Hasse
Signature
X 5258 Alta Vista St.
Address
X San Diego Ca 92109
City Zip Code
X 619/274-2720
Telephone

Invoice # _____

Work Order # E 14240

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

$2985.00 total
- 746.00 downpayment

$2239.00 balance

$93 for 23 payments
$100. for 1 payment

E

52309

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4-10 00

From: Nancy Hesse Address: 5258 Alta Vista St. San Diego 92109

One Hundred Dollars ($ 100.00)

In full Payment of Pre-Need Site

Lot 544, 545, 547 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-14240

BALANCE DUE -0-

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2801

AC-212 (Rev. 5-94)

NOT VALID FOR POSTAGE UNLESS STAMPED "PAID" IN THIS SPACE.

PAID

APR 10 2000

APR 11 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, C.
CITY OF SAN DIEGO

ISSUED BY J Shields

CREDIT	67007	100	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	$	100	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

52203

Date: 3-9, 19 00

From: William & Nancy Hasse Address: 5258 Alta Vista St. San Diego 92109

Ninety three Dollars ($ 93.00)

In part Payment of Pre-Need Lots

Lot 544, 545, 547 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-14240

BALANCE DUE 100.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

2585

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shelton

CREDIT	67007	93	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	$	93	00

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

#051850

Date: 1-6 2000

From: William & Nancy Hasse Address: 5258 Alta Vista St. SD 92109

Ninety Three and 00/100 Dollars ($ 93.00)

In part Payment of prepaid lot trust for William & Nancy Hasse

Lot 544, 545 & 547 Grave ____ Row ____ Section ____ Division 10 Block

Invoice No. ____

Acct. No. ____

W.O. E 14240

BALANCE DUE 379.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2557

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lynda

CREDIT	67007	93	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	$	93	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51760

Date: 12-7 19 99

From: Nancy Hesse Address: 5258 Alta Vista St. San Diego 92109

Dollars ($ 93.00)

Ninety Three

In part Payment of Pre-Need Lots

Lot 544 545 547 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-14240

BALANCE DUE 472.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2543

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D Mitchell

CREDIT 20% Sales Care	67007 77184	93	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	$	93	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

51611

Date: 10-13, 1999

From: William & Nancy Hasse Address: 5258 Alta Vista St.

Ninety three and 00/100 Dollars ($ 93.00)

In part Payment of prepaid trust

Lot 544, 545, 547 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E 41240

BALANCE DUE 565.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2515

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lynda

CREDIT 20% Sales Care	67007 77184	93	00
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		
Sales Tax	60101 78390		
TOTAL PAID	$	93	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

51519

Date: 9-10, 1999

From: William & Nancy Hasse Address: 5258 Alta Vista St SD 92109

Ninety Three and 00/100 Dollars ($ 93.00)

In part Payment of preneed lot payment

Lot 544, 545 & 547 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E14240

BALANCE DUE 58.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2503

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

PAID
SEP 1 n 1999
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

ISSUED BY Lynda

CREDIT		93	00
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		
Sales Tax	60101 78390		
TOTAL PAID	$	93	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51233

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 6-10 , 19 99

From: Nancy Hazen Address: 525 S Alta Vista St SD 92109

Dollars ($ 93.00)

In part Payment of Pre-Need Lots

Lot 541, 515, 517 Grave Row Section Division ID Block

Invoice No.

Acct. No.

W.O. E-11210

BALANCE DUE 337 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2176

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D Shelton

CREDIT	67007	93	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	$	93	00

OFFICIAL RECEIPT

51129

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-4 , 19 99

From: Nancy Hasse Address: 5258 Alta Vista St. San Diego 92109

Ninety Three Dollars ($ 93.00)

In part Payment of Pre-Need Lots

Lot 544 545 547 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-14240

BALANCE DUE 430.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2467

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Shilton

CREDIT 20% Sales Care	67007 77184	93	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	$	93	00

OFFICIAL RECEIPT

51004

CITY OF SAN DIEGO, CALIFORNIA

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 4-6 19 99

From: Nancy Happe Address: 5258 alta vista pt. SD 92109

Dollars ($ 93.00)

In Part Payment of pre need lots

Lot 544, 545 + 547 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E14240

BALANCE DUE 523.00

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	93	00
Opening/ 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	$	93	00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2452

ISSUED BY Catina Wallace

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

50363

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 9-8 19 98

From: Nancy Happe Address: 5258 Alta Vista Pl. SD 92119

Ninety three & no/100 Dollars ($ 93.00)

In Part Payment of Pre need lots

Lot 544, 545, 547 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-14240

BALANCE DUE 1774.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2373

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	93	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	$	93	00

OFFICIAL RECEIPT

50298

CITY OF SAN DIEGO, CALIFORNIA

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 8-13, 1998

From: Nancy Hasse Address: 5258 Alta Vista St. SD 92109

Ninety three + 110/100 Dollars ($ 93.00)

In part Payment of pre need lots

Lot 544, 545, + 547 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-14240

BALANCE DUE 1867.00

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 Nancy Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	93	00
Opening/ 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	$	93	00

AC-212 (Rev. 5-94) 2359

OFFICIAL RECEIPT

50158

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-9 19 98

From: Nancy Happe Address: 5258 alta Vista Dr. SD 92109

Ninety three & no/100 Dollars ($ 93.00)

In part Payment of pre need lots

Lot 544+545+547 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-14240

BALANCE DUE 1960.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 2353

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avallone

CREDIT	67007		
20% Sales Care	77184	93	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	80101 78390		
TOTAL PAID	$	93	00

OFFICIAL RECEIPT

50042

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-3 19 98

From: Nancy Hamel Address: 5258 Alta Vista Dr SD 92109

Ninety three & no/100 Dollars ($ 93.00)

In Full Payment of Pre need lots

Lot 544, 545, 7547 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-14240

BALANCE DUE 2053.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 2340

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carina Avalos

CREDIT	57007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	93	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 75390		
TOTAL PAID	$	93	00

OFFICIAL RECEIPT

49942

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 5-11 19 98

From: Nancy Hasse Address: 5258 A Ha Vista St. SD 92109

Ninety three & no/100 Dollars ($ 93.00)

In part Payment of Pre need lots

Lot 544, 545, 547 Grave Row Section Division Block 10

Invoice No.

Acct. No.

W.O. E-14240

BALANCE DUE 2140.00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒ 2332

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	93	00
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
	100		
Handling Fee	77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	93	00

E-14240

HASSE, William & Nancy — 5258 Alta Vista St. San Diego, CA 92109

				Payment	Balance
03-17	98	**Opened** Pre-Need Lots 544, 545, & 547-10		2,985.00	
03-17	98	R-Visa		- 746.00	2,[illegible].00
5-11	98	R-49942 cpn. # 1		93.00	2746.00
6-3	98	R-50042 cpn # 2		93.00	2653.00
7-9	98	R 50158 " 3		93.00	1900.00
8-13	98	R-50298	4	93.00	1867.80
9-8	98	R-50363	5	93.00	1774.00
10-15	98	R 50479	6	1681.00 93.00	1081.00
11-10	98	R 50556	7	1588.00 93.00	988.00
12-10	98	R 50639	8	1495.00 93.00	895.00
1-12	99	R 50736	9	1402.00 93.00	802.00
2-10	99	R 50837	10	1309.00 93.00	709.00
3-12	99	R 50944	11	1216.00 93.00	616.00
4-6	99	R 51004	12	1123.00 93.00	523.00
5-11	99	R 51129	13	1030.00 93.00	4[illegible].00
6-10		R-51233	14	937.00 93.00	337.00
7-7	99	R 51319	15	844.00 93.00	244.00
8-10	99	R 51427	16	751.00 93.00	151.00

HASSE, WILLIAM & NANCY — (PRE_NEED LOTS)

E-14240

151.00

9-10	coupon 17 R51519			93.00	1658 00
10-13	coupon 18 51611	20%		93.00	565.00
12-[redacted]9	20 R-51760			93.00	472.00
1-6-00	51850			93.00	379.00
2-8-00	52111 19 & 22			186.00	193.00
3-9-00	R-52203 23			93.00	100.00
4-10-00	R-52309			100.00	-0-

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14240

William & Nancy Hasse
5258 Alta Vista St.
San Diego, CA 92109
(544, 545,547-10) Pre-need Lots

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. ▶ $ 93.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME WM & NANCY HASSE

ADDRESS 5258 ALTA VISTA ST.

CITY SAN DIEGO STATE CA ZIP 92109

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14240

William & Nancy Hasse
5258 Alta Vista St.
San Diego, CA 92109
(544,545,547-10) Pre-need Lots

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. $ 93.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ 93.00

NAME WM & NANCY HASSE

ADDRESS 5258 ALTA VISTA ST

CITY SAN DIEGO STATE CA ZIP 92109

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14240

William & Nancy Hasse
5258 Alta Vista St.
San Diego, CA 92109
(544, 545, 547-10) Pre-need Lots

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
				10							

Amount due when paid on or before due date above ▶ $ 93.00

Amount due if paid more than ____ days after due date above ▶ $ ____

$ ____

Amount Received $ 93.00

NAME NANCY HASSE

ADDRESS 5258 ALTA VISTA ST.

CITY SAN DIEGO STATE CA ZIP 92109

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14240

William & Nancy Hasse
5258 Alta Vista St.
San Diego, CA 92109
(544,545,547-10) Pre-need Lots

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
				10							

Amount due when paid on or before, due date above. ▶ $ 93.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 93.00

NAME WM HASSE

ADDRESS 5258 Alta Vista St

CITY San Diego STATE Ca ZIP 92109

☐ check (√) if this is new address

Send or bring one coupon with each remittance **COUPON** **5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14240

William & Nancy Hasse
5258 Alta Vista St.
San Diego, CA 92109
(544, 545, 547-10) Pre-need Lots

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 ▶ $ 93.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 93.00

NAME WM & NANCY HASSE

ADDRESS 5258 ALTA VISTA ST

CITY SAN DIEGO STATE CA ZIP 92109

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14240

William & Nancy Nasse
5258 Alta Vista St.
San Diego, CA 92109
(544,545,547-10) Pre-need Lots

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. $ 93.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 93.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14240

William & Nancy Haase
5258 Alta Vista St.
San Diego, CA 92109.
(544, 545, 547-10) Pre-need Lots

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. $ 93.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 14**

DO NOT MAIL ENTIRE BOOK

E-19240

ACCOUNT No.

William & Nancy Reece
5258 Alta Vista St.
San Diego, CA 92109
(544,545,547-10) Pre-weed Lots

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. ▶ $ 93.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 93.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14240

William & Nancy Hoose
5258 Alta Vista St.
San Diego, CA 92109
(544, 545, 547-10) Pre-need Lots

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. ▶ $ 93.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Bring one coupon with each remittance **COUPON 18**

DO NOT MAIL ENTIRE BOOK

E-14240

ACCOUNT No. E 14240

William & Nancy Moore
5258 Alta Vista St.
San Diego, CA 92107
(544,543,547-10) Pre-need Lots

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. ▶ $ 93.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 93.00

NAME Irene & Steve Moore

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

E-14240

F 14240

A[illegible]UNT No.

[illegible] & Nancy Rosse
5258 Alto Vista St.
San Diego, CA 92109
(544, 545,547-10) Pre-need Lots

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
				10	PAID						

Amount due when paid on or before due date above. FEB 1 [illegible] $ 93.00

Amount due if paid more than [illegible] after due date above. MT. HOPE CEMETARY CITY OF SAN DIEGO, [illegible] $

Amount Received $

NAME

ADD[illegible]S

CIT[illegible] STATE ZIP

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

R-14240

ACCOUNT No.

William & Nancy Hasse
5258 Alta Vista St.
San Diego, CA 92109
(544,545,547-10) Pre-need Lots

F 14240

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 ▶ $ 93.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 93.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 21**

DO NOT MAIL ENTIRE BOOK

E-14240

ACCOUNT No. E14240

William & Nancy Isaac
5258 Alta Vista St.
San Diego, CA 92109
(544, 545, 547-10) Pre-seed Lots

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. $ 93.00

Amount due if paid more than ____ days after due date above. $ _____

$ _____

Amount Received $ 93.00

NAME _____

ADDRESS SAME

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

...or bring one coupon with each remittance **COUPON 22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14240

William & Nancy Reese
5258 Alta Vista St.
San Diego, CA 92109
(544,545,547-10) Pre-need Lots

E14240

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
				10							

PAID

Amount due when paid on, or before, due date above. FEB 1 [illegible] $ 93.00

Amount due if paid more than ____ days after due date above. MT. HOPE CEMETAR CITY OF SAN DIEGO $ ____

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.

William & Nancy Haase
5150 Alta Vista St.
San Diego, CA 92109
(544, 545, 547-16) Pre-need Lots

E1424O

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. ▶ $ 93.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 93.02

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No.

E14Z40

Billion & Nancy Basse
5258 Alta Vista St.
San Diego, CA 92108
(544,545,547-10) Pre-need Lots

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 ▶ $ 100.00

Amount due if paid more than ____ days after due date above ▶ $ ____

$ ____

Amount Received $ 100.00

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-17-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Andre Lashun Tate II

in a _____ Type of Burial Container, Funeral, date, time Fri 3-20 10:00

Church, Chapel, Graveside Graveside ; Ragsdale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 1462 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-49764	270.00
Balance due	-0-

PAID
MAR 17 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

26½ x 12 x 10

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 Ms. Tonna Quinn
Signature

X 4866 Lyon St.
Address

X San Diego, CA 92102
City Zip Code

X (619) 266-0627
Telephone

Invoice # _____

Work Order # E 14241

Acct. # _____

RE[illegible] (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14244

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

35 DAYS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Andre	Lashun	Tate, II	02/07/1998	03/14/1998	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	Andre L. Tate, Father 5924 Tooley St. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd.; San Diego, CA 92102	F-1389	[signature]	03/17/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10375 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/17/1998	9804483

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 3/20/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 1424

TATE, Baby

I W H

26 1/2" x 12" x 10

3/20/98

Friday 10:00 AM

Graveside

OFFICIAL RECEIPT

49764

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-17, 19 98

From: Andre Tate Address: 5924 Dooley St. San Diego 92114

Two Hundred Seventy Dollars ($ 270.00)

In full Payment of Interment of Andre Lashon Tate II

Lot 1462 Grave Row Section 1 Division 9 Block

Invoice No.

Acct. No.

W.O. E-14241

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. Hubbs

CREDIT	67007	20	00
20% Sales Care	77164		
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

OFFICIAL RECEIPT

49766

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

E14241

Date: 3-18 , 1998

From: Georgia Tate Address: 5924 Imlay St. San Diego 92114

Thirty One + 55/100 Dollars ($ 31.55)

In full Payment of Temporary Marker for
Archie Evelyn Tate II

Lot 1462 Grave Row Section 1 Division Block 9

Invoice No.

Acct. No.

W.O. E-14241

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. Hullton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77161		
Burial Containers	100 77182		
Handling Fee	100 77185	10	00
Recording & Misc. Fees	100 77183	20	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	1	55
TOTAL PAID	$	31	55

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/17

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Marcus Wiseman

in a Liner (Type of Burial Container) Funeral, date, time Wed, Mar 18 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 Chaqueta Wiseman

Lot 133 Grave 5 Row _____ Section 2 Division/Block 18

Grave space & Care Fund	179	895.00
Additional spaces and care fund	300	
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 49765		416.00
Balance due		1248.73

30 day Note

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 Chaqueta Wiseman
Signature
x 7945 Peter Pan Avenue
Address
x San Diego, CA. 92114
City Zip Code
x 262-7903
Telephone

Invoice # 296388

Work Order # E 14242

Acct. # 095005

...ilable in alternative formats upon request.

...yer 3-20-98

Marcus Wiseman E 14242
Footliner
72 x 24 x 24 1/2
10 1/2 x 24 1/2 x 24 1/2

MT. HOPE CEMETERY W.O. # 14242

NOTE

$ 1248.73 San Diego, California March 17 19[redacted]

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of One thousand two hundred forty eight 73/00 DOLLARS with interest from April 20th 1998 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 Chequeta Wiseman SIGNATURE X Chequeta Wiseman

ADDRESS X 7195 Peter Pan Ave. San Diego, CA. 92114

CALIFORNIA DRIVER LICENSE NUMBER X C1369275 SSN # X 554-06-6883

FY-1012 (11-89)

OFFICIAL RECEIPT

49765

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3/17, 1998

From: Chequeta Wiseman Address: 7195 Peter Pan Ave San Diego Ca 92114

Four hundred sixteen 00/100 Dollars ($ 416.00)

In Part Payment of Interment of Marcus Wiseman

Lot 133 Grave 5 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14242

BALANCE DUE 1248.23

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 Kanya Baker

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

AC-212 (Rev. 5-94)

E 14242

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

8

1A. NAME OF 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	EUGENE	WISEMAN	08/07/1989	03/11/1998	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	CHEQUETA WISEMAN-MOTHER 1998 7195 PETER PAN 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
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	03/16/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10126 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/16/1998 K. WALKER	▶ 9804379

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS - P. O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 3/18/98	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 3-18-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Jane Russell

in a liner (Type of Burial Container) Funeral, date, time Mon. 3-23 10:00

Church, Chapel, Graveside witness ; Humphrey 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 722 Grave _____ Row _____ Section 1 Division/~~Block~~ 8

Grave space & Care Fund ..... Pre-need E-783 Ø

Additional spaces and care fund ..... _____

Opening/Closing & Setup ..... pre-need E-783 Ø

Burial Container ..... pre-need E-783 Ø

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Linda Jenson daughter

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 Linda Jenson
Signature
X 3409 Heatherwood Dr
Address
X El Cajon CA 92019
City Zip Code
X 440-9717
Telephone

Invoice # _____

Work Order # E 14243 ✓

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-18-98
2:50 P

Scott at ~~Merkley - Mitchell~~ Humphrey's
called to make arrangements.

E14243

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
JANE	GLADYS	RUSSELL	07/28/1914	03/17/1998	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	Linda S. Jenson - Daughter 3409 Heatherwood Drive El Cajon CA 92019

7A. TYPED NAME AND ADDRESS OF 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	03/19/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/19/1998 J.E. King	9804602 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- ☐ A. BURIAL (INCLUDES ENTOMBMENT)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 3/23/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-18-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julius S. Orozco

In a liner (Type of Burial Container) Funeral, date, time Fri. Mar. 20 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 274 ~~244~~ Grave 3 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number 49977	1564.73
Balance due	0

paid in full 5-19-98

K. Howard 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 14244

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-24-98

3-18-98
3:00P
K. Howard called to make burial arrangements. Will be a creditors claim for $1564.73.

3:15P

E14244

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
JULIUS	S.	OROZCO	03/01/1913	03/13/1998	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	KATHERINE HOWARD - PUBLIC ADMINISTRATOR 5201 A RUFFIN ROAD SAN DIEGO, CA 92123

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
MERKLEY-MITCHELL MORTUARY 3655 FIFTH AVENUE, SAN DIEGO, CA 92103	FD-119	T. Mitchell	03/18/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	03/18/1998 T.C. MITCHELL	9804585

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222, SAN DIEGO, CA 92186-5222	-

AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY, 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 3/20/98	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.

E14244

ATTORNEY OR CREDITOR WITHOUT ATTORNEY (Name and Address):	TELEPHONE NO.:	FOR COURT USE ONLY
SAN DIEGO COUNTY PUBLIC ADMINISTRATOR'S OFFICE ATTENTION: K. HOWARD 5201-A RUFFIN ROAD SAN DIEGO, CA 92123		paid R-49977 in full 5-19-98
ATTORNEY FOR (Name):		
SUPERIOR COURT OF CALIFORNIA, COUNTY OF SAN DIEGO STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
ESTATE OF (NAME): **JULIUS S. OROZCO** DECEDENT		
CREDITOR'S CLAIM* **(for estate administration proceedings filed after June 30, 1988)**		CASE NUMBER:

You must file this claim with the court clerk at the court address above before the LATER of (a) four months after the date letters (authority to act for the estate) were first issued to the personal representative, or (b) thirty days after the date Notice of Administration was given to the creditor, if notice was given as provided in Probate Code section 9051. Mail or deliver a copy of this claim to the personal representative. A proof of service is on the reverse.

1. Total amount of the claim: $
2. Claimant *(name)*:
   a. ☐ an individual.
   b. ☐ an individual or entity doing business under the fictitious name of *(specify)*:
   c. ☐ a partnership. The person signing has authority to sign on behalf of the partnership.
   d. ☐ a corporation. The person signing has authority to sign on behalf of the corporation.
   e. ☒ other *(specify)*:
3. Address of claimant *(specify)*:
4. Claimant is ☐ the creditor ☐ a person acting on behalf of creditor *(state reason)*:
5. ☐ Claimant is ☐ the personal representative ☐ the attorney for the personal representative.
   (Claims against the estate by the personal representative and the attorney for the personal representative must be filed within the claim period allowed in Probate Code section 9100. See the notice box above.)
6. I am authorized to make this claim which is just and due or may become due. All payments on or offsets to the claim have been credited. Facts supporting the claim are ☒ on reverse ☐ attached.

I declare under penalty of perjury under the laws of the State of California that this creditor's claim is true and correct.

Date: **March 24, 1998**

Catina M.T. Avallone, Clerical Assistant II
(TYPE OR PRINT NAME AND TITLE)

▶ _____
(SIGNATURE OF CLAIMANT)

INSTRUCTIONS TO CLAIMANT

A. On the reverse, itemize the claim and show the date the service was rendered or the debt incurred. Describe the item or service in detail, and indicate the amount claimed for each item. Do not include debts incurred after the date of death, except funeral claims.
B. If the claim is not due or contingent, or the amount is not yet ascertainable, state the facts supporting the claim.
C. If the claim is secured by a note or other written instrument, the original or a copy must be attached (state why original is unavailable). If secured by mortgage, deed of trust, or other lien on property that is of record, it is sufficient to describe the security and refer to the date or volume and page, and county where recorded. (See Probate Code section 9152.)
D. Mail or take this original claim to the court clerk's office for filing. If mailed, use certified mail, with return receipt requested.
E. Mail or deliver a copy to the personal representative. Complete the Proof of Mailing or Personal Delivery on the reverse.
F. The personal representative will notify you when your claim is allowed or rejected.

(Continued on reverse)

* See instructions before completing. Use Creditor's Claim form No. DE-170 for estates filed before July 1, 1988.

ESTATE OF (NAME): DECEDENT	CASE NUMBER: E-14244

FACTS SUPPORTING THE CREDITOR'S CLAIM

☐ See attachment *(if space is insufficient)*

Date of Item	Item and Supporting Facts	Amount Claimed
03-18-98	Julius S. Orozco	
	Lot 274; Grave 3; Section 2; Division 12	$ 795.00
	Opening/Closing	375.00
	Liner	190.00
	Handling Fee	145.00
	Recording Fee	45.00
	Tax on Liner	14.73
	TOTAL DUE	$1564.73
	TOTAL	$

PROOF OF ☐ MAILING ☐ PERSONAL DELIVERY TO PERSONAL REPRESENTATIVE

(Be sure to mail or take the original to the court clerk's office for filing)

1. I am the creditor or a person acting on behalf of the creditor. At the time of mailing or delivery I was at least 18 years of age.
2. My residence or business address is *(specify)*:

3. I mailed or delivered a copy of this Creditor's Claim to the personal representative as follows *(check either a or b below)*:
   a. ☒ First-class mail. I deposited a copy of the claim with the United States Postal Service, in a sealed envelope with postage fully prepaid. I used first-class mail. I am a resident of or employed in the county where the mailing occurred. The envelope was addressed and mailed as follows:
      (1) Name of personal representative served:
      (2) Address on envelope: K. HOWARD
      5201-A RUFFIN ROAD
      SAN DIEGO, CA 92123
      (3) Date of mailing: March 24, 1998
      (4) Place of mailing *(city and state)*: SAN DIEGO, CA 92102
   b. ☐ Personal delivery. I personally delivered a copy of the claim to the personal representative as follows:
      (1) Name of personal representative served:
      (2) Address where delivered:
      (3) Date delivered:
      (4) Time delivered:

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: March 24, 1998

Catina M.T. Avallone, Clerical Assistant II
(TYPE OR PRINT NAME OF CLAIMANT)

▶ _____
(SIGNATURE OF CLAIMANT)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-18-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Julius S. Orozco

in a liner (Type of Burial Container) Funeral, date, time Fri. Mar. 20 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 274 ~~274~~ Grave 3 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number	—
Balance due	_____

K. Howard 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 14244

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49977

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 5-19 19 98

From: County of San Diego Address: 5201-A Ruffin Rd. San Diego 92123

One thousand five hundred sixty four & 73/100 Dollars ($ 1564.73)

In full Payment of Interment of Julius Orozco

Lot 274 Grave 3 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14244

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	1036	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
Handling Fee	100 77185	45	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1564	73

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

176896

ISSUED BY Catina Avalos

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/19/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Miles, George PA# 1230727

in a Liner (Type of Burial Container) Funeral, date, time THUR. 4-2 10:00

Church, Chapel, Graveside Delivery : ADA Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 106 Grave 2 Row _____ Section 1 Division/~~Block~~ 12

Grave space & Care Fund	120.00
Additional spaces and care fund	
Opening/Closing & Setup PAID	165.00
Burial Container 4-28-98	50.00
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	4.50
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

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Invoice # ~~[illegible]~~ 297413

Work Order # E 14245

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

4-2-98

E14245

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
GEORGE	ROBERT	MILES	04/29/1937	03/10/1998	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	PUBLIC ADMINISTRATOR - 5201-A RUFFIN 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	▶ K Shuroma	03/20/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/20/1998	▶

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)
- ☐ B. CREMATION
- ☐ C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- ☐ D. SCIENTIFIC USE
- ☐ E. TEMPORARY ENVAULTMENT
- ☐ F. DISINTERMENT
- ☐ G. SHIP IN TO CALIFORNIA
- ☐ H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

☐ I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY: MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED: 4/3/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶ / 15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E 14245

297413	04/02/98	000952	COUNTY OF SAN DIEGO			04/28/98	CK	593734	386.00	386.00	0.00
E-14245 George Miles		100	072	77181	000072				165.00	—	PAID IN FULL
		100	072	77182	000072				50.00		
		100	072	77183	000072				45.00		
		67007		77184					126.00		

Place Ash at Feet of Grave

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/19/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kathleen Baker

in a Ash Vault (Type of Burial Container) Funeral, date, time March, Thur 26th 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. _____

Lot 150 Grave 8 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	Pre Need E-3611
Additional spaces and care fund	
Opening/Closing & Setup	105.00
Burial Container	50.00
Handling Fees	60.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	264.26
Paid receipt number 49774	180.00
Balance due R-49787	84.26

PAID in Full MAR 24 1998 MT. HOPE CEMETERY CITY of SAN DIEGO, CALIF.

I hereby certify I am the X My other of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Lisa McConnell
Signature

X 1747 Primrose St
Address

X Lemon Grove 91945
City Zip Code

X 6194648539
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # _____

Work Order # E 14246

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Family will bring -
ashes & permit

MT. HOPE CEMETERY

W.O. # E14246

NOTE

$ 89.96 San Diego, California March 19 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of Eighty nine 96/00 DOLLARS with interest from April 27, 1998 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 Eva McConnell SIGNATURE X Eva McCONNELL

ADDRESS X 1747 Primera St. Lemon Grove 91945

CALIFORNIA DRIVER LICENSE NUMBER X no license SSN # X 533-03-0715

PY-1012 (11-89)

E14246

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

47

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KATHLEEN	ANNE	BAKER	09/20/1950	03/16/1998	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	DANIEL W. BAKER - HUSBAND 3910 SPRING PLACE, APT. #6 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	F-941		03/20/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	Grant K. Conrad 03/23/1998	9804759

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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

- [ ] 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 3/24/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY OCEANVIEW CREMATORY 1625 GISLER AVENUE COSTA MESA, CA 92626	12B. DATE CREMATED 03/24/1998	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 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 THE DATE.

OFFICIAL RECEIPT

49774

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3/19/ , 1996

From: Eva McConnell Address: 1747 Primera St Lemon Grove 91945

One hundred eighty 00/05 Dollars ($ 180.00)

In Port Payment of Interment w/ Kathleen Baker

Lot 150 Grave 8 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-14246

BALANCE DUE 8926

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 Kam McBak

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	20	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	180	00

AC-212 (Rev. 5-94)

This receipt okay 3/24/98 KA

OFFICIAL RECEIPT

49789

CITY OF SAN DIEGO, CALIFORNIA

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 3/24 19 98

From: Eva McConnell Address: 1747 Primera 31 Lemon Grove CA 91945

Eighty nine 26/00 Dollars ($ 89.26)

In Full Payment of Interment of Kathleen Baker

Lot 150 Grave 8 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-14244

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 Kathy Baker

CREDIT 20% Sales Cars	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182	1	
	100	40	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	89	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer of Lot

Date 3/20/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To: Galina Dobrosmyslova

in a _____ Type of Burial Container Funeral, date, time _____

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 $ _____

will be applied and billed to undersigned. _____

Lot 43 Grave 8 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	45.00
Paid receipt number 49776	45.00
Balance due	0

From: Robert Odom

PAID
MAR 20 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

To: Galina Dobrosmyslova

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Robert Odom
x Frederic E Zarse
Signature
x (attorney-in-fact)
Address
x Po Box 643 LA MESA, CA
City Zip Code
x 579-9456 91944
Telephone

Invoice # _____

Work Order # E 14247

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Sid Memorial Chapel

Galina
674-9804
mike

E1424.7

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS : That

Robert Odom

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
Div 2 - Section 1
Graves 8-9 - Lot 43
Vet

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

Robert Odom
Signature

State of New Mexico County of Curry ,

On November 3 ,19 95 before me, the undersigned, a Notary Public in and for said State personally appeared

Robin M. Hanks
Signature

Personally known to me (or proved to me on the basis of satisfactory evidence), to be the person/s whose name/s is/are subscribed to the within instrument and acknowledged to me that he/she executed the same.

WITNESS my hand and official seal Robin M. Hanks
Notary Public In and For Said State

E14247

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 Robert Odom (by Fredric E. Zgorse - his attorney-in-fact)

DO HEREBY REMISE, RELEASE, AND QUITCLAIM to _____

DOBROSMYSLOVA

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 43 Grave 8 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 20 day of MARCH 19 98

EXECUTED IN THE PRESENCE OF
THE FOLLOWING WITNESSES:

Karyn Bak

_____
Witnesses

Fredric E. Zgorse
CEMETERY SERVICES AGENCY
Po Box 643 LA MESA, CA
91944-0643 579-9456

E14 247

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

9/25/1974

F14247

7611

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Robert Odom for the sum of $ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 43 Grave 8 Section 1 Division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER D-5001

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Flush Marker Only Allowed

Cemetery Manager

W. L. MacFarlane

Property Director

PY-584

E14247

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

№ 11801

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Robert or Henry Odom for the sum of $ 165.00 (DOLLARS)

LEGAL DESCRIPTION Lot 43; grave 8; section 1; division 11

AS DESCRIBED ON PURCHASE ORDER NUMBER D-5001

According to a map of said Cemetery filed in the office of the County Recorder of San Diego County. To be held for burial privileges only with endowed care. Subject to all rules and regulations now in force or may hereafter be adopted, including the right to ingress and egress with essentials for care and operation of the Cemetery. The rights hereby conveyed for interment privileges shall not be relinquished without the consent of the Cemetery Authority in each and every case and must be recorded in the office of Mount Hope Cemetery.

It is expressly understood however, that said Cemetery Division does not undertake or agree to make any repairs to any monument, head stone, vaults or other improvements of like nature that is already, or may hereafter be erected or placed on said lot or plot. Cost of same shall be assumed by legal owner or representatives of plot. In no case will the Cemetery Division be responsible for damage, malicious mischief, vandalism and natural causes of deterioration, but reserves the right to remove any object that detracts from the embellishment of the Cemetery. The following type of memorial will be permitted:

Regulation Size Marker is 12" X 24", Flat Marker Only

Wendy Jo League
Cemetery Manager

Property Director

PY-888

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49776

Date: 3/00, 1998

From: Cemetery Service Agency Address: PO Box 643 La Mesa Ca 91944 0643

Forty Five 00/100 Dollars ($ 45.00)

In Full Payment of Transfer Fee

Lot 43 Grave 8 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-14247

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

3099

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

E 12718
E 10081

ISSUED BY [signature]

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

74

TS Van H
Delivery by
Mortuary Staff
3/20/98

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/20/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Antonina Dobrosmyslova

in a _____ Funeral, date, time Tues March 24 11:00

Type of Burial Container

Church, Chapel, Graveside Graveside ; 50 Memorial Mortuary.

M.KE

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

V Lot 43 Grave 8 Row _____ Section 1 Division/Block 11

Grave space & Care Fund ..... The Need D-500	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	
Handling Fees	185.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	605.00
Paid receipt number 49780	605.00
Balance due	0

PAID
MAR 23 1998
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 C. Stepanenko
Signature
X 11129 W Bernardo Heights
Address
X San Diego CA 92127
City Zip Code
X (619) 674-5804
Telephone

Invoice # _____

Work Order # E 14248

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

Daughter - Galina Dobrosmyslova
674-9804

E 14248

Modern Stairways Inc.

DELIVERY / ORDER

3239 Bancroft Dr.
Spring Valley, CA 91977
(619) 4661484 FAX 466-8920
(888) 842-6525

DATE	INVOICE #
3/20/98	1367

PENDING
(non-posting)

BILL TO	SHIP TO
Cemetery Services Agency P.O.Box 643 La Mesa, Cal.	MT Hope Division Eleven , Sec. One Lot 43, Grave 8 Antoniana Dobrosmyslova

P.O. NUMBER	TERMS	REP	SHIP	VIA	F.O.B.	PROJECT
Fred	Due on receipt	JWS	3/20/98	Our Truck		

QUANTITY	ITEM CODE	DESCRIPTION
1	Top Seal	Top Seal/Security Vault
1	Delivery Chg	Delivery Charge

Kanya Bak

Thank you for your business.

E14248

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 14248-74

APPLICATION 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
Antonina	-	Dobrosmuslova	12/23/1923	03/17/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Poway	San Diego	Galina Stepanenko - Daughter 17129 W. Bernard Dr. #207 San Diego, CA 91129

7A. TYPED NAME AND ADDRESS OF 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 Watts	03/24/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 7100 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/24/1998	9804799 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 3/24/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ F Watts	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49780

CITY OF SAN DIEGO, CALIFORNIA

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 3/23, 1998

From: Galina Stepanenko Address: 1709 West Beinardo Dr. #427 San Diego, CA 92127

Six hundred five 00/00 Dollars ($ 605.00)

In Full Payment of Interment of Antoniana Delarosmyclove

Lot 43 Grave 8 Row ____ Section 1 Division 11 Block

Invoice No. ____

Acct. No. ____

W.O. E-14248

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kenya Baker

CREDIT	67007		
20% Sales Com	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182		
Handling Fee	100 77185	180	00
Recording & Misc. Fees	100 77183	10	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	605	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/20/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Chrisato Kuroye &

in a Ash Vault (Type of Burial Container) Funeral, date, time May 1, Friday 1:00

Church, Chapel, Graveside Graveside : Lewis Floral Mtry Mortuary.

All Funeral 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 4820 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 49883	269.26
Balance due	0

PAID
APR 27 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Ruth Kiyono
278-6029

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Ruth M. Kiyono
Signature
4782 Mt. St. Helens Dr.
Address
X San Diego, Ca 92117
City Zip Code
X 619-278-6029
Telephone

Invoice # _____

Work Order # E 14249

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

LEWIS COLONIAL
73166 E14249
94

APPLICATION 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
CHISATO	-	KUROYE	03/15/1904	03/18/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
SAN DIEGO	SAN DIEGO	ROY H. KUROYE - SON 7553 EMERALD GARDENS CIRCLE LAS VEGAS, NV 89123

7A. TYPED NAME AND ADDRESS OF 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/BEBBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104	FD-480	▶ Parenti, Dale L.	03/20/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/20/1998 ▶	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF 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 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 5-1-98	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 3/23/98	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 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

49883

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4/27, 19 98

From: Kazuo Kiyone Address: 4782 Mt St Helens Drive San Diego Ca 92117

Two hundred sixty nine 26/00 Dollars ($ 269.26)

In Full Payment of Interment of Chrisato Kiyoe

Lot 4820 Grave — Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-14549

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

5233

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
Handling Fee	100 77185	60	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	269	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Trust

Date 3/24/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl and Dorothy Marion

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 110 Grave 3 Row _____ Section 1 Division/Block 11

Grave space & Care Fund ..... Pre Need E-12539	0
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container ..... PAID 5-1-98	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes ..... Refunded entire amount	14.73
Total Due	769.73
Paid receipt number R-49896	769.73
Balance due	0

I hereby certify I am the X Carl W Marion of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Carl W Marion
Signature

X 15420-229 Lakeview Dr
Address

X El Cajon Ca 92021
City Zip Code

X 619-443 5511
Telephone

Invoice # _____

Work Order # E 14250

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

E 14250

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49396

Date: 5-1, 1998

From: Carl W. Marion Address: 15420 Olde Highway 80, No. 229 El Cajon 92021

Seven Hundred Sixty Nine & 73/100 Dollars ($ 769.73)

In full Payment of Pre-Need trust

Lot 110 Grave 3 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-14250

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 1755

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shackelton

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	769	73
Sales Tax	60101 78390		
TOTAL PAID	$	769	73

E 14250

Pre-Need Lots for:

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 10/23/95

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl & Dorothy Marion

in a _____ (Vault/Liner) Funeral, date, time _____

Church, Chapel, Graveside _____ : _____ Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

War time veteran _____.

Lot 110 Grave 3+4 Row _____ Section 1 Division/Block 11

Grave space & Care Fund 2 @ 895.00 ea. 1,790.00

Additional spaces and care fund _____

Opening/Closing & Setup _____

Burial Container paid in full 04-07-1997

Handling Fees _____

Flower vases – Marker setting fee _____

Recording and filing fee _____

Sales taxes _____

CERTIFIED ORIGINAL INTERMENT

By: [illegible] Phone: 527-3400

Date: 05/10/2006

Total Due 1790.00 448.00

Paid receipt number 46725

Balance due 1342.00 1342.00

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E 12539

Invoice # _____

Acct. # _____

PY-593 (Rev. 8-92)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Pre Need Trust

Date 3/24/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carl and Dorothy Marion

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 110 Grave 3 Row _____ Section + Division/Block 11

Grave space & Care Fund	Pre Need E-12539	0
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container	PAID	190.00
Handling Fees	5-1-98	145.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		14.73
	Total Due	769.73
	R-49896	769.73
	Balance due	0

CERTIFIED ORIGINAL INTERMENT
Date: 05/10/2006
By: [signature]

Phone: 527-3400 ~~Paid receipt number~~

I hereby certify I am the X Carl W Marion of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Carl W Marion
Signature

X 15420-229 Old Hwy 80
Address

X El Cajon Ca 92021
City Zip Code

X 619-443 5511
Telephone

Invoice # _____

Acct. # _____

Work Order # E 14250

This information is available in alternative formats upon request.

REA-104 (7-96)

Printed on recycled paper

Pre Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/24/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Venus Brewer

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 616 Grave 12 Row — Section 1 Division/Block 11

Grave space & Care Fund ..... Pre Need E-1228	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-50003	769.73
Balance due	0

PAID
MAR 31 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X Venus B. Brewer of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Venus B. Brewer
Signature
X 15420-229 Old Hwy 80
Address
X El Cajon Ca 92021
City Zip Code
X 619 579 7688
Telephone
SISTER 619 443 5511

Invoice # _____

Work Order # E 14251

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

OFFICIAL RECEIPT

50003

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3-31, 1998

From: Venus G. Brewer Address: 15420-229 Old Hwy 80 El Cajon 92021

Seven Hundred Sixty Nine & 73/100 Dollars ($ 769.73)

In full Payment of Pre-Need Trust

Lot 66 Grave 12 Row Section 1 Division ~~Block~~ 11

Invoice No.

Acct. No.

W.O. E-14251

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 1105

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY S. Shackleton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	769	73
Sales Tax	60101 78390		
TOTAL PAID	$	769	73

AC-212 (Rev. 5-94)

ashes into grave
of Albert Ray

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-23-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna Nelson Ray & Friday 5-1 AYD

in a ash vault (Type of Burial Container) Funeral, date, time ~~Thurs~~ 4-30

Church, Chapel, Graveside _____ : Nelson FUNERAL CHICAGO Mortuary.

All Funeral 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 4399 Grave _____ Row _____ Section _____ Division/~~Block~~	10
Grave space & Care Fund ..... Pre-Need D-5826	-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-49866	269.26
Balance due	-0-

PAID
APR 17 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Rick 773-561-5147
FAX # 773-561-1678

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X _____ Signature

X _____ Address see attached

X _____ City Zip Code

X _____ Telephone

Invoice # _____

Work Order # E 14252

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-23-98
husband will
return before
3-30-98 to
pay for service

first thing Monday morning.
3-30
perkin husband will bring
posted dated check
from mortgage co.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-23-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anna Nelson Ray

In a ash vault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Nelson Mortuary

All Funeral 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 4399 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund ..... Pre-Need D-5826	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 _____

Balance due _____

I hereby certify I am the X FUNERAL HOME IN TRUST [signature] for NELSON FUNERAL HOMES INC. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

NELSON FUNERAL HOMES, INC

I hereby authorize the interment in lot I hold under deed.

X [signature] Signature

X 5149 N. ASHLAND Address

X CHICAGO, IL 60640 City Zip Code

X 773-561-5147 Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 14252

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request

Printed on recycled paper

PREPAID BURIAL TRUST – NO RELATIVES.

E 10252

Illinois Department of Public Health
Division of Vital Records

604909

PERMIT FOR DISPOSITION OF CREMATED REMAINS

NAME OF DECEASED	DATE OF DEATH
ANNA NELSON RAY	3-22-98

PLACE OF DEATH (STREET OR INSTITUTION)	CITY	COUNTY	VETERAN
METHODIST HOME	CHICAGO	COOK	☐ YES ☒ NO

PLACE OF DISPOSITION (NAME AND LOCATION OF CEMETERY, CREMATORY)

GRACELAND, CHICAGO, IL.

☒ CREMATION ☐ SHIP OUT OF STATE ☐ CORONER OR MEDICAL EXAMINER

IF ANY OF THE ABOVE ITEMS ARE CHECKED, THIS PERMIT MUST BE SIGNED BY THE LOCAL REGISTRAR PRIOR TO DISPOSAL OF THE BODY

NAME AND ADDRESS OF PHYSICIAN WHO WILL SIGN DEATH CERTIFICATE

JOHN M. FULTZ, M.D. 2[illegible]0 W. PETERSON, CHICAGO, IL. 6

I CERTIFY I HAVE CONTACTED THE PHYSICIAN AND HE/SHE WILL SIGN DEATH CERTIFICATE

SIGNED [signature], FUNERAL DIRECTOR

FUNERAL HOME NAME AND ADDRESS

NELSON FUNERAL HOMES INC. 5140 N. ASHLAND CHICAGO IL 60640

REGISTRAR SIGNATURE	DIST. NO.	DATE PERMIT ISSUED
[signature]	10.10	MAR 24 1998

REGISTRAR ADDRESS CHICAGO, ILLINOIS

VR-205 (1-95) (SEE REVERSE SIDE FOR INSTRUCTIONS) PART 2.1

F14252

GRACELAND CEMETERY AND CREMATORIUM

4001 NORTH CLARK STREET CHICAGO, ILLINOIS 60613

Certificate of Cremation

51137

V.S. No. 604909 No. 169554

Name Anna Nelson Ray

Age 91 Year Month Day

Date of Death 03/22/1998

Undertaker Nelson Funeral Home

Address 5149 N. Ashland Ave. Chicago, IL 60640

Cremated at Graceland Cemetery and Crematorium on 03-24-1998

Disposition Return C/R to Nelson FH

GRACELAND CEMETERY AND CREMATORIUM

E14252

THE CITY OF SAN DIEGO

March 23, 1998

To: Nelson Funeral Home

From: Sue Shackelton

Re: Interment of Anna Nelson Ray

Per our phone conversation, enclosed is the Interment Order for Anna Nelson Ray. Please have the Interment Order signed by the x's. Please make your check payble to Mt. Hope Cemetery for $269.26.

There is a marker on the grave for Alfred Ray but a monument company would have to determine if they can add another name. The companies are: Seaman-Poe 619 264-1933, Conti & Son 264-2480 and Clemens 449-0670.

You can get information regarding the California Burial Permit by calling 692-5733. You can also call Greenwood Mortuary at 264-3131 about getting a permit.

If you have any questions, please do not hesitate to call.

Very truly yours,

Sue Shackelton

Sue Shackelton
Clerical Assistant II

DIVERSITY

Mt. Hope Cemetery
Real Estate Assets • Public Works • 3751 Market Street • San Diego, CA 92102
Tel (619) 527-3400

OFFICIAL RECEIPT

49366

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-17 19 98

From: Nelson Funeral Home Address: 5149-51 N. Ashland Ave Chicago IL 60640

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Interment of Anna Nelson Ray

Lot 4399 Grave _____ Row _____ Section _____ Division 10 Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14252

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 33207

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Shields

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 14252

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
ANNA	NELSON	RAY	06/29/1906	03/22/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHICAGO	ILLINOIS	DOROTHY WEBSTER - FRIEND 1533 W. THORNDALE CHICAGO, IL 60660

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
POWAY-BERNARDO MORTUARY 13243 POWAY ROAD POWAY, CA 92064	FD-1195	▶ F Juarez	04/07/1998

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	04/07/1998 F. JUAREZ	9805559 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
-	P.O.BOX 85222 SAN DIEGO, CA 92186-5222

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [X] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET STREET SAN DIEGO, CA 92103	11B. DATE BURIED 5-1-98	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.

2nd Double Depth Crypt

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/23/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hannah Breuninger

in a _____ (Type of Burial Container) Funeral, date, time Frid. March 27th 2:00

Church, Chapel, Graveside Graveside ; Featherg 11 Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 50

will be applied and billed to undersigned. X cb

Lot 2366 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	
Handling Fees	
Flower vases – Marker setting fee	
Recording and filing fee	45.00
Sales taxes	
Total Due	420.00
Paid receipt number 49781	420.00
Balance due	0

PAID
MAR 23 1998
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 C. Breuninger
Signature
X 4456 Acacia Ave
Address
X La Mesa 91941
City Zip Code
X 619-460-9500
Telephone

Invoice # _____

Work Order # E 14253

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E14253

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

78

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Hannah	Elizabeth	Breuninger	08/02/1919	03/20/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Pomona	Los Angeles	Christian Breuninger - Brother 4456 Acacia Ave. 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	FD 1083	▶ [signature]	03/24/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	03/24/1998 ▶	[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 St. Rm L-1 Los Angeles, CA 90012	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 3/24/98	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 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

49781

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3/23, 1997

From: Christian Breuninger Address: 4456 Asoc. a Ave La Mesa Ca 91941

Four hundred twenty 00/00 Dollars ($ 420.00)

In Full Payment of Interment of Hannah Breuninger

Lot 2366 Grave 1 Row — Section — Division ~~Block~~ 10

Invoice No.

Acct. No.

W.O. E-14253

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 Kanya Baker

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	420	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-23-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Annie Bates

in a T.S. Vault (Type of Burial Container) Funeral, date, time Tues. Mar. 31 11:00

Church Chapel Graveside chapel & gnside CA Burial Kim Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. XEHB

Lot 141 Grave 10 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases – Marker setting fee galvanized vase	23.78
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1793.16
Paid receipt number R-49798	448.00
Balance due	1345.16

PAID
APR 1 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

30 day note

I hereby certify I am the X [illegible] of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

OVER

I hereby authorize the interment in lot I hold under deed.

X Eddie H Bates
Signature

X 7883 [illegible]
Address

X San Diego Ca
City Zip Code

X 479-039
Telephone

Signature of recorded holder of deed

Invoice # ____

Work Order # E 14254

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-23-98
1:30P

Kim at CA Burial called to schedule arrangements with burial container and lot. and galvanized flower vase.

4-1-98 1345.16 PA10 R-50010

MT. HOPE CEMETERY W.O. # E-14254

NOTE

$ 1345.16 San Diego, California March 30 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order 3751 Market Street, San Diego, CA 92101, the sum of One thousand three hundred forty five DOLLARS 00 with interest from May 1, 1998 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 Eddie H BATES JR SIGNATURE X Eddie H Bates Jr

ADDRESS X 7883 Gondola St

CALIFORNIA DRIVER LICENSE NUMBER X SSN # X 331-16-5371

PY-1012 (11-89)

OFFICIAL RECEIPT

50010

E14254

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-1, 1998

From: Jennifer Williams Address: 3505 S. Grace # 101 Fern Grove 91945

One Thousand Three Hundred Forty Five & 16/100 Dollars ($ 1345.16)

In full Payment of Interment of Annie Bates

Lot 141 Grave 10 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14251

BALANCE DUE -0-

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT 20% Sales Care	67007 77184	179	00
80% Sales of Lots	100 77184	268	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	260	00
Handling Fee	100 77185	198	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	62101 78390	20	16
TOTAL PAID	$	1345	16

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94) 003214

ISSUED BY L. Hamilton

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49798

Date: 3-30, 1998

From Jennifer Williams Address: 3505 S. Grove #101 Lemon Grove 91945

Four Hundred Forty Eight Dollars ($ 448.00)

In part Payment of Interment of Annie Bates

Lot 14 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14254

BALANCE DUE 1345.16

Pre-Need Lot ☐ At Need ☒ On 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 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	448	00
Opening/ 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	$	448	00

E14254

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
ANNIE	DELL	BATES	06/06/1920	03/21/1998	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	EDDIE BATES JR.-HUSBAND 7883 GRIBBLE ST. SAN DIEGO, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	03/26/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10175 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/26/1998 M. MITCHELL	9804958 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 3/31/98	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

Pre Need Lot

Date 3/23/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Dorothy Berglund

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 100 Grave 3 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	315.00
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-4978 G	1564.73
Balance due	0

PAID
MAR 23 1998
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 Dorothy Berglund
Signature
x 4545 Rolando Blvd 58
Address
x San Diego Ca 92115
City Zip Code
x 619-287-0887
Telephone

Invoice # _____

Work Order # E 14255

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

49786

Date: 3/23, 19 98

From: Dorothy Berglund Address: 4545 Collwood Blvd # 58 S.D. (A) 92115-2551

One thousand five hundred sixty four 73/100 Dollars ($ 1564.73)

In Full Payment of Pre Need Lot (Trust) By Dorothy Berglund

Lot 100 Grave 5 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14355

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

CREDIT 20% Sales Care	67007 77184	199	00
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	764	73
Sales Tax	60101 78390		
TOTAL PAID	$	1564	73

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-24-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Emma Jean Smith - McCune

in a T.S. Vault (Type of Burial Container) Funeral, date, time Tue 3-31 11:00

Church, Chapel, Graveside Chapel/Graveside Rosedale Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $150.00 will be applied and billed to undersigned. X

Lot 94 Grave 3 Row PAID Section 3 Division/~~Block~~ 12

APR X 1 1998

MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	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 50013	1669.38
Balance due	0

Daughter Lois Dull

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Lois Dull
Signature

I hereby authorize the interment in lot I hold under deed.

X PO Box 13012
Address

X SD Ca 92170
City Zip Code

X 619 475-5410
Telephone

Signature of recorded holder of deed

Invoice # _____

Work Order # E 14256

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14256

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

82

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Emma	Jean	McCune-Smith	03/02/1916	03/23/1998	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	Lois J. Williams, Daughter 2397 Donnington Way San Diego, CA 92139

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5080 Federal Blvd. San Diego, CA 92102	F-1329	▶ Debbie Wheeler	03/24/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/27/1998	9805048 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	0

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diggo, CA 92102	11B. DATE BURIED 3/31/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY —	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION —	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

50013

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4/1 19 98

From: Rossdale Address: 5500 Federal Blvd S.D. Ca 92102

Dollars ($ 1669.38)

In Full Payment of Interment of Emma Jean Snell McCune

Lot 94 Grave 3 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14256

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Hugh Burke

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	250	00
Handling Fee	100 77185	135	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	19	38
TOTAL PAID	$	1669	38

(Morlie Brown full body burial already in grave)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-25-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kelsie Steffens (X)

in a Ash vault (Type of Burial Container) Funeral, date, time ~~A.V.D~~ Wed, Apr 1. 1:00

Church, Chapel, Graveside ~~delivery~~ ~~Graveside~~ witness 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 1264 Grave _____ Row _____ Section 1 Division/~~Block~~ 8		
Grave space & Care Fund	preneed C-7489	0
Additional spaces and care fund		
Opening/Closing & Setup	preneed E-11581	0
Burial Container	Preneed E-11581	0
Handling Fees	Preneed E-11581	0
Flower vases – Marker setting fee		
Recording and filing fee	Pre need E-11581	0
Sales taxes	Preneed E-11581	0
Total Due		0
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 Gordon S. Brown
Signature
X 10484 TATA's PL
Address
X ESCONDIDO 92026
City Zip Code
X (760) 743-7270
Telephone

Work Order # E 14257

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14257

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
KELSIE	RUTHOLA	STEFFENS	03/12/1915	03/23/1998	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	GORDON BROWN - SON 10484 TATA'S PLACE ESCONDIDO, CA 92026

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843

ACKNOWLEDGMENT OF APPLICANT	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.	▶	03/26/1998

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 03/27/1998	9805058 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/1/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY GREENWOOD CREMATORY I-805 & IMPERIAL AVENUE, SAN DIEGO, CA 92102	12B. DATE CREMATED 3/27/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION John C. Stoddart
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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 3/25/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leroy Reed

in a Liner (Type of Burial Container) Funeral, date, time Fri, March 27th 11:00

Church, Chapel, Graveside Church/Graveside ; S.D Memorial Mark 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 121 Grave 10 Row ____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund	895.00
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	1697.05
Paid receipt number	
Balance due	

88 x Length
33 x Width
23 1/2 high

VAID
Family purched
two lots
see E14260

I hereby certify I am the X Joselyn Hunter of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Joselyn Hunter
Signature

X 912 Rhine Way
Address

X Oakley CA. 94561
City Zip Code

X (510) 679-1470
Telephone

619 263-1344
Invoice # 714 320-3408

Work Order # E 14258

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 3-26-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Melvina Spearman

in a liner (Type of Burial Container) Funeral, date, time Wed. Apr. 1 11:00

Church, Chapel, Graveside Chapel & grvsd. CA Burial Jeannette 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 81 Grave 1 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund 179	
Opening/Closing & Setup 325	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 49809	391.00
Balance due	1273.73

CA Burial to bring check for $391.00

Mailed check to cemetery → Aut 6/19/98 1273.73

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

30 day note

X Melvina Spearman
Signature

X 1010 Elwood St
Address

X PO San Diego 92114
City Zip Code

X 2630597
Telephone

Invoice # ~~297746~~ 297747

Work Order # E 14259

Acct. # 095181

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

3-26-98
1:25P (CA Burial)

Jeannette called to schedule burial. Mortuary to bring check for $391.00 & family to sign 30day note for $1173.73.
Jeannette requested least expense burial.

3/27/98
Family did not like 795 section went with 895 Lot. Signed 30 day Note for Balance.

Family will be in to pick lot, sign interment order & 30 day note. 3/31/98
Mortuary to bring check for 25% down ($391.00) Per Jeannette
Family signed 30 day note

6-15-98
Martin to mail
check 6-16-98

E-14259

CITY OF SAN DIEGO
TREASURER'S DEPARTMENT

REG-RECEIPT:01-0015385 C:06-24-1998
CASHIER ID:M 10:21 AM A:06-25-1998

5000 INVOICE 297747	$1,273.73
TOTAL DUE	$1,273.73

RECEIVED FROM:
CALIFORNIA CREMATION

CHECK	$1,273.73
TOTAL TENDERED	$1,273.73
CHANGE DUE	$0.00

MT. HOPE CEMETERY

W.O. # 14259

NOTE

$ 1273.73 San Diego, California March 27 1998

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand two hundred seventy three 73/00 DOLLARS with interest from May 1, 1998 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 Joselyn A Spearman SIGNATURE X Joselyn Spearman

ADDRESS X 1010 Cleveland St San Diego CA 92114

CALIFORNIA DRIVER LICENSE NUMBER X CA4110727 EXP 1048 SSN # X550-339255

PY-1012 (11-89)

E 14259

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
Melvina	Mary	Spearman	10/16/1925	03/24/1998	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	Joselyn Spearman-daughter 1010 Elwood Street San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	03/30/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/30/1998 M.MITCHELL	▶ 9805110

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 4/1/98	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

49309

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-3 19 98

From: CA Burial Address: 5880 El Cajon Blvd SD 92115

Three hundred ninety one + no/100 Dollars ($ 391 00)

In part Payment of Interment of Melvina Spearman

Lot 81 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14259

BALANCE DUE 1273.73

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT 20% Sales Care	67007 77184	391	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	83033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4153

ISSUED BY Catina Avalos

AC-212 (Rev. 5-94)

CALIFORNIA CREMATION & BURIAL CHAPEL

E14259 4355

Mt. Hope Cemetery		6/15/98	
	Melvina Spearman (bal due)		1,273.73
Union Account	Melvina Spearman		1,273.73

E14259

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 095181

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 6/16/98

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER 4355

AMOUNT PAID 1273.73

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Joselyn Spearman

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) //

CUSTOMER (PAYOR) ADDRESS E 14259
Melvina Spearman

REMARKS

CASHIER

TR-1561 (2-82)

INV. NO. 297747

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/26/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leroy Read

in a liner #7 (Type of Burial Container) Funeral, date, time Fri March 27th 11:00

Church, Chapel, Graveside Church/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 will be applied and billed to undersigned. X Martin Read

Lot 121 Grave 10 2 11 Row _____ Section 1 Division/Block 11

Grave space & Care Fund	2@ 895.00	1790.00
Additional spaces and care fund	358 432	
Opening/Closing & Setup		375.00
Burial Container		280.00
Handling Fees		145.00
Flower vases – Marker setting fee		25.78
Recording and filing fee (Temporary marker)		31.55 45.55
Sales taxes		17.05
Total Due		2647.38
Paid receipt number 49793		1000.00
Balance due		1647.38

88 Length 53 width 23 1/2 high

30 day note

I hereby certify I am the X Son of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Martin J. Read
Signature

X 356 Alicia Drive
Address

X Irvine, CA 92612
City Zip Code

X (949) 856-9907
Telephone (714)

Invoice # 296791

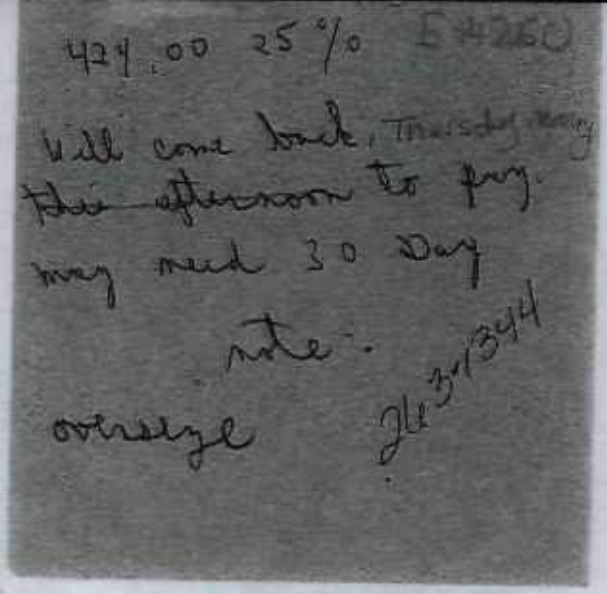
Work Order # E 14260

Acct. # 095144 4-1-98

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper (619) 263-1344



424.00 25% E4260

Will come back, Thursday morning
~~this afternoon~~ to pay.
may need 30 Day
note.
oversize 26 3/1344

Informed Family
of need to buy two
grave 3/25/98
They will be in 3/26/98
Daughter will inform
person responsible for
paying.

MT. HOPE CEMETERY

W.O. # E-14260

NOTE

$ 1647.38 San Diego, California March 26 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of One thousand six hundred forty seven 38/00 DOLLARS with interest from April 28, 1998 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 Martin Reed SIGNATURE X Martin L Reed

ADDRESS X 356 Arroyo Drive, Irvine, CA 92612

CALIFORNIA DRIVER LICENSE NUMBER X C6680647 SSN # X 567835650

PY-1012 (11-89)

E14260

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

59

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Leroy	-	Reed	03/07/1939	03/20/1998	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	Martin Reed - Son 356 Arroyo Drive Irvine, CA 92612

7A. TYPED NAME AND ADDRESS OF 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 Avenue; San Diego, CA 92104	FD-1575	▶ Frances L Martin	03/24/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT	9C. PERMIT NUMBER
$7.00	03/25/1998	J Martin ▶	9804875

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 3/31/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

E 14260 49793

Date: 3/26, 1998

From: Martin Reed Address: 356 Mirage Dr. Tiburon CA 94012

One thousand 00/100 Dollars ($ 1000.00)

In Part Payment of Interment of Leroy Reed

Lot 131 Grave 10 Row Section 1 Division Block 11

Invoice No.

Acct. No.

W.O. E-14260

BALANCE DUE 1647.38

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 7.02

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Tanya Bak

CREDIT	67007		
20% Sales Care	77184		
50% Sales of Lots	100 77184	1000	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1000	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/26/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Clencie E. Brown

in a Double Depth (Type of Burial Container) Funeral, date, time Frid. April 3 11:00 AM

Church, Chapel, Graveside Chapel/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 Stendy Taylor

Lot 265 Grave 29 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	144 59	795.00
Additional spaces and care fund		
Opening/Closing & Setup	PAID IN FULL	375.00
Burial Container	4-24-98	380.00
Handling Fees		320.00
Flower vases – Marker setting fee	galvanized	23.78
Recording and filing fee		45.00
Sales taxes		29.45
Total Due		1968.23
Paid receipt number 50064		492.00
Balance due		476.23

3rd Payment

I hereby certify I am the X niece of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Stendy Taylor
Signature
X 1667 Oro Vista Rd. #147
Address
X San Diego, Ca. 92154
City Zip Code
X (619) 423-1941
Telephone

Invoice # 298058

Work Order # E 14261

Acct. # 095194

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

4-8-98

Per Wendy Taylor 4/3/98 9145
Okay to move from grave
two to grave nine.

MT. HOPE CEMETERY

W.O. # E-14261

NOTE

$ 1476.23 San Diego, California March 31 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand four hundred seventy six 23/100 DOLLARS with interest from May 3, 1998 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 Wendy Taylor SIGNATURE X Wendy Taylor

ADDRESS X 1667 Oro Vista Rd. #147, San Diego, Ca. 92154

CALIFORNIA DRIVER LICENSE NUMBER X C1572920 SSN # X 363-54-7224

PY-1012 (11-89)

E14261

78

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
CLENCIE	ELNORE	BROWN	04/12/1919	03/25/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	WENDY TAYLOR--NIECE 1667 ORO VISTA RD. SAN DIEGO, CA 92154

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	04/03/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND 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	04/03/1998 M. MITCHELL	9805400 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOX 85222 SAN DIEGO, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 4/3/98	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

50004

Date: 3/31, 19 98

From: L.B. White Address: 1414 Myrtle Ave Long Beach Ca 90813

Four hundred ninety two 00/100 Dollars ($ 492.00)

In Part Payment of Interment of Clarice Brown

Lot 265 Grave 2 Row Section 2 Division Block 17

Invoice No.

Acct. No.

W.O. E-14261

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 Kenya Collier

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	492	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	492	00

E 1426 1

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
298058	04/08/98	095194	WENDY TAYLOR					04/24/98		VISA	1,476.23	1,476.23	0.00
			100	072		77181	000072				375.00		PAID IN FULL
			100	072		77182	000072				390.00		
			100	072		77183	000072				45.00		
			100	072		77184	000072				144.00		
			100	072		77185	000072				333.00		
			60101			78390					30.23		
			67007			77184					159.00		

E-1426 1

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/27/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angeliki Stevis

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time Tuesd. Mar 31, 2:00

Church, Chapel, Graveside Chapel/Graveside; Erickson John 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 3965 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund	Pre Need E-2033	0
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 375.00	750.00
Burial Container		380.00
Handling Fees		320.00
Flower vases – Marker setting fee		
Recording and filing fee	2 @ 45.00	90.00
Sales taxes		29.45
Credit of Total Due		1569.45 ~~333.40~~
Paid receipt number	50011	1236.05 1236.05
Balance due		0

PAID
APR 1 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

upgrade from Liner to Double Depth Crypt

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.

pee peggy 9/20/05 new Address 4141 Merritt Blvd

Signature

X Address

X City La Mesa CA Zip Code

X Telephone

Signature of recorded holder of deed

Invoice #

Work Order # E 14262

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

John 466-9645 Ericksen-Anderson

5/27/98
Lisa Brose
orginal purchased liner & opening/closing
for 333.40
She wants to upgrade to Double Depth
Additional charges of 816.05 are due

She also wanted to pay for the
second O/C & Recording fee $420.00.

PAID
APR 1998
MT. HOPE CEMETERY

Lisa Brose
464-3820

OFFICIAL RECEIPT

50011

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3/31, 1998

From: Evangelia Brose Address: 9008 Terrace Dr. La Mesa Ca 91941

One thousand two hundred thirty six 05/00 Dollars ($ 1236.05)

In Full Payment of Interment of Angelika Stevens

Lot 3965 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-14262

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

3021

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Roger Rocks

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	190	00
Burial Containers	100 77182	231	60
Handling Fee	100 77185	320	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022	420	00
Sales Tax	60101 78390	29	45
TOTAL PAID	$	1236	05

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

50009

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3/31, 1998

From Evangelia Bruse Address: 9008 Terrace Dr. Lamesa Ca 91941

One thousand two hundred thirty six 05/00 Dollars ($ 1236.05)

In Full Payment of Interment of Angeliki Stevis

Lot 3965 Grave — Row — Section — Division/Block 10

Invoice No.

Acct. No.

W.O. E-14262

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

VOID Incorrect Info

ISSUED BY Karyn Baker

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	156	00
Burial Containers	100 77182	280	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	$		

OFFICIAL RECEIPT

50009

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3/31, 1998

From: Evangelia Bruse Address: 9008 Terrace Dr. Lamb, Ca 91941

One thousand two hundred thirty six 05/00 Dollars ($ 1236.05)

In Full Payment of Interment w/ Angelika Stevis

Lot 3965 Grave — Row — Section [illegible] Division Block [illegible]

Invoice No.

Acct. No.

W.O. E-14062

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 [illegible]

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	1565	00
Burial Containers	100 77182	231	00
Handling Fee	100 77185	350	00
Recording & Misc. Fees	100 77183	90	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	09	45
TOTAL PAID	$		

VOID

E14262

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/27/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Angeliki Stevis

in a Double Depth Crypt (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside . ERickson John 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 3965 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	Pre Need	0
Additional spaces and care fund		
Opening/Closing & Setup	2 @ 375.00	750.00
Burial Container		380.00
Handling Fees		320.00
Flower vases – Marker setting fee		
Recording and filing fee	2 @ 45.00	90.00
Sales taxes		29.45
Total Due		1569.45
Paid receipt number		323.40
Balance due		1,246.05

upgrade from liner to double depth crypt

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 registered holder of deed

X Evangelia Brozi
Signature
X 9008 Terrace Dr
Address
X La Mesa, Ca 91941
City
X 619 - 464-3820
Zip code / Telephone

Work Order # E 14262

Invoice #

Acct. #

REA-194 (7-96)

This information is available in alternative formats upon request

MAR-27-'98 FRI 09:54 ID:MT HOPE CEMETERY TEL NO:

E14262

APPLICATION 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
ANGELIKI	M.	STEVIS	10/15/1907	03/26/1998	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	LITSA E. BROCE - DAUGHTER 9008 TERRACE 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
ERICKSON-ANDERSON MORTUARY 8390 ALLISON AVE., LA MESA, CA 91941	FD296	▶	03/30/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.**

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	03/30/1998	9805106

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 3/31/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3/27/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Esperanza Barba

in a Liner (Type of Burial Container) Funeral, date, time Tues. March 31 1100

Church, Chapel, Graveside Graveside ; SD Memorial 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 Connie Esperanza

Lot 123 Grave 10 Row _____ Section 3 Division/Block 12

Grave space & Care Fund	159	795.00
Additional spaces and care fund	136	
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	49797	500.00
Balance due		1064.73
		200.00

Treasurer Office x 43100 Paid in full on 8-5-02

30 day Note

I hereby certify I am the X Daughter 4/20/98 Aux Inv. of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment. 4/20/98 BAL. 864.73

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Connie Esperanza
Signature

X 1026 S. 29th St
Address

X SD Ca 92113
City Zip Code

X 619 231 8601
Telephone

Invoice # 297748

Work Order # E 14263

Acct. # 095182

REA-104 (7-96) This information is a ... est.

Treasurer E14263 74-43100 Call back after 3

3-29-02 E14263 Burial still not paid per Treasurer office. No marker allowed ID 1116829

Called in location from 3-12
Jackie looked up description
said grave was available
When I returned to office I
notice burial in grave 11 was
less than year. Did not

MT. HOPE CEMETERY W.O. # E-14263

NOTE

10643 San Diego, California March 30 1998

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 73/00 DOLLARS with interest from May 1, 1998 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 Rose Pittman SIGNATURE X Rose Pittman

ADDRESS X 4638 Idaho St. San Diego, CA. 92116

CALIFORNIA DRIVER LICENSE NUMBER X N9335942 SSN # X 555-25-8327

PY-1012 (81-89)

E 14263

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 095782

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 4/20/98

PAID BY (CIRCLE ONE): CA (CK) NF

PAYMENT REFERENCE NUMBER 3333

AMOUNT PAID 200.00

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Rose P. Hman

PAYOR NAME Rose P. Hman
(IF OTHER THAN CUSTOMER ACCOUNT NAME)

CUSTOMER (PAYOR) ADDRESS 4638 Idaho St
San Diego Ca 92116

REMARKS

CASHIER

INV. NO. 297748

TR-1581 (2-82)

...0
...00
...5.00
...45.00
...14.73
...1564.73
...500.00
...106.473
...200.00
...named decedent
...rtify and represent
...tery harmless from
...864.73
...4 St
...2113
Zip Code
...8601
...748
...182
...rnative formats upon request.

OFFICIAL RECEIPT

49797

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3/30, 1998

From: Connie S. Espinosa Address: 1026 S. 29th Street S.D., CA 92113

Five hundred 00/00 Dollars ($ 500.00)

In Part Payment of Interment of Esperanza Barba

Lot 123 Grave 10 Row Section 3 Division ~~Block~~ 18

Invoice No.

Acct. No.

W.O. E 74363

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 [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	500	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	500	00

AC-212 (Rev. 5-94)

E14263

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

65

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Esperanza	-	Barba	07/04/1932	03/23/1998	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	Rose Pitman - Daughter 4638 Idaho Street San Diego, CA 92166

7A. TYPED NAME AND ADDRESS OF 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 Avenue; San Diego, CA 92104	FD-1575	▶ Frances L Pitman	03/30/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/30/1998	9805094

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 3/31/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-24-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ivanka Stanojevic PA # 1232320

in a Steel Type of Burial Container Funeral, date, time Tues 4-28 10:00

Church, Chapel, Graveside Delivery Only; Senior 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 36 Grave 9 Row _____ Section 1 Division/Block 12

Grave space & Care Fund	126.00
Additional spaces and care fund	—
Opening/Closing & Setup	165.00
Burial Container	50.00
Handling Fees	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	
Paid receipt number	386.00
Balance due	

Nancy Hall .694-3531

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on 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 # 299083

Work Order # E 14264

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14264

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

76

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

FND

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
IVANKA	-	STANOJEVIC	06/30/1921	04/10/1998	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 STANOJEVIC - STEPSON 7175 ALICANTE RD LA COSTA, CA 92009

7A. TYPED NAME AND ADDRESS OF 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	▶ Paulette Valentine	04/24/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/24/1998	9806535 P Valentine ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF 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 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (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 4/28/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-30-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of FELC: DAD JOHNSON

in a T.S. VAULT (Type of Burial Container) Funeral, date, time THUR 4-2 1:00

Church, Chapel, Graveside: Chapel / Graveside: GREENWOOD Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X Florence Johnson

Lot 5 Grave 2 Row ____ Section 1 Division/Block 7

Grave space & Care Fund	Pre-Need B-3492 — 0
Additional spaces and care fund	" " —
Opening/Closing & Setup	" " E-8381 — 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	—

Open back gate

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 Florence Johnson
Signature

X 110 N. 2nd ave. #20
Address

X E. V. ca. 91910-1133
City Zip Code

X 476-9225
Telephone

Work Order # E 14265

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E14265

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
FELICIDAD	-	JOHNSON	09/12/1903	03/27/1998	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	FLORENCE JOHNSON - DAUGHTER 110 NORTH 2ND AVENUE, #20 CHULA VISTA, CA 91910

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶ Victoria Meza	04/01/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	04/02/1998 ▶	VICTORIA MEZA 9805307

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 [illegible] CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/3/98	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 3/30/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Ignacio "Nick" Gonzales

in a Liner (Type of Burial Container) Funeral, date, time Thur. Apr. 2 11:30

Church, Chapel, Graveside Graveside ; Greenwood Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150 will be applied and billed to undersigned. X Edna Gonzales

Lot 25 Grave 5 Row _____ Section MAS Division ~~Block~~ P

Grave space & Care Fund	1595.00
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	2364.73
Paid receipt number R-49799	2364.73
Balance due	0

PAID
MAR 30 1998
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 Edna Gonzales
Signature
X 8371 Suntree Place
Address
X San Diego, CA 92119
City Zip Code
X 460-5506
Telephone

Invoice # _____

Work Order # E 14266

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

49799

E 14266

Date: 3/30, 1998

From: Edna Gonzales Address: 8371 Suntree #1 S.D. CA 92119

Two thousand three hundred sixty four 73/100 Dollars ($ 2364.73)

In Full Payment of Interment of Ignacio "Nick" Gonzales

Lot 25 Grave 5 Row Section 17N5 Division Block D

Invoice No.

Acct. No.

W.O. E-14266

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 2364

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Tammy Burk

CREDIT 20% Sales Care	67007 77184	319	00
80% Sales of Lots	100 77184	1276	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	83033 9022		
Sales Tax	60101 76580	14	73
TOTAL PAID	$	2364	73

AC-212 (Rev. 5-94)

E 14266

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
IGNACIO	-	GONZALES	02/27/1911.	03/26/1998	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	EDNA GONZALES - DAUGHTER 8371 SUNTREE PLACE SAN DIEGO, CA 92119

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
GREENWOOD MORTUARY: I-805 & IMPERIAL AVENUE SAN DIEGO, CA 92102	FD-843	▶	04/01/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO 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 04/01/1998	9805279 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/2/98	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 03-31-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of TAM NGUYEN

in a LINER (Type of Burial Container) Funeral, date, time 4-5-98

Church, Chapel, Graveside _____ ; CA BURIAL Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 280 Grave 8 Row _____ Section 2 Division/~~Block~~ 19

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 R- 50002	342.00
Balance due	

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

_____
Signature

_____
Address

_____
City Zip Code

_____
Telephone

Work Order # E - 14267

Invoice # _____

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

ORIGINAL LOST

OFFICIAL RECEIPT

50047

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-4 19 98

From: CA Burial Address: 5880 El Cajon Blvd SD 92115

one hundred twenty-five & 00/100 Dollars ($ 125.00)

In full Payment of marker setting fee for

Thi Thu Tam Nguyen

Lot 280 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14207

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 4326

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avallone

CREDIT 20% Sales Com	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	125 00
Pre-Need Trust	83333 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

50002
E 14267

Date: 3/31, 19 98

From: Van Thuot Tom Address: 3253 55th St S.D. San Ca 92105

Three hundred forty two Dollars ($ 342.00)

In Part Payment of Interment of Tam Nguyen

Lot 250 Grave 8 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14267

BALANCE DUE 1027.73

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☑ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

E 14195
E 14196

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	342.00
Opening/ 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	$	342.00

AC-212 (Rev. 5-94)

Pre-Need
Lot

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-30-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Paul & Sandra Howell

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 125 Grave 11 & 12 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund ..... 2 at $795.00	1790.00
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	1790.00
Paid receipt number R-49833	1790.00
Balance due	0

PAID
APR 17 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

deed # 122260

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Sandra L Howell
Signature
X 10763 Vista Del Sur
Address
X Spring Valley CA 91978
City Zip Code
X 619-660 6708
Telephone

Invoice # _____

Work Order # E 14268

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

49833

MOUNT HOPE CEMETERY

527-3400

Date: 4-7, 1998

From: Sandra Howell Address: 10763 Vista Del Sur Spring Valley

one thousand seven hundred ninety & 00/100 Dollars ($ 1790.00) 91978

In full Payment of pre need lots for Paul & Sandra Howell

Lot 125 Grave 11 & 12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14268

BALANCE DUE Ø

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

1537

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Arallou

CREDIT 20% Sales Care	67007 77184	358	00
80% Sales of Lots	100 77184	1432	00
Opening/ 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	$	1790	00

47

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-31-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry Walton

in a liner (Type of Burial Container) Funeral, date, time Fri 4-3 1:00

Church, Chapel, Graveside Chapel Graveside; Ca Burial Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X JR

✓ Lot 136 Grave 2 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	155.00*
Flower vases – Marker setting fee Temporary marker	20.00
Recording and filing fee	45.00
Sales taxes	16.28
Total Due	1596.28
Paid receipt number R-50005	391.00
Balance due	1205.28
	200.00

30-day note

I hereby certify I am the X sister 4/30/98 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

Auxiliary 100528

X Tony Racine
Signature

X 1335 HORNBLEND ST.
Address

X SAN DIEGO 92109
City Zip Code

X (619) 270 7912
Telephone

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

Invoice # 297590

Work Order # E 14269

Acct. # 095174

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

MT. HOPE CEMETERY

W.O. # F-14269

NOTE

$ 1205.28 San Diego, California March 31 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of One Thousand Two Hundred Five & 28/100 DOLLARS with interest from May 4, 1998 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 TORY RACINE SIGNATURE X Tory Racine

ADDRESS X 1335 HORNBLEND ST. SAN DIEGO, 92109

CALIFORNIA DRIVER LICENSE NUMBER X CO 912812 SSN # X 369-66-1760

PY-1012 (11-89)

E14269

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

E 14269

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
LARRY	WARREN	WALTON	05/13/1950	03/28/1998	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	TORY RACINE-SISTER 1335 HORNBLEND ST. SAN DIEGO, CA 92109

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ [signature]	04/03/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/03/1998 M. MITCHELL	9805451 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 92188	11B. DATE BURIED 4/3/98	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

50005

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-31 , 19 98

From: Tony Racine Address: 1335 Hornblend St San Diego 92109

Three Hundred Ninety One Dollars ($ 391.00)

In part Payment of Interment of Leroy Walton

Lot 136 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14269

BALANCE DUE 1205.28

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑
803

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY L. Hamilton

CREDIT 20% Sales Care	57007 77184		
80% Sales of Lots	100 77184	391	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	391	00

E14269

CITY OF SAN DIEGO, CALIFORNIA

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.

TORY RACINE
1335 HORNBLEND STREET
SAN DIEGO CA 92109

ACCT NO
095174

TREASURERS USE ONLY

PAYMENT DATE _____
BY: CA CK IF

PAYMENT REF NO _____ | AMT PAID: _____

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
04/06/98	05/06/98	MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA AVALLONE REF NO: E-14269
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ORIGINAL INVOICE AMOUNT	1,205.28
PAYMENTS RECEIVED TO DATE	200.00-
REMAINING TOTAL DUE	1,005.28

NOTICE: PLEASE REMIT PAYMENT PROMPTLY. PAYMENT MUST BE RECEIVED BY THE DUE DATE LISTED ABOVE TO AVOID ADDITIONAL CHARGES. UNPAID BILLS WILL BE SUBJECT TO A COLLECTION FEE OF 10% OR $10, WHICHEVER IS GREATER, INTEREST OF 1% PER MONTH ON THE UNPAID BALANCE, AND APPLICABLE PENALTIES. ANY QUESTIONS SHOULD BE DIRECTED TO THE CONTACT LISTED ABOVE.

INV NO. 297590

AC-27 (REV - 10/95) RETURN WITH PAYMENT

STREAMLINE (619) 571-7007

CITY OF SAN DIEGO, CALIFORNIA

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.

TORY RACINE
1335 HORNBLEND STREET
SAN DIEGO CA 92109

ACCT NO
095174

TREASURERS USE ONLY

PAYMENT DATE _____
BY: CA CK IF

PAYMENT REF NO _____ AMT PAID: _____

INVOICE DATE	PAYMENT DUE	PERIOD COVERED
04/06/98	05/06/98	MARCH

FOR INFORMATION CONCERNING YOUR BILLING CONTACT:
CATINA AVALLONE REF NO: E-14269
DEPT: PROPERTY DEPT-MT HOPE CEMETERY 619 527 3400

DESCRIPTION OF CHARGES	AMOUNT
ORIGINAL INVOICE AMOUNT	1,205.28
PAYMENTS RECEIVED TO DATE	200.00-
REMAINING TOTAL DUE	1,005.28

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. 10-94)

CUSTOMER COPY

INV NO. 297590

STREAMLINE (619) 571-7007

E14269

297590 04/06/98 095174	TORY RACINE			04/30/98 CK	807	200.00	1,205.28	1,005.28	
E-14269 Larry Walton	100	072	77181	000072		62.23		PARTIAL PAYMENT	
	100	072	77182	000072		31.53			
	100	072	77183	000072		10.79			
	100	072	77184	000072		40.65			
	100	072	77185	000072		25.72			
	60101		78390			2.70			
	67007		77184			26.38			

2nd Burial

Vernon Denny is 1st burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-31-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ZENOLA DENNY

in a Double Depth (Type of Burial Container) Funeral, date, time Fri 4-3 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 86 Grave 2 Row _____ Section 9 Division/Block 11

Grave space & Care Fund ..... Pre-Need E-13786	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	—
Handling Fees ..... Paid in full 4-3-98	—
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	—
Total Due	420.00
Paid receipt number 49808	420.00
Balance due	0

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X see attached
Signature

X _____
Address

X _____
City Zip Code

X _____
Telephone

Invoice # _____

Work Order # E 14270

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

2nd Burial

Vernon Denny is 1st burial

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-31-90

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of ZENOLA DENNY

In a Double Depth (Type of Burial Container) Funeral, date, time Tue 4-3 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 86 Grave 2 Row _____ Section 2 Division/Block 11

Grave space & Care Fund Pre-Need E-13786	0
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 _____	—
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 14270

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

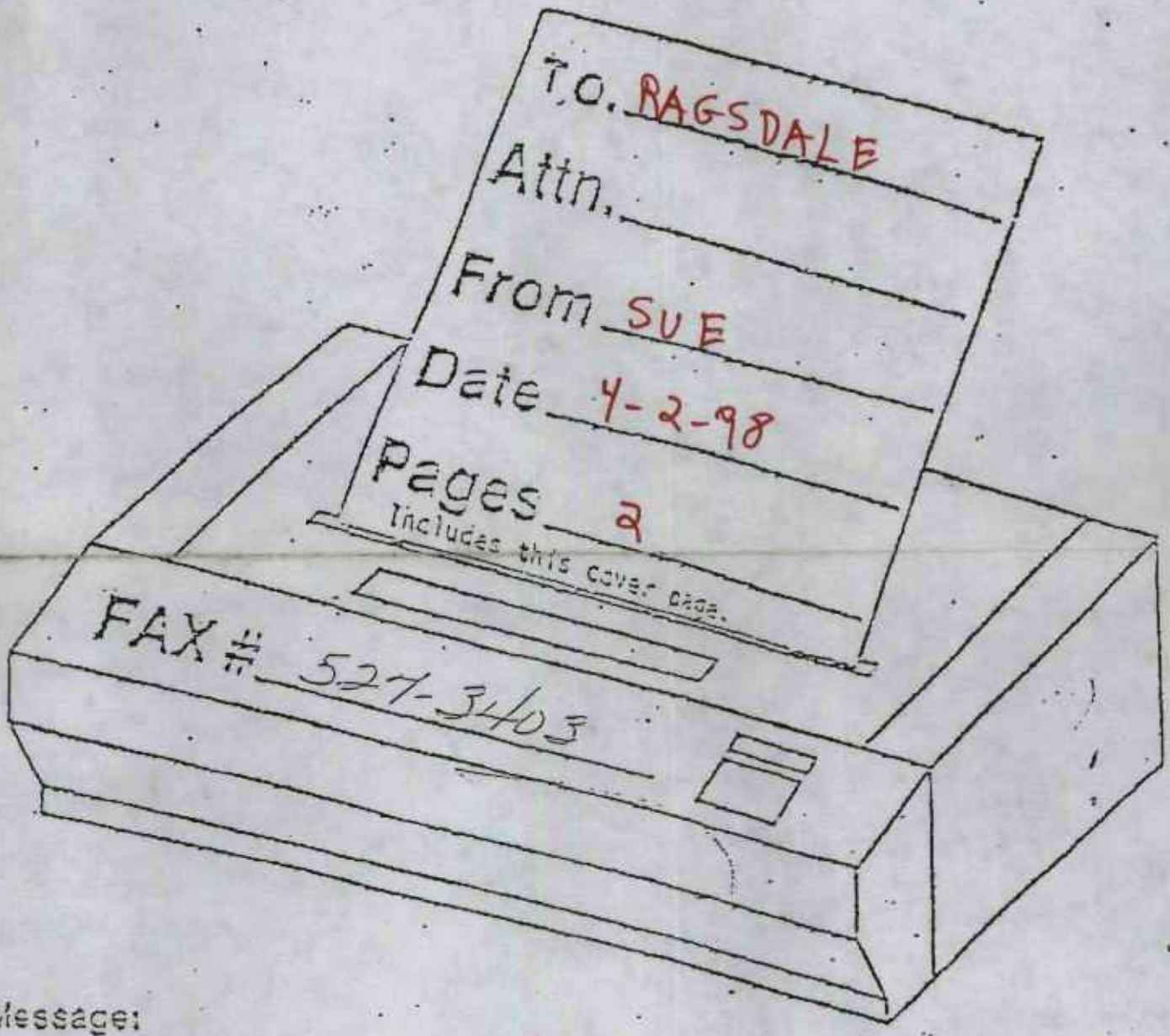
Printed on recycled paper

E14-270

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Property Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

TELEFAX COVER LETTER



Message:

PLEASE SIGN AT THE X's AND RETURN TO US.

If all pages are not received, please call (619) 527-3400.

E14270

2nd Burial

Vernon Denny is a Sound

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-31-90

You are hereby authorized and instructed subject to all rules and regulations, to inter the remains of ZENOLA DENNY

Funeral date and time Tue 4-3 11:00

Church, Chapel, Residence Church Funeral Home Ragsdale Mortuary

All Funeral work must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____ will be applied and billed to the interment.

Lot 86 Grave 2 Section 9 Block 11

Lot Price 375.00

Opening/Closing & Labor

Box or Container

Handling Fees

Flower vases - Marble setting 45.00

Recording and Tying fee

Sales tax

Total Due 420.00

Interment permit

Determination

X

X

X

X

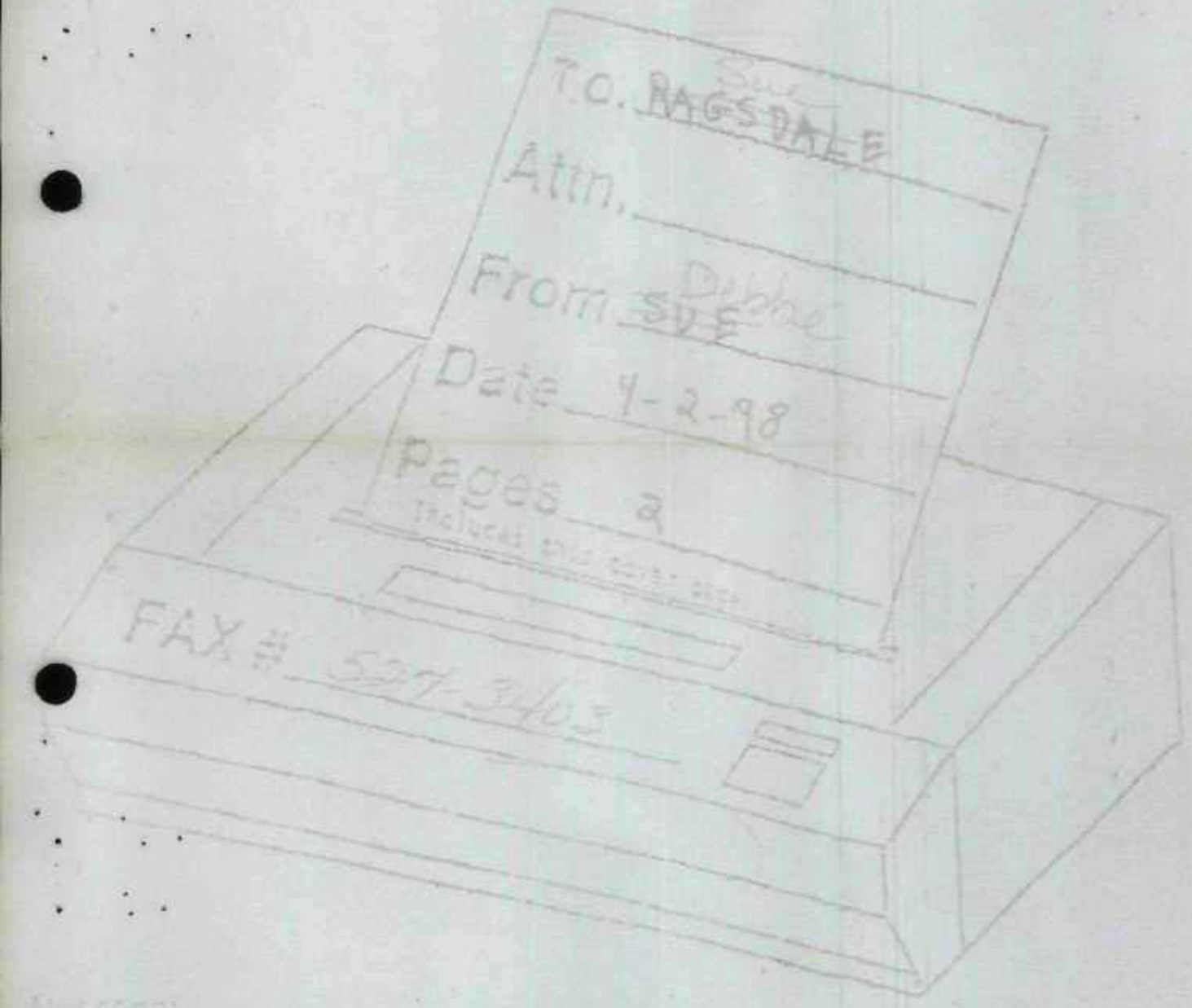
E 14270

E 14270

SAN DIEGO

MT. HOPE CEMETERY • 3111 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Property Department
527-3401
Business hours: 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

TELEFAX COVER LETTER



MESSAGE:

PLEASE SIGN AT THE X'S AND RETURN

TO US.

E14270

92

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Zenola	-	Denny	08/07/1905	03/28/1998	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	Elsie Fischer, Nephew 5491 Lenox Dr. 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	▶ [signature]	03/31/1998

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/02/1998	9805370 ▶ [signature]

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4/3/98	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

CITY OF SAN DIEGO, CALIFORNIA

49808

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 4-3 , 19 98

From: Ragsdale Mortuary Address: 5050 Federal Blvd. SD 92102

four hundred twenty & no/100 Dollars ($ 420.00)

In full Payment of Interment of Zenola Benny

Lot 80 Grave 2 Row 2 Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-14270

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5507

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Valdez

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 8022		
Sales Tax	60101 76390		
TOTAL PAID	$	420	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-31-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wubijig Peshome

in a T.S. Vault (Type of Burial Container) Funeral, date, time Fri. Apr. 3 3:00

~~Church~~, Chapel, Graveside Chapel + grvside 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 5320 Grave — Row — Section — Division/Block 10

Grave space & Care Fund	1095.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
Flower vases / Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1969.38
Paid receipt number 50008	
Balance due	

Changed Return to Mesfin 282-3127

I hereby certify I am the X _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X _____ Signature

X _____ Address

X _____ City Zip Code

Telephone

Invoice # _____

Work Order # E 14271 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

family request to see burial

Date 3-31-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Victoriano Guerrero-Villagrana

in a double depth crypt (Type of Burial Container) Funeral date, time FRI 4-3 9:00

Church, Chapel, Graveside Church/Graveside; Heath Mortuary.

All Funeral cars must 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 G V

Lot 268 Grave 12 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	29.45
Total Due	1944.45
Paid receipt number R-50006	486.00
Balance due	1458.45

not paid as of 1623916 6/29/98 Ms Crawford 744-31

GSOF 7-9-98 162875

8-6-98 PAID IN FULL PER WALT AT TREASURERS

30 day note

I hereby certify I am the X Brother of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X [signature] Signature

X 3696 46 Th ST Address

X San Diego CA 92105 City Zip Code

X 283-6033 Telephone

467-9315 Elmira

Invoice # 297591

Work Order # E 14272 ✓

Acct. # 095175

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

4-6-98

MT. HOPE CEMETERY W.O. # E-14272

NOTE

$ 1458.45 San Diego, California March 31 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of one thousand four hundred fifty eight & 45/100 DOLLARS with interest from May 4, 1998 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 LUIS GUERRERO SIGNATURE [redacted]

ADDRESS [redacted] 46TH ST San Diego CA 92105

CALIFORNIA DRIVER LICENSE NUMBER [redacted] SSN # [redacted]

PY-1012 (11-89)

E-14272

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

33

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
VICTORIANO	-	GUERRERO	11/20/1964	03/31/1998	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	Asuncion Guerrero - Wife 252 Middlebush 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 charge	8B. DATE SIGNED
Heath Funeral Home, 611 Highland Ave., National City CA 91950	FD 807	▶ Howard Heath	04/03/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/03/1998	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. *SCIENTIFIC USE*
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. *TRANSIT TO OUTSIDE OF CALIFORNIA*

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery, San Diego CA	11B. DATE BURIED 4/3/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	*13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS*	*13B. DATE RECEIVED*	*13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY* ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

50006

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 3-31 19 98

From: Luis Guerrero Address: 3696 46th Street SD 92105

Four Hundred Eighty Six & no/100 (Dollars ($ 486.00)

In part Payment of Interment for

Victoriano Guerrero Villagrana

Lot 268 Grave 12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14272

BALANCE DUE 1458.45

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

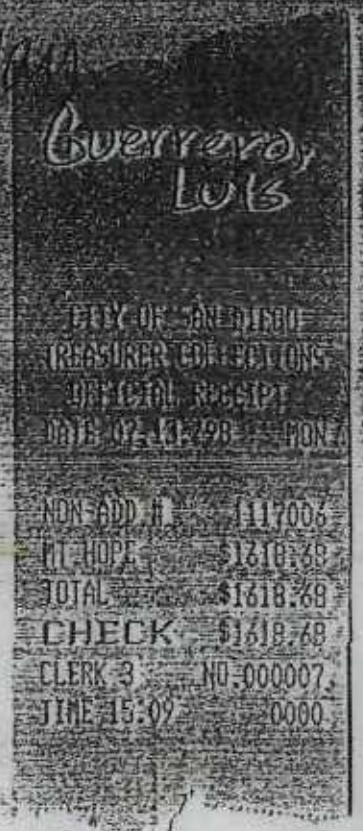
NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avallone

CREDIT 20% Sales Care	67007 77184	486 00
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 76390	
TOTAL PAID	$	486 00

E 14272

wait 10 days from today
per Heather to
verify that check
has cleared
apo balance as
of 7-13-98 is
$1030.00 there is a
balance still
remaining



MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 3-31-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Reina Isabel RICO-OSBORN

in a infant liner (Type of Burial Container) Funeral, date, time Thur. APR. 2 10:00

Church, ~~Chapel~~, Graveside Church-Graveside Heath Howard Mortuary

All Funeral cars must 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 12 Grave 4 Row ____ Section MAS Division/~~Block~~ G

Grave space & Care Fund ... pre-need	0
Additional spaces and care fund	—
Opening/Closing & Setup	125.00
Burial Container	70.00
Handling Fees	25.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.80
Sales taxes	5.43
Total Due	270.43
Paid receipt number R-5000127	270.43
Balance due	0

PAID.
MAR 31 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

L - 4 FT
W - 25 in
H - 14 in.

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 [signature]
Signature

X 2512 Fenton Place
Address

X National City CA 91950
City Zip Code

X (619) 267-9698
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 14273

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14273

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 7month 9 DAYS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
REINA	ISABEL	RICO-OSBORN	08/20/1997	03/29/1998	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	Isabel Rico-Osborn-Mother 2512 Fenton Place 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
Heath Funeral Home,611 Highland Ave.,National City	FD-807	Howard Heath	04/01/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/01/1998	

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA
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, San Diego CA	11B. DATE BURIED 4/3/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

50007

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 3-31, 1998

From: Paul Yenawine Address: 221 G avenue National City

two hundred seventy & 43/100 Dollars ($ 270.43) 9/1950

In full Payment of interment of Reina Isabel Rico-Osborn

Lot 12 Grave 4 Row Section MAS Division ~~Block~~ G

Invoice No.

Acct. No.

W.O. E-14273

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	125	00
Burial Containers	100 77182	70	00
Handling Fee	100 77185	25	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	5	43
TOTAL PAID	$	270	43

AC-212 (Rev. 5-94)

4-4-98
1:00 pm
graveside

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date Mar. 31, 98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wubijig Peshome

in a T.S. Vault (Type of Burial Container) Funeral, date, time Sat. 4-4 1:00

~~Church, Chapel~~, Graveside chapel + grvside 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. _____

✓ Lot 5320 Grave _____ Row _____ Section _____ Division/Block 10

Grave space & Care Fund	1095.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	250.00
Handling Fees	185.00
~~Flower~~ ~~Marker setting fee~~ SATURDAY OVERTIME	600.00
Recording and filing fee	45.00
Sales tax	19.38
Total Due	2569.38
Paid receipt number R-50008	2569.38
Balance due	0

PAID
MAR 31 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the X Relative of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Nora Belette
Signature

X
Address 4455½ Wilson Ave
City San Diego Zip Code 92116
Telephone (619) 284-6453

Invoice # _____

Work Order # E 14274

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14274

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
Wubijig	-	Tashome	05/25/1974	03/29/1998	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	Amsale Sekele, Mother 4455½ Wilson Ave. 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
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329		04/01/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/02/1998	9805363 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 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

50008

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 3-31 19 98

From: Nunu Weynishet Belette Address: 2807 Columbine St SD 92105

Two Thousand five hundred sixty nine 38/100 Dollars ($ 2569.38)

In full Payment of Interment of

Wubijig Peshomie

Lot 5320 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-14274

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007	219	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	876	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	6045	00
Pre-Need	63033		
[illegible]	9022		
[illegible]	60101 78380	19	38
TOTAL PAID		$ 2569	38

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 119

ISSUED BY Catina Arellano

AC-212 (Rev. 5-94)

Pre-Need lot at Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-2-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry Bentley

in a Lined Type of Burial Container Funeral, date, time

Church, Chapel, Graveside Delivery Only : Humphreys Sun Mortuary.

All Funeral 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 258 Grave 9 Row Section 2 Division/Block 12

Grave space & Care Fund	159	795.00 670.00
Additional spaces and care fund	511	—
Opening/Closing & Setup		375.00
Burial Container		190.00
Handling Fees		145.00
Flower vases – Marker setting fee	marker setting fee	125.00
Recording and filing fee		45.00
Sales taxes		14.73
Total Due		1564.73
Paid receipt number 49828		1564.73
Balance due		0

PAID
APR 07 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

desert valley Mon. Co.

X Self. of the above named decedent

I hereby certify I am the and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

X Larry Bentley
Signature
X 701 7th Ave Rm 205
Address
X San Diego, CA 92101.
City Zip Code
X No Phone.
Telephone

OVER
SEE REVERSE

Work Order # E 14275

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

deed # 12221

note on records.

4-7-98

per JoAnn Waits - cemetery Mgr. OK to waive setting fee for marker setting/installation fee. Marker is going to come to us delivered by Desert Valley Monument Co.

Dan - Humphrey's is getting the marker donated.

Marker setting fee $125.00 is paid in full. OK per JoAnn to take $125.00 out of the 80% lot price.

4-8-98

mailed deed to Dan at Humphrey's mortuary.

E14275

4-2

mortuary to
bring check -
expected to pass
anytime.

Dan-
Humphrey
want to
know if
we can
waive
marker fee

can to take original
for signature

OFFICIAL RECEIPT

49828

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-7 19 98

From: Humphrey Mortuary Address: 855 Broadway Chula Vista 91911

One thousand five hundred sixty four + 73/100 Dollars ($ 1564.73)

In full Payment of Pre need lot and trust for

Larry Bentley

Lot 258 Grave 9 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14275

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐ 4013

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avalos

CREDIT	67007	159	00
20% Sales Care	77184		
80% Sales of Lots	100 77184		1591.00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185	125	00
Recording & Misc. Fees	100 77183	1409	73
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	1564	73

Pre-need
Lot + trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-3-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rogelio & Caridad Balane

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 124 Grave 6 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	895.00
Additional spaces and care fund	—
Opening/Closing & Setup 2 opening/closing	750.00
Burial Container	380.00
Handling Fees	320.00
Flower vases – Marker setting fee	—
Recording and filing fee 2 Recordings	90.00
Sales taxes	29.45
Total Due	2464.45
Paid receipt number R-49806	616.00
Balance due	1848.45

PAID FULL 5-15-00

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 Abel M Balane
Signature
X 212 E Paisley St.
Address
X Chula Vista, CA 91911
City Zip Code
X 422-7197
Telephone

Invoice # _____

Work Order # E 14276

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E-14276

BALANE, ROGELIO & CARIDAD 212 E. Paisley St. Chula Vista, 91911

			DEBIT	CREDIT	BALANCE
04-03-98	Opened Pre-need Lot & Trust. 80 716				
	Lot 124, Gr 6 Sec 2 Div 12 20 179		895.00		
	Trust includes: Double Depth Crypt, 2 Opening/Closings, Handling Fee, 2 Recording Fees & tax on crypt.		1569.45		2464.45
04-03-98	Receipt #49806			616.00	1848.45
6-11-98	R-50071	#1		77.00	1771.45
7-8 98	R-50150	#2 20%		77.00	1694.45
8-7 98	R-50273	#3		77.00	1617.45
9-9 98	R-50375	#4		77.00	1540.45
10-9 98	R 50465	#5		77.00	1463.45
11-10 98	R 50557	#6		77.00	1386.45
12-8 98	R 50625	#7		77.00	1309.45
1-12 99	R 50743	#8		77.00	1232.45
2-12 99	R 50852	#9		77.00	1155.45
3-9 99	R 50928	#10		77.00	1078.45
4-12 99	R 51027	#11		77.00	1001.45
5-12 99	R 51137	#12		77.00	924.45
6-8 99	R 51224	#13		77.00	847.45
7-19 99	R 51358	#14		77.00	770.45

E142716

Rem to Trust

8-10-99	R 51430	cpn 15	77.00	693.45
9-14-99	R 51531	cpn 16	77.00	616.45
10-8-99	R- 51600	17	77.00	539.45
11-19-99	R- 51695	18	77.00	462.45
12-14-99	R- 51783	19	77.00	385.45
1-19-00	R- 52043	20	77.00	308.45
2-14-00	R- 52127	21	77.00	231.45
3-15-00	R- 52222	23	77.00	154.45
4-17-00	R- 52330	23	77.00	77.45
5-15-00	R- 52430	24	77.45	.00

OFFICIAL RECEIPT

50375

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-9 19 98

From: Caridad Balane Address: 212 E. Paisley pt. CV 91911

seventy seven + 00/100 Dollars ($ 77.00)

In part Payment of Preneed lot & trust

Lot 124 Grave 10 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14276

BALANCE DUE 1540.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT 20% Sales Care	67007 77184	48 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	29 00
Sales Tax	60101 78390	
TOTAL PAID	$	77 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

7952

ISSUED BY Katina Avallone

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

50071

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-11 , 19 90

From: Caridad Bolano Address: 212 E. Paisley St. Chula Vista 91911

Seventy Seven Dollars ($ 77.00)

In part Payment of Pre-Need Tit + Trust

Lot 124 Grave 6 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14276

BALANCE DUE 1771.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184	77	00
Opening/ 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	$	77	00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7813

ISSUED BY S. Hamilton

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

52430

Date: 5-15 00

From: Caridad Balane Address: 217 E. Paisley St Chula Vista 91911

Seventy Seven & 45/100 Dollars ($ 77.45)

In full Payment of Pre-Need 1st & Trust

Lot 124 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14276

BALANCE DUE 0

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 8702

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID

MAY 15 2000

MT. HOPE CEMETARY
CITY OF SAN DIEGO, CA

ISSUED BY D Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	77	45
Sales Tax	60101 78390		
TOTAL PAID	$	77	45

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

52338

Date: 4-17 90

From: Angelio + Caridad Balane Address: 212 E. Paisley St Chula Vista 91911

Seventy Seven Dollars ($ 77.00)

In part Payment of Pre-Need 2% + Trust

Lot 124 Grave 6 Row ____ Section 2 Division Block 12

Invoice No. ____

Acct. No. ____

W.O. E-14276

BALANCE DUE 77.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

8667

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J Shelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	77	00
Sales Tax	60101 78390		
TOTAL PAID	$	77	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

52222

Date: 3-15, 19 80

From: Caridad Balane Address: 272 E. Paisley St Chula Vista 91911

Seventy Seven Dollars ($ 77.00)

In part Payment of Pre-Need Lot & Trust

Lot 124 Grave 6 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E- 14276

BALANCE DUE 154.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

8629

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Stackillon

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	77	00
Sales Tax	60101 78390		
TOTAL PAID	$	77	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

~~527-3460~~

52127

Date: 2-14 19 00

From: Caridad Balane Address: 212 E. Bayley St. Chula Vista 91911

Seventy Seven Dollars ($ 77.00)

In part Payment of Pre-Need Lot + Trust

Lot 124 Grave 6 Row Section 3 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-14776

BALANCE DUE 231.45

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 D. Shelton

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	77 00
Sales Tax	60101 78390	
TOTAL PAID	$	77 00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

52043

Date: 1-19 19 00

From: Caridad Balere Address: 212 E. Paisley St. Chula Vista 91911

Seventy Seven Dollars ($ 77.00)

In part Payment of Pre-Need 1st & Trust

Lot 124 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14276

BALANCE DUE 308.45

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.

PAID

JAN 19 2000

MT. HOPE CEMETAR
CITY OF SAN DIEG

ISSUED BY D Shellon

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	77	00
Sales Tax	60101 78390		
TOTAL PAID	$	77	00

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

51783

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 12-14 19 99

From: Caridad Balane Address: 213 E. Paisley St. Chula Vista 91911

Seventy Seven Dollars ($ 77.00)

In part Payment of Pre-Need Lot - Trust

Lot 124 Grave 6 Row Section 2 Division 12 ~~Block~~

Invoice No.

Acct. No.

W.O. E-14276

BALANCE DUE 385.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒ 8534

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY D Mullin

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	77	00
Sales Tax	60101 76390		
TOTAL PAID	$	77	00

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 11-19, 1999

From: Caridad Balane Address: 212 E. Paisley St Chula Vista 91911

Seventy Seven Dollars ($ 77.00)

In part Payment of Pre-Need Lot & trust

Lot 124 Grave 6 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14276

BALANCE DUE 462.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒
8502

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

PAID
NOV 19 1999
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

ISSUED BY S. Shechelton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	77	00
Sales Tax	60101 78390		
TOTAL PAID	$	77	00

51600

OFFICIAL RECEIPT

WHITE.....TO CUSTOMER
CANARY.....CEMETERY
PINK.....AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 10-8, 1999

From: Caridad Balane Address: 212 E. Paisley St. Chula Vista 91911

Seventy Seven Dollars ($ 77.00)

In part Payment of Pre-Need Lot & trust

Lot 124 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14276

BALANCE DUE 539.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

8458

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Shackleton

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	77	00
Sales Tax	60101 78390		
TOTAL PAID	$	77	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

51137

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 5-12, 1999

From: Caridad Balane Address: 212 E Paisley St. Chula Vista CA 91911

Sayanty seven and 00/100 Dollars ($ 77.00)

In part Payment of prepaid lot and trust for Rogelio & Caridad Balane

Lot 124 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E14276

BALANCE DUE 924.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 8241

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lynda

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	77	00
Sales Tax	60101 78390		
TOTAL PAID	$	77	00

OFFICIAL RECEIPT

51224

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-8 19 99

From: Caridad Balane Address: 212 E. Paisley St. CV 91911

Seventy seven Dollars ($ 77.00)

In part Payment of preneed lot + trust

Lot 124 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E14276

BALANCE DUE 847.45

Pre-Need Lot ☒ At Need ☐ On Acct. ☐
Pre-need Trust ☒ Cash ☐ Check ☐

8287

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 77182		
Handling Fee	100 *77185*		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022	77	00
Sales Tax	60101 78390		
TOTAL PAID	$	77	00

51027

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-8400

Date: 4-12, 1999

From: R & C Balane Address: 212 E Paisley St. CV 91911

Seventy Seven and 00/100 Dollars ($ 77.00)

In part Payment of preneed lot and trust

Lot 124 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E 14276

BALANCE DUE 1001.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒

8188

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Lynda

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	77	00
Sales Tax	60101 78390		
TOTAL PAID	$	77	00

OFFICIAL RECEIPT

50273

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 8-7, 1998

From: Caridad Balane Address: 212 E. Paisley Street C.V. 91911

Seventy Seven & 110/100 Dollars ($ 77.00)

In part Payment of pre need lot & trust

Lot 124 Grave 6 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14276

BALANCE DUE 1617.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☒

7922

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avallone

CREDIT	67007	77	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	$	77	00

AC-212 (Rev. 5-94)

OFFICIAL RECEIPT

50150

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-8 19 98

From: Caridad Balane Address: 212 E. Paisley pl. CV 91911

seventy seven & no/100 Dollars ($ 77.00)

In part Payment of prneed lot & trust

Lot 124 Grave 6 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14270

BALANCE DUE 1094.45

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

CREDIT	67007	23 00
20% Sales Care	77184	
80% Sales of Lots	100 77184	54 00
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	77 00

Pre-Need Lot ☒ At Need ☐ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

ISSUED BY Catina Avallone

AC-212 (Rev. 5-94) 7896

OFFICIAL RECEIPT

49806

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-3, 1998

From: Rogelio Solano Address: 212 E. Parkway St Chula Vista 91911

Six Hundred Sixteen Dollars ($ 616.00)

In part Payment of Pre-Need Lot + Trust

Lot 124 Grave 6 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14276

BALANCE DUE 1848.45

Pre-Need Lot ☒ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☒ 500.00 Check ☒ 7805 116.00

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Murillo

CREDIT	67007	179	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	437	00
Opening/ 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	$	616	00

Send or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Rogelio & Caridad Balane
212 E. Paisley St.
Chula Vista, CA 91911
E-14276 Lot 124, Gr 6 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. $ 77.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ 77.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Rogelio & Caridad Balane

212 E. Paisley St.

Chula Vista, CA 91911

E-14276 Lot 124, Gr 6 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 ▶ $ 77.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** 4

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Rogelio & Caridad Balane
212 E. Paisley St.
Chula Vista, CA 91911
E-14276 Lot 124, Gr 6 Sec 2 Div 12

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
					10						

Amount due when paid on, or before, due date above. $ 77.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ 77.00

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust
Rogelio & Curidal Bulane
212 E. Vallejo St.
Chula Vista, CA 91911
E-14276 Lot 124, Gr 6 Sec 2 Div 12

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
					10						

Amount due when paid on, or before, due date above. ▶ $ 77.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring only coupon with each remittance **COUPON** **12**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Preneed Lot & Trust

Rogelio & Caridad Salare

212 E. Paisley St.

Chula Vista, CA 91911

E-14276 Lot 124, Gr 6 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. ▶ $ 77.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **13**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust
Bogello & Curtided Balnce
212 E. Paisley St.
Chula Vista, CA 91911
E-14276 Lot 124, 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. ▶ $ 77.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 17**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-owned Lot & Trust

Rogelio & Caridad Robles

212 E. Palmley St.

Chula Vista, CA 91911

E-14276 Lot 124, Gr 6 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. ▶ $ 77.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **18**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Rogelio & Caridad Bautista

212 E. Paisley St.

Chula Vista, CA 91911

B-14276 Lot 124, Gr 6 Sec 2 Blk 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. ▶ $ 77.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **19**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Rogelio & Caridad Balane

212 E. Paisley St.

Chula Vista, CA 91911

E-14276 Lot 124, Gr 6 Sec 2 Div 12

Month and Day Due Indicated Below

JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
					10						

Amount due when paid on, or before, due date above. $ 77.00

Amount due if paid more than ____ days after due date above. $ ____

$ ____

Amount Received $ ____

NAME ____

ADDRESS ____

CITY ____ STATE ____ ZIP ____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **20**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust
Rogelio & Geridad Salazo
212 E. Paisley St.,
Chula Vista, CA 91911
B-14276 Lot 124, Gr 6 Sec 2 Div 12

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
					10						

Amount due when paid on, or before, due date above ▶ $ 77.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 77.00

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **21**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust

Rogelio & Caridad Badose

212 S. Paisley St.

Chula Vista, CA 91911

E-14276 Lot 124, Gr 6 Sec 2 Div 12

Month and Day Due Indicated Below

SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
					10						

Amount due when paid on, or before, due date above. $ 77.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **22**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-need Lot & Trust
Rogelio & Caridad Solano
212 E. Paisley St.
Chula Vista, CA 91911
E-14276 Lot 124, Gr 6 Sec 2 Div 12

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
					10						

Amount due when paid on, or before, due date above. $ 77.00

Amount due if paid more than _____ days after due date above. $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **23**

DO NOT MAIL ENTIRE BOOK # E-14276

ACCOUNT No. Pre-need Lot & Trust

Angelia & Caridad Balane

212 E. Paisley St.

Chula Vista, CA 91911

E-14276 Lot 124, Gr 6 Sec 2 Div 12

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
					10						

Amount due when paid on, or before, due date above ▶ $ 77.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ _____

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **24**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. Pre-Need Lot & Trust

Rogelio & Curidad Balano

212 E. Paisley St.

Chula Vista, CA 91911

E-14276 Lot 124, Gr 6 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 shown above ▶ $ ~~77.45~~

Amount due if paid more than ____ days after due date shown ▶ $ 77.45

$

Amount Received $

NAME

ADDRESS

CITY STATE ZIP

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-3-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Antonina Barnes

in a liner (Type of Burial Container) Funeral, date, time TUES. APR. 7 10:00

Church, Chapel, Graveside Church/graveside & Mayon Cindy Mortuary.

All Funeral 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 4 Row _____ Section 1 Division/~~Block~~ 11

Grave space & Care Fund ..... Pre-Need E-1189	0
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	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 14277

Acct. # _____

REA-101 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E14277

4-3

Cindy from El Cajon
motoring to let
us know details
later.

E14277

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
Antonina	A.	Barnes	03/01/1910	04/03/1998	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	Henry Kantro - Executor 3809 Ben 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
EL CAJON MORTUARY 684 S MOLLISON AVENUE EL CAJON CA 92020	FD-1022	▶ Cynthia Trickel	4/6/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/06/1998	9805481 C. Trickel ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
PO BOX 85222 SAN DIEGO CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [ ] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mount Hope Cemetery/3751 Market St San Diego, CA 92101	11B. DATE BURIED 4/7/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-6-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Walter C. Smith

in a T. S. Vault (Type of Burial Container) Funeral, date, time Thurs 4-9 1:00

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 E.S.

Lot 3875 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	—
Recording and filing fee	45.00
Sales taxes	19.38
Total Due	1869.38
Paid receipt number R-49811	1869.38
Balance due	-0-

PAID
APR 06 1998
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 Edward C. Smith (Signature)
X 1504 E. 17TH ST. (Address)
X National City Cal. 91950 (Zip Code)
X (619) 477-4026 (Telephone)

Work Order # E 14278

Invoice # ____

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14278

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
WALTER	CHARLES	SMITH	04/11/1917	04/04/1998	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	EDWARD SMITH - SON 1504 E. 17TH ST. NATIONAL CITY, CA 91950

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—person taking permit	8B. DATE SIGNED
BERGE-ROBERTS MORTUARY 607 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950	FD-284	[signature]	04/07/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/07/1998 A.LIMON	▶ 9805558

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 ENTOMBMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST. SAN DIEGO, CA 92102	11B. DATE BURIED 4/9/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Wait	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF 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

49811

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4-6, 1998

From: Edward C. Smith Address: 1504 E. 17th St. National City

One thousand eight hundred sixty nine & 38/100 Dollars ($ 1869.38)

In full Payment of Interment of Walter Smith

Lot 3875 Grave _____ Row _____ Section _____ Division ~~Block~~ 10

Invoice No. _____

Acct. No. _____

W.O. E-14278

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. Shackleton

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

AC-212 (Rev. 5-94)

Pre-Need Trust

MT. HOPE CEMETERY

INTERMENT ORDER

• City of San Diego

Date 4-7-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Wakae Sato

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 4963 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund ..... Pre-Need C-1287	0
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fees	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-19830	269.26
Balance due	0

PAID
APR 7 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X [signature] Signature

X 501 Anita St Sp 183 Address

X Chula Vista City 91911 Zip Code

X 426-2776 Telephone

Invoice # _____

Work Order # E 14279

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

49830

Date: 4-7-98 19

From Veteran Lots Address: 501 Anita St. Sp 183 Chula Vista 91911

Two Hundred Sixty Nine & 26/100 Dollars ($ 269.26)

In full Payment of Pre-Need Trust

Lot 4963 Grave Row Section Division 10 Block

Invoice No.

Acct. No.

W.O. E-14277-D

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 L. Hutton

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	269	26
Sales Tax	60101 78390		
TOTAL PAID	$	269	26

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-7-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Grace Davenport

in a ash vault (Type of Burial Container) Funeral, date, time Tues 7-28 AM

Church, Chapel, Graveside ; Pierce Brothers L.A. Mortuary.

All Funeral 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 92 Grave 3 Row ____ Section 4 Division/~~Block~~ 4

Grave space & Care Fund ..... Pre-Need C-2975	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26
Paid receipt number R-50204	269.26
Balance due	0

PAID
JUL 20 1998
IN Full
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

~~Jan 613-746-6504~~
~~613-749-4151~~

X

I hereby certify I am the ____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

X see attached
Signature

I hereby authorize the interment in lot I hold under deed.

X
Address

X
City Zip Code

X
Telephone

Signature of recorded holder of deed

Invoice # ____

Work Order # E 14280 Acct. # ____

REA-104 (7-96) *This information is available in alternative formats upon request.*

Printed on recycled paper

E14280

To

Date Time ☐ AM ☐ PM

WHILE YOU WERE OUT

M Ed Sullivan

of 2217 Sunset Dr

Phone Numbers

Office (Area Code) (Number) (Ext.)

Voicemail

FAX Visalia

Pager

Mobile 93291

e-mail

☐ Telephoned
☐ Please call
☐ Returned your call
☐ Called to see you
☐ Wants to see you
☐ Will call again
☐ URGENT

Message

phone 209 - 625 - 5248

fax 209 627-0717

674

Mortuary will have 7/5/98
E14280
family sign
will send ashes & check
through P.O. for HUD
Burial Also will send
check. 7-15-98
re-faxed

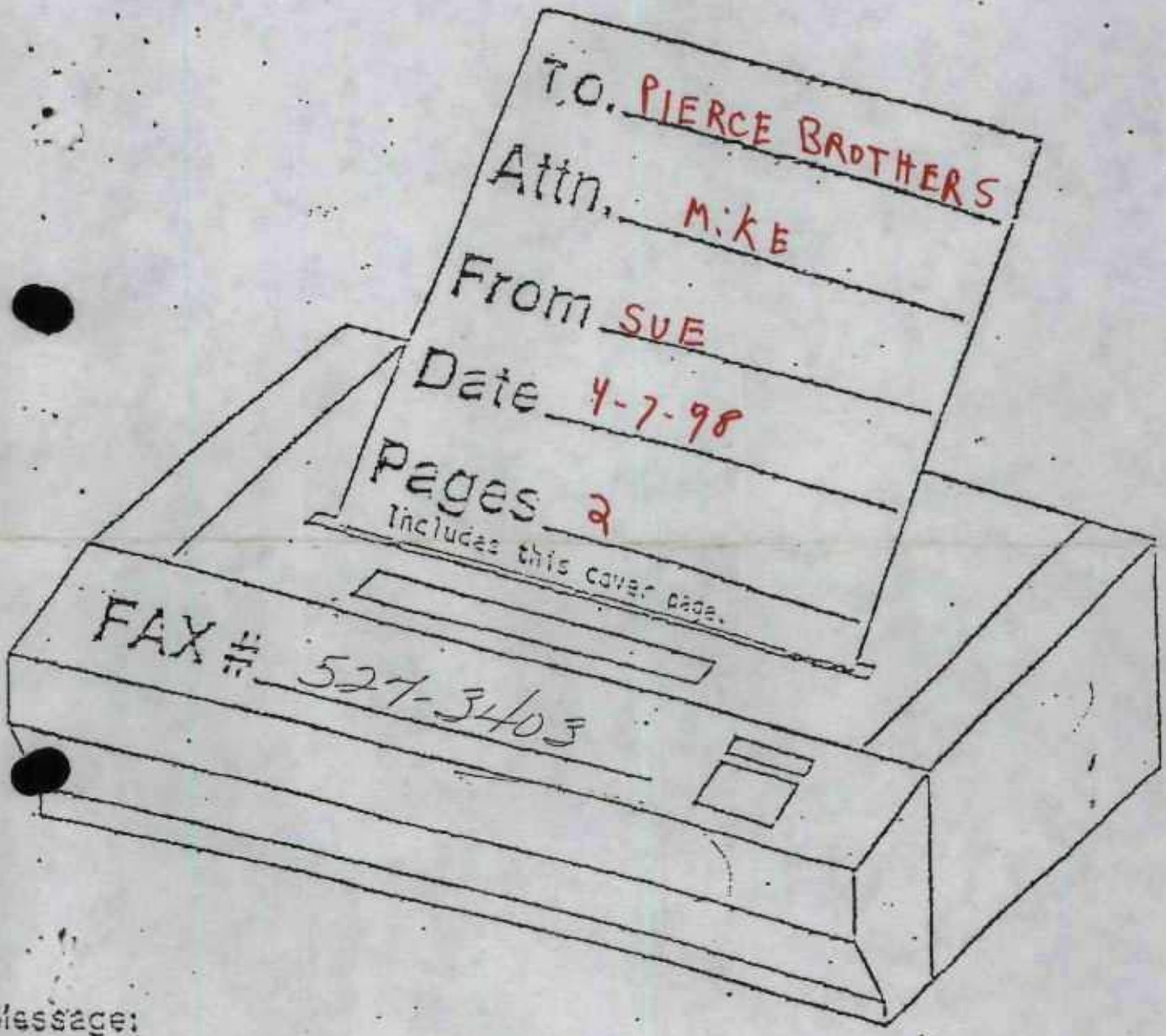
to send
check, [illegible]

E-64280

SAN DIEGO

MT. HOPE CEMETERY • 3751 MARKET STREET • SAN DIEGO, CALIFORNIA 92102
Property Department
527-3400
Business hours 8 a.m. to 4 p.m.
Monday thru Friday • Gates open daily

TELEFAX COVER LETTER



Message:

PLEASE SIGN BY the X's. ON GEORGE's INTERMENT ORDER I HAD A note SAYING 2 MORE ASHES WOULD BE [redacted]DED in the future.

If all pages are not received, please call (619) 527-3400.

E 14280

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-7-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Grace Davenport

in a ash vault (Type of Burial Container) Funeral, date, time _____

Church, Chapel, Graveside _____ ~~Pierce Brothers~~ - Mike L.A. Mortuary.

All Funeral 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 92 Grave 3 Row _____ Section 4 Division/~~Block~~ 4

Grave space & Care Fund ..... Pre-need C-2975	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	269.26

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 14280

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E14280

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-7-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Grace Davenport

in a ash vault (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside ~~[illegible]~~ Mortuary

All Funeral 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 92 Grave 3 Row Section 4 Division/Block 4

Grave space & Care Fund	Pre-need C-2975	0
Additional spaces and care fund		—
Opening/Closing & Setup		105.00
Burial Container	paid in full 7-20-98	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 50204 269.26

Balance due 0

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 Edwin F. Sullivan (Signature)

X 2217 Sunset Drive (Address)

X Visalia CA 93291 (City, Zip Code)

X (209) 625-5248 (Telephone)

Invoice #

Work Order # E 14280

Acct. #

REA-104 (7-95)

This information is available in alternative formats upon request.

Printed on recycled paper

STATE OF CALIFORNIA
CERTIFICATION OF VITAL RECORD

E 14280

COUNTY OF LOS ANGELES

DEPARTMENT OF HEALTH SERVICES

CERTIFICATE OF DEATH

STATE OF CALIFORNIA
USE BLACK INK ONLY—NO ERASURES, WHITEOUTS OR ALTERATIONS
VS-11 (REV. 1/87)

STATE FILE NUMBER: 3 1998 19 020611
LOCAL REGISTRATION NUMBER

DECEDENT PERSONAL DATA

1. NAME OF DECEDENT—FIRST (GIVEN)	2. MIDDLE	3. LAST (FAMILY)
GRACE	S.	DAVENPORT

4. DATE OF BIRTH MM/DD/CCYY	5. AGE YRS.	IF UNDER 1 YEAR: MONTHS / DAYS	IF UNDER 24 HOURS: HOURS / MINUTES	6. SEX	7. DATE OF DEATH MM/DD/CCYY	8. HOUR
12/10/1919	78			F	04/06/1998	1150

9. STATE OF BIRTH	10. SOCIAL SECURITY NO.	11. MILITARY SERVICE	12. MARITAL STATUS	13. EDUCATION—YEARS COMPLETED
CA	571-10-5130	☐ YES ☒ NO ☐ UNK	NEVER MARRIED	18

14. RACE	15. HISPANIC—SPECIFY	16. USUAL EMPLOYER
CAUCASIAN	☐ YES ☒ NO	L.A.U.S.D.

17. OCCUPATION	18. KIND OF BUSINESS	19. YEARS IN OCCUPATION
TEACHER	EDUCATION	40

USUAL RESIDENCE

20. RESIDENCE—STREET AND NUMBER OR LOCATION: 516 E. LOMITA AVE. #3

21. CITY	22. COUNTY	23. ZIP CODE	24. YRS IN COUNTY	25. STATE OR FOREIGN COUNTRY
GLENDALE	LOS ANGELES	91205	78	CA

INFORMANT

26. NAME, RELATIONSHIP: ED SULLIVAN, COUSIN

27. MAILING ADDRESS (STREET AND NUMBER OR RURAL ROUTE NUMBER, CITY OR TOWN, STATE, ZIP): 2217 SUNSET DR., VISALIA, CA 93291

SPOUSE AND PARENT INFORMATION

28. NAME OF SURVIVING SPOUSE—FIRST	29. MIDDLE	30. LAST (MAIDEN NAME)	
–	–	–	
31. NAME OF FATHER—FIRST	**32. MIDDLE**	**33. LAST**	**34. BIRTH STATE**
GEORGE	LYMAN	DAVENPORT, JR.	CA
35. NAME OF MOTHER—FIRST	**36. MIDDLE**	**37. LAST (MAIDEN)**	**38. BIRTH STATE**
ISABEL	SARAH	SULLIVAN	CA

DISPOSITION(S)

39. DATE MM/DD/CCYY	40. PLACE OF FINAL DISPOSITION
06/15/1998	LAC+USC 1200 N. STATE STREET, LOS ANGELES, CA

FUNERAL DIRECTOR AND LOCAL REGISTRAR

41. TYPE OF DISPOSITION(S)	42. SIGNATURE OF EMBALMER	43. LICENSE NO.
TEMPORARY STORAGE	▶ NOT EMBALMED	–

44. NAME OF FUNERAL DIRECTOR	45. LICENSE NO.	46. SIGNATURE OF LOCAL REGISTRAR	47. DATE MM/DD/CCYY
PIERCE BROTHERS CUNNINGHAM & O'CONNOR	FD-8	▶ Mark Lomeli	06/12/1998

PLACE OF DEATH

101. PLACE OF DEATH	102. IF HOSPITAL, SPECIFY ONE:	103. FACILITY OTHER THAN HOSPITAL:	104. COUNTY
AUTUMN HILLS CONV.	☐ IP ☐ ER/OP ☐ DOA	☒ CONV. HOSP. ☐ RES. CARE ☐ OTHER	LOS ANGELES

105. STREET ADDRESS—(STREET AND NUMBER OR LOCATION)	106. CITY
430 N. GLENDALE AVE.	GLENDALE

CAUSE OF DEATH

107. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR A, B, C, AND D.)

		TIME INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE	(A) BRAIN TUMOR	1 MONTH
DUE TO	(B)	
DUE TO	(C)	
DUE TO	(D)	

108. DEATH REPORTED TO CORONER: ☐ YES ☒ NO (REFERRAL NUMBER)

109. BIOPSY PERFORMED: ☐ YES ☒ NO

110. AUTOPSY PERFORMED: ☐ YES ☒ NO

111. USED IN DETERMINING CAUSE: ☐ YES ☐ NO

112. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN 107: NONE

113. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? IF YES, LIST TYPE OF OPERATION AND DATE: NO

PHYSICIAN'S CERTIFICATION

114. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED. DECEDENT ATTENDED SINCE MM/DD/CCYY	DECEDENT LAST SEEN ALIVE MM/DD/CCYY	115. SIGNATURE AND TITLE OF CERTIFIER	116. LICENSE NO.	117. DATE MM/DD/CCYY
04/03/1998	04/03/1998	▶	A048902	04/07/1998

118. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP: JAMES LEE M.D., 2650 GRIFFITH PK BL., LOS ANGELES, CA 90039

CORONER'S USE ONLY

I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED FROM THE CAUSES STATED.

119. MANNER OF DEATH: ☐ NATURAL ☐ SUICIDE ☐ HOMICIDE ☐ ACCIDENT ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED

120. INJURY AT WORK	121. INJURY DATE MM/DD/CCYY	122. HOUR	123. PLACE OF INJURY
☐ YES ☐ NO			

124. DESCRIBE HOW INJURY OCCURRED (EVENTS WHICH RESULTED IN INJURY)

125. LOCATION (STREET AND NUMBER OR LOCATION AND CITY, ZIP)

126. SIGNATURE OF CORONER OR DEPUTY CORONER	127. DATE MM/DD/CCYY	128. TYPED NAME, TITLE OF CORONER OR DEPUTY CORONER
▶		

STATE REGISTRAR

A	B	C	D	E	F	G	H	PAX AUTH. #	CENSUS TRACT
									0090130106

This is a true certified copy of the record filed in the County of Los Angeles Department of Health Services if it bears the Registrar's signature in purple ink.

Mark Lomeli JUN 18 1998
DATE ISSUED

Director of Health Service and Registrar

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

E 14280

Edwin F. Sullivan
2217 Sunset Drive
Visalia, CA 93291

July 15, 1998

Mount Hope Cemetery
3751 Market street
San Diego, CA 92102

Re: Grace S. Davenport

In accordance with my conversations with Sue, I am enclosing the following material in order for you to proceed with the interment of the cremated remains of Grace S. Davenport.

(1) Interment Order (Work Order E 14280)
(2) Check in the amount of $269.26
(3) Original copy of the "burial permit" - form VS 9

The cremation of Grace Davenport was handled by the County of Los Angeles. I have sent the paper work required by the County for it to send the cremated returns to you. A copy of my letter to the County is enclosed.

Thank you for your assistance in this matter.

Please proceed with the interment of the cremated remains.

Edwin F. Sullivan

Edwin F. Sullivan

Grace9893BurialMtHope

E14280

Edwin F. Sullivan
2217 Sunset Drive
Visalia, CA 93291
(209) 625-5248

July 15, 1998

Los Angeles County
University of Southern California, Medical Center
Attn Naomi - Mortuary Rm 2400
1200 North State Street
Los Angeles, CA 90033-9985

Re: Davenport, Grace S.
Died: 04-06-98
Crem: 07-10-98

In accordance with the procedures outlined in your letter of July 7, 1998, I am enclosing the following:

(1) Form H-674

(2) Money order made payable to "Vital Records" in the amount of $7.00

(3) Money order made payable to "County of Los Angeles" in the amount of $426.00 for transportation, preparation and cremation fees.

(4) Money order made payable to "PostMaster" in the amount of $16.50 for shipping charges

I understand you will ship the cremated remains of Grace S. Davenport to Mt Hope Cemetery in San Diego at the address noted on form H-674

I have obtained a "burial permit" (Form VS 9 - Application and Permit for Disposition of Human Remains). I understand the Mt. Hope Cemetery needs the original of the "burial permit", so I am sending the original to the cemetery. However, I am enclosing a copy, for your records, along with a copy of my letter to Mt. Hope Cemetery.

Thank you for your assistance in this matter.

Edwin F. Sullivan

Grace9893BurialLACo

E14280

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

78

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF 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	S.	Davenport	12/10/1919	04/06/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF. ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Glendale	Los Angeles	Ed Sullivan - Cousin 2217 Sunset Dr. Visalia, CA 93291

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Miller Memorial Chapel 1120 W. Goshen Ave., Visalia, CA 93291	FD-65	▶ Tina Lewis	07/15/1998

ACKNOWLEDGMENT OF APPLICANT

I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	07/15/1998	▶ Fax Authorization # 15

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., Room L-1 Los Angeles, CA 90012	3851 Rosecrans St., San Diego, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE 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 Mount Hope Cemetery San Diego, CA 92110	11B. DATE BURIED 7-28-98	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 PERCING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

E14280

APPLICATION 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
Grace	S.	Davenport	12/10/1919	04/06/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Glendale	Los Angeles	Ed Sullivan - Cousin 2217 Sunset Dr. Visalia, CA 93291

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Miller Memorial Chapel 1120 W. Goshen Ave., Visalia, CA 93291	FD-65	Tina Lewis	07/15/1998

ACKNOWLEDGMENT OF APPLICANT: I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	07/15/1998	Fax Authorization # 15

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., Room L-1 Los Angeles, CA 90012	3851 Rosecrans St., San Diego, CA 92110

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE 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 Mount Hope Cemetery San Diego, CA 92110	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.

OFFICIAL RECEIPT

50399

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-17 19 98

From: Edwin F. Sullivan Address: 2217 W. Sunset Dr. Vista CA 291

One hundred twenty five & no/100 Dollars ($ 125 00)

In full Payment of marker setting fee for

Grace & George Davenport

Lot 92 Grave 3 Row Section 4 Division 4 Block

Invoice No.

Acct. No.

W.O. E-14280

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒

AC-212 (Rev. 5-94)

1017

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Laura 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	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

OFFICIAL RECEIPT

50204

CITY OF SAN DIEGO, CALIFORNIA

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

MOUNT HOPE CEMETERY
527-3400

Date: 7-20 , 19 98

From: Edwin Sullivan Address: 2217 W. Sunset Dr. Visalia

Two hundred Sixty nine + 20/100 Dollars ($ 269.20 93291)

In Full Payment of Interment of

Grace Davenport

Lot 92 Grave 3 Row Section 4 Division 4 Block

Invoice No.

Acct. No.

W.O. E-14280

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☐

AC-212 (Rev. 5-94)

1004

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	105	00
Opening/ Closing	100 77181	55	00
Burial Containers	100 77182	60	00
Handling Fee	100 77185	45	00
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	20
TOTAL PAID	$	269	20

may watch lowering

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-7-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Donald Herzog

in a T.S. Vault (Type of Burial Container) Funeral, date, time Fri. Apr. 10 2:00

Church, Chapel, Graveside chapel/graveside Featheringill Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X [signature]

Lot 139 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	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-49838	1769.38
Balance due	-0-

PAID
APR 8 1998
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.

X [signature]
Signature

X 1050 Whitney Ranch Dr. #1514
Address

X Henderson NV 89014-2545
City Zip Code

X (800) 440-1379
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # ____

Work Order # E 14281

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14-281

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
Donald	Ray	Herzog	02/14/1936	04/05/1998	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	Stanley J. Herzog - Son 1050 Whitney Ranch Dr. #1514 Henderson, NV 89012

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Featheringill Mortuary 6322 El Cajon Blvd. San Diego, CA 92115	FD 1083	▶ Cathy Patterson	04/08/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$ 7.00	04/09/1998 C. Maggard	9805753 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4/10/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49838

E 14281

Date: 4-8, 1998

From: Stanley Herzog Address: 1050 Whitney Ranch Dr. # 1514 Henderson NV 89014

One thousand seven hundred sixty nine & 38/100 Dollars ($ 1769.38)

In full Payment of Interment of David Herzog

Lot 139 Grave 3 Row ____ Section 1 Division II Block ____

Invoice No. ____

Acct. No. ____

W.O. E-14281

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 I Shillin

CREDIT 20% Sales Care	57007 77184	179	00
80% Sales of Lots	100 77184	716	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	250	00
Handling Fee	100 77185	185	00
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	50101 78390	19	38
TOTAL PAID	$	1769	38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/8/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Kiyo Kawasaki ∞

in a Ashdault Funeral, date, time May 2, Sat. 1:00
Type of Burial Container

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. _____

Lot 5230 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund Dixie Deed D-3358 0

Additional spaces and care fund _____

Opening/Closing & Setup 105.00

Burial Container 55.00

Handling Fees 60.00

Flower vases – Marker set at time 210.00

Recording and filing fee 45.00

Sales taxes 4.26

Total Due 479.26

Paid receipt number M/C 479.26

Balance due 0

PAID
APR 8 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

I hereby certify I am the X Daughter-in-Law of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

X _____
Signature of recorded holder of deed

X Mildred Kawasaki
Signature
X 9336 Kenwood
Address
Bonita, Ca. 91902
City
X 619-479-4072
Telephone
Zip Code

Invoice # _____

Work Order # E 14282

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14282

LEWIS COLONIAL
73188

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

91

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
KIYO	-	KAWASAKI	01/25/1907	03/22/1998	F

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
CHULA VISTA	SAN DIEGO	TSUNEYUKI KAWASAKI - SON 3336 KENNELWORTH LN BONITA, CA 91902

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104	FD-480	▶ Paulette Valentine	03/24/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/25/1998 ▶	

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...PO BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST SAN DIEGO, CA 92102	11B. DATE BURIED 5 2-98	11C. SIGNATURE OF PERSON IN CHARGE OF BUR... ▶
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY CYPRESS VIEW CREMATORY, 3953 IMPERIAL AVE., SAN DIEGO, CA 92113	12B. DATE CREMATED 3/26/98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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 4/9/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of James Watson

In a TS Vault (Type of Burial Container) Funeral, date, time Fri. Apr. 10th 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 $ 50 will be applied and billed to undersigned. X Ida Toomer

✓ Lot 91 Grave 9 Row _____ Section 2 Division/~~Block~~ 11

Grave space & Care Fund Pre Need E-13823	123.00
Additional spaces and care fund	
Opening/Closing & Setup PAID IN FULL 249	375.00
Burial Container	250.00
Handling Fees 5-21-98	185.00
Flower vases – Marker setting fee	
Recording and filing fee	15.00
Sales taxes	19.38
Total Due	997.38
Paid receipt number 49841	249.00
Balance due	748.38

39 days late

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 Ida Toomer
Signature
X 4841 54th St.
Address
X San Diego, Ca. 92115
City Zip Code
X 619-583-3619
Telephone

Invoice # 298344

Work Order # E 14283

Acct. # 095218

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

4-13-98

E 14283

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
JAMES	CLARENCE	WATSON	11/18/1919	04/01/1998	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	REOLA WATSON-WIFE 4841 54TH STREET SAN DIEGO, CA 92115

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
CALIFORNIA CREMATION & BURIAL CHAPEL 5880 EL CAJON BLVD., SAN DIEGO, CA 92115	F-1357	▶ Mark Mitchell	04/09/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/09/1998 M.MITCHELL	▶ 9805759

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS-P.O. BOXC 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (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 4/1/98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY -	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS -	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED -	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION -	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49341

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4/9, 19 98

From: Ida Tanner Address: 4541 54th Street San Diego 92115

Two hundred forty nine 00/ Dollars ($ 249.00)

In Full Payment of Interment of James Watson

Lot 91 Grave 9 Row Section 2 Division 11 Block

Invoice No.

Acct. No.

W.O. E-14252

BALANCE DUE 748.38

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 6963

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Karen Cook

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	123	00
Opening/ Closing	100 77181	126	00
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	50101 78390		
TOTAL PAID	$	249	02

MT. HOPE CEMETERY

W.O. # E-4283

NOTE

748.38 San Diego, California April 9 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 Seven hundred forty eight 38/00 DOLLARS with interest from May 11. 1998 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 Ida M. Toomer SIGNATURE X Ida M. Toomer

ADDRESS X4841 54th St San Diego, Ca. 92115

CALIFORNIA DRIVER LICENSE NUMBER XR0489758 SSN # X261-62-0912

PY 1012 (11-89)

E-13823
E14283

TOOMER, IDA MAE 4841 54th Street San Diego, CA 92115

09-09	97	Pre-need Lot and Trust Opened: Lot 91, Grave 9, Section 2, Division 11	895.00		
		Trust includes: (1) Opening/Closing, (1) T.S. Vault, (1) Handling Fee, (1) Recording Fee, and Tax on T.S. Vault.	874.38		1,769.38
09-09	97	Receipt #48958		442.00	1,327.38
10/15	97	R-49083 CPN#1		55.00	1272.38
11/21	97	R-49197 CPN#2		55.00	1217.38
12/9	97	R-49266 CPN#3		55.00	1162.38
1-13	98	R-49386 CPN 4		55.00	1107.38
3-19	98	R-49772 CPN 5+6		110.00	997.38

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-10-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Andrew Newton PA #1231103 11:00

In a liner (Type of Burial Container) Funeral, date, time ~~Thurs 16~~ 4-14 ~~2:00~~ 4 4-20-98

Church, Chapel, Graveside Delivery Only ; mayn ~~for~~ Mortuary.

All Funeral 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 23 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	386.00
Balance due	0

paid in full 5-19-98

Roma Public Administrator

I hereby certify I am the _____ of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Signature

Address

City Zip Code

Telephone

Invoice # 298896

Work Order # E 14284

Acct. # 000952

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

4-21-98

E 14284

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
Andrew	-	Newton	03/09/1915	03/12/1998	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	R. Stronach-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—Funeral director or person acting as such	8B. DATE SIGNED
Mayer Mortuary, 2859 Adams Ave., San Diego, CA	FD1424	▶	04/10/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/10/1998 James Hale	9805768 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4-20-98	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.

E14284

298896 04/21/98 000952	COUNTY OF SAN DIEGO		05/19/98 CK 04-606156		386.00	386.00	0.00
E-14284	100 072	77181	000072		165.00		PAID IN FULL
	100 072	77182	000072		50.00		
	100 072	77183	000072		45.00		
	67007	77184			126.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/13/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of To Ruko Tanaka

in a TB vault (Type of Burial Container) Funeral, date, time Thurs Apr. 16 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 5 Grave 3 Row ____ Section 11 Division/Block 7

Grave space & Care Fund	
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 49844	874.38
Balance due	0

PAID
APR 13 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO

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 Tyler Tanaka
Signature

X 10265 Rue CHAMBERRY
Address

X SAN DIEGO, CA 92131
City Zip Code

X (619) 271-7019
Telephone

Invoice # ____

Work Order # E 14285

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14285

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

101

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
TOKUKO	-	TANAKA	09/20/1896	04/10/1998	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	TYLER TANAKA - SON 10265 RUE CHAMBERRY SAN DIEGO, CA 92131

7A. TYPED NAME AND ADDRESS OF 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	▶ Paulette Valentine	04/13/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/15/1998 P Valentine	9805969 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
VITAL RECORDS...P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT. HOPE CEMETERY 3751 MARKET ST., SAN DIEGO, CA 92102	11B. DATE BURIED 4-16-98	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

49844

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4/13, 1998

From: Tyler Tanaka Address: 10265 Blue Chamberry San Diego CA 92131 - 3234

Eight hundred seventy four 38/100 Dollars ($ 874.38)

In Full Payment of Interment of Tokuko Tanaka

Lot 5 Grave 3 Row Section 11 Division Block 7

Invoice No.

Acct. No.

W.O. Ø

BALANCE DUE E 14385

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181	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)

OFFICIAL RECEIPT

50171

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 7-13 19 98

From: Tyler Tanaka Address: 10265 Rue Chamberry SD 92131

One hundred twenty five & no/100 Dollars ($ 125.00)

In full Payment of marker setting fee for Tokuko Tanaka

Lot 5 Grave 3 Row ____ Section 11 Division Block 7

Invoice No. ____

Acct. No. ____

W.O. E-14285

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	125 00
Pre-Need Trust	63033 9022	
Sales Tax	60101 78390	
TOTAL PAID	$	125 00

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 3375

ISSUED BY Carina Avalos

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-13-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Veda F. Jenkins

in a liner (Type of Burial Container) Funeral, date, time Thur 4-16 1:00

Church, Chapel, Graveside Chapel / Delivery only : Jones 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 438 Grave _____ Row _____ Section 1 Division/Block 8

Grave space & Care Fund Pre-Need B-3430	~~0~~
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker settings	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number R-49845	769.73
Balance due	~~0~~

PAID
APR 13 1998
MT. HOPE CEMETERY
CITY OF SAN DIEGO, CALIF

I hereby certify I am the X SISTER of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Virginia L Shade
Signature

X 4491 Bellflower Dr.
Address

X La Mesa CA 91941
City Zip Code

X 619 466-5109
Telephone

Invoice # _____

Work Order # E 14286

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 142 86

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

81

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
VEDA	FRYER	JENKINS	09/12/1916	04/11/1998	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	VIRGINIA L. SHADE - SISTER 4411 BELLFLOWER 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
LEWIS COLONIAL/BENBOUGH MORTUARY 3051 EL CAJON BLVD., SAN DIEGO, CA 92104	FD-490	▶ Paulette Valentine	04/13/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/14/1998 P Valentine	9805933 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF 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 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MT HOPE CEMETERY, 3751 MARKET ST, SAN DIEGO, CA 92102	11B. DATE BURIED 4-16-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Pearson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY 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

49845

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-13, 1998

From Virginia Clark Address: 4411 Bellflower Dr. La Mesa 91941

Seven hundred sixty nine and 73/100 Dollars ($ 769.73)

In full Payment of Interment of Verda F. Jenkins

Lot 438 Grave 1 Row Section 1 Division Block 8

Invoice No.

Acct. No.

W.O. E-14286

BALANCE DUE ~~0~~

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 1001

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY J. Shelton

CREDIT	67007		
20% Sales Cars	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

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49933

E14286

Date: 5/8, 1998

From: Virginia Shade Address: 5308 Monroe Ave San Diego Ca 92115

One hundred twenty five Dollars ($ 125.00)

In Full Payment of Setting fee for marker for veda Jenkins

Lot 438 Grave Row Section 1 Division ~~Block~~ 8

Invoice No.

Acct. No.

W.O. 14956

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 4033

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kenya Baker

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	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	125	00

AC-212 (Rev. 5-94)

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-13-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Phil Donivan Mitcham

In a liner (Type of Burial Container) Funeral, date, time Fri 4-17 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 RM

Lot 141 Grave 9 Row ____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	1564.73
Paid receipt number R-49868	1564.73
Balance due	0

PAID
APR 17 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Mortuary to bring check for full amount

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 Rosa Lee Mitcham
Signature

X 7732 Shorewood Dr
Address

X San Diego Cal. 92114
City Zip Code

X 619466659
Telephone

466659

Work Order # E 14287

REA-104 (7-96) This in

E 14287

~~Mr Ragsdale to let us know about down payment~~

4-13-98 12:35P
Debbie - Ragsdale called to tell us that mortuary will bring check for full amount

4-13-98
12:35P

Debbie from Ragsdale called to notify us of that Ragsdale Mortuary will bring a check for the full amount (1564.73) of burial service.

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

49965

MOUNT HOPE CEMETERY

527-3400

Date: 5/18, 1998

From: Rosa Lee Mitchum Address: 7732 Shorewood Dr San Diego Ca 92114

One hundred twenty five 00/100 Dollars ($ 125.00)

In Full Payment of Setting fee for marker for Phil Dennard

Oliver Roy Lee

Lot 141 Grave 9/10 Row Section 3 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14257

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑ 1364

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
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)

E 14287

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

41

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Phil	Donivan	Mitcham	07/31/1956	04/09/1998	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	Rosa L. Mitcham, Mother 7732 Shorewood 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	▶ [signature]	04/14/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10176 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/14/1998	9805916 [signature] ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-17-98	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

49868

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-17 19 98

From: Anderson-Ramsdale Address: 5050 Federal Blvd SD 92102

One thousand five hundred sixty four & 73/100 Dollars ($ 1564.73)

In full Payment of Interment of
Phil Itham

Lot 141 Grave 9 Row ____ Section 3 Division 12 Block ____

Invoice No. ____

Acct. No. ____

W.O. E-14287

BALANCE DUE 0

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

CREDIT	67007	159	00
20% Sales Case	77184		
80% Sales of Lots	100 77184	636	00
Opening/ Closing	100 77181	375	00
Burial Containers	100 77182	190	00
	100	145	00
Hearsing Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1564	73

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5572

ISSUED BY Ratina Avalli

AC-212 (Rev. 5-94)

Prenead Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-13-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Josephine Wooten

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 103 Grave 2 Row _____ Section 3 Division/~~Block~~ 12

Grave space & Care Fund ..... prenead D-9045	0
Additional spaces and care fund	—
Opening/Closing & Setup ..... 1-6-99 I N	375.00
Burial Container	190.00
Handling Fees ..... PAID FULL	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-49851	377.73
Balance due	392.00

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 J. B. Wooten
Signature
3776 Gregory St.
Address
San Diego Ca 92113
City Zip Code
619-232-1721
Telephone

Invoice # _____

Work Order # E 14288

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

49851

Date: 4-13 19 98

From: Josephine Wooten Address: 227 S. Gregory Street SD 92113

Three hundred seventy seven & 73/100 Dollars ($ 377.73)

In part Payment of pre need trust

Lot 103 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14288

BALANCE DUE 392.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☒ Check ☐

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avalone

CREDIT 20% Sales Care	67007 77184	
80% Sales of Lots	100 77194	
Opening/ Closing	100 77181	
Burial Containers	100 77182	
Handling Fee	100 77185	
Recording & Misc. Fees	100 77183	
Pre-Need Trust	63033 9022	377 73
Sales Tax	50101 78390	
TOTAL PAID	$	377 73

E-14288

WOOTEN, JOSEPHINE 227 S. GREGORY STREET SAN DIEGO CA 92113

04-13-98	pre-need trust opened: (103-2-3-12) Trust includes: (1) Opening/Closing, (1) Liner, (1) Handling Fee, (1) Recording Fee, and Tax on Liner.			769.73
04-13-98	R-49851		377.73	392.00
8-5 98	R-50268	cpn # 1,2,3,4,5	100.00	292.00
9-8 98	R-50365	cpn 6,7,8,9,10,11	96.00	196.00
10-7 98	R-50457	" 12 to 17	96.00	100.00
12-21 98	R 50663	cpn 24	24.00	76.00
1-6 99	R 50728	last payment	76.00	0

WOOTEN, JOSEPHINE E 14288

OFFICIAL RECEIPT

50365

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 9-8 19 98

From: Josephine Wooten Address: 227 S. Gregon St. San Diego 92113

Ninety six & no/100 Dollars ($ 96.00)

In part Payment of pre need trust

Lot 103 Grave 2 Row Section 3 Division Block 12

Invoice No.

Acct. No.

W.O. E-14288

BALANCE DUE 196.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2105

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	96	00
Pre-Need Trust	63033 9022		
Sales Tax	69101 78390		
TOTAL PAID	$	96	00

OFFICIAL RECEIPT

50268

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-5 19 98

From Josephine Wooten Address: 227 S. Gregory St. San Diego 92113

one hundred + no/100 Dollars ($ 100.00)

In part Payment of pre need trust

Lot 103 Grave 2 Row Section 3 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14288

BALANCE DUE 292.00

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☒ 2092

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Carina Avallone

CREDIT	67007		
20% Sales Care	77184		
80% Sales of Lots	100 77184		
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	83033 9022	100	00
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. PRENZED TRUST E-14288.

JOSEPHINE WOOTEN
227 S. GREGORY STREET
SAN DIEGO CA 92113
(103-2-3-12)

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 ▶ $ 16.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ 100-00

Amount Received $ _____

NAME L. B. Denton

ADDRESS 227 So. Gregory St.

CITY San Diego STATE Calif ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance COUPON 2

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRENEED TRUST E-14288

JOSEPHINE WOOTEN
227 S. GREGORY STREET
SAN DIEGO CA 92113
(103-2-3-12)

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. $ 16.00

Amount due if paid more than ____ days after due date above. $ 16 00

$ ____

Amount Received $ ____

NAME J. B. Deaton

ADDRESS 227 So. Gregory st.

CITY San Diego STATE Calif ZIP 92113

☐ check (√) if this is new address

Send or bring one coupon with each remittance **COUPON** **3**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRENEED TRUST E-14288

JOSEPHINE WOOTEN

227 S. GREGORY STREET

SAN DIEGO CA 92113

(103-2-3-12)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
							10				

Amount due when paid on, or before, due date above. ▶ $ 16.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ 16.00

Amount Received $ _____

NAME D. B. Wooten

ADDRESS 227 So. Gregory St.

CITY San Diego STATE Calif ZIP 92

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **4**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRENEED TRUST E-14288

JOSEPHINE WOOTEN
227 S. GREGORY STREET
SAN DIEGO CA 92113
(103-2-3-12)

Month and Day Due Indicated Below

APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
							10				

Amount due when paid on, or before, due date above. $ 16.00

Amount due if paid more than _____ days after due date above. $ 16.00

$ _____

Amount Received $ _____

NAME J. B. Wooten

ADDRESS 227 So. Gregory St.

CITY San Diego STATE Calif. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 5**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRENEED TRUST E-14288

JOSEPHINE WOOTEN

227 S. GREGORY STREET

SAN DIEGO CA 92113

(103-2-3-12)

Month and Day Due Indicated Below

MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR
							10				

Amount due when paid on, or before, due date above. ▶ $ 16.00

Amount due if paid more than _____ days after due date above. ▶ $ _____

$ 16.00

Amount Received $ _____

NAME J.B. Hopkins

ADDRESS 227 So. Gregory St.

CITY San Diego, STATE Calif ZIP 92113

☐ check (✓) if this is new address

. bring one coupon with each remittance COUPON 6

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRENEED TRUST E-14288

JOSEPHINE WOOTEN
227 S. GREGORY STREET
SAN DIEGO CA 92113
(103-2-3-12)

Month and Day Due Indicated Below

JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY
			✓				10				

Amount due when paid on, or before, due date above. $ 16.00

Amount due if paid more than 4 days after due date above. $ 16.00

$

Amount Received $

NAME J. B. Wooten

ADDRESS 227 So. Gregory st.

CITY San Diego STATE Calif ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 7**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRENEED TRUST E-14288

JOSEPHINE WOOTEN
227 S. GREGORY STREET
SAN DIEGO CA 92113
(103-2-3-12)

Month and Day Due Indicated Below

JUL.	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
		←					10				

Amount due when paid on, or before, due date above. $ 16.00

Amount due if paid more than _____ days after due date above. $ _____

$ Void

Amount Received $ _____

NAME A.B. Wooten

ADDRESS 227 So. Gregory St.

CITY San Diego STATE _____ ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **8**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRENEED TRUST E-14288

JOSEPHINE WOOTEN
227 S. GREGORY STREET
SAN DIEGO CA 92113
(103-2-3-12)

Month and Day Due Indicated Below

AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL
			✓				10				

Amount due when paid on, or before, due date above. $ 16.00

Amount due if paid more than 4 days after due date above. $,

$

Amount Received $ 16.00

NAME J. B. Wooten

ADDRESS 227 So. Gregory St.

CITY San Diego STATE Cal. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON** **9**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRENEED TRUST E-14288

JOSEPHINE WOOTEN
227 S. GREGORY STREET
SAN DIEGO CA 92113
(103-2-3-12)

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. $ 16.00

Amount due if paid more than _____ days after due date above. $ 16.00

$ _____

Amount Received $ _____

NAME L. B. Wooten

ADDRESS 227 So. Gregory St.

CITY San Diego STATE Ca ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 10**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRENEED TRUST E-14288

JOSEPHINE WOOTEN
227 S. GREGORY STREET
SAN DIEGO CA 92113
(103-2-3-12)

Month and Day Due Indicated Below

OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP
							10				

Amount due when paid on, or before, due date above. $ 16.00

Amount due if paid more than 4 days after due date above. $,

$

Amount Received $ 16.00

NAME J. B. Wooten

ADDRESS 227 So. Gregory st.

CITY San Diego, STATE Calif. ZIP 92113

☐ check (✓) if this is new address

Send or bring one coupon with each remittance **COUPON 11**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. PRENEED TRUST E-14288

JOSEPHINE WOOTEN
227 S. GREGORY STREET
SAN DIEGO CA 92113
(103-2-3-12)

Month and Day Due Indicated Below

NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT
							10				

Amount due when paid on, or before, due date above. ▶ $ 16.00

Amount due if paid more than _____ days after due date above. ▶ $ 16.00

$ _____

Amount Received $ 16.00

NAME J. B. Wooten

ADDRESS 227 N. Gregory St.

CITY San Diego STATE Calif. ZIP 92113

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/13/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Quincy L. Hlebohn 11:00

in a Double Depth Crypt Type of Burial Container Funeral, date, time Frid, Apr. 17th ~~2:00~~

Church, Chapel, Graveside Church/Graveside; Kaysdale 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 221 Grave 1 Row Section 2 Division/~~Block~~ 12

Grave space & Care Fund	179	895.00
Additional spaces and care fund	204	—
Opening/Closing & Setup		375.00
Burial Container	PD 6-24-98	380.00
Handling Fees		380.00
Flower vases – Marker setting fee		—
Recording and filing fee		45.00
Sales taxes		29.45
30 day note	Total Due	2044.45
	Paid receipt number R-49853	512.00
	Balance due	1532.45

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 6111 Fuelmar St
Address

X San Diego, CA
City Zip Code

X 619 264-8973
Telephone

Invoice # 298863

Work Order # E 14289

Acct. # 095254

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

4-17-98

MT. HOPE CEMETERY W.O. # E-14289

NOTE

$ 1532.45 San Diego, California April 14 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of one thousand five hundred thirty two & 45/100 DOLLARS with interest from May 18, 1998 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 JOE O. LITTLEJOHN SIGNATURE X Joe O. Littlejohn

ADDRESS X 6111 Fulmer St. San Diego CA 92114

CALIFORNIA DRIVER LICENSE NUMBER X K0867764 SSN # X 374-36-9682

PY-1012 (11-88)

OFFICIAL RECEIPT

49853

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-14 19 98

From: Joe O. Littlejohn Address: 220 W. Broadway San Diego 92101

five hundred twelve & no/100 Dollars ($ 512.00)

In part Payment of Interment of Quincy Littlejohn

Lot 221 Grave 1 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14289

BALANCE DUE 1532.45

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 7502

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	512	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	50101 78390		
TOTAL PAID	$	512	00

OFFICIAL RECEIPT

51072

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-23, 1999

From: Esley & Sharon Baker Address: 6470 Corbar St. SD 92139

One Hundred Twenty Five and 0/100 Dollars ($ 125.00)

In full Payment of marker setting fee for Quincy Reuben Littlejohn

Lot 221 Grave 1 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E14289

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 2351

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

013886

ISSUED BY Lynda

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

E 142 89

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 92

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Quincy	Ruben	Littlejohn	09/01/1905	04/10/1998	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	Lorenza Littlejohn, Son 5928 Chaumont Dr. San Diego, CA 92114

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER—IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Anderson-Ragsdale Mort.; 5050 Federal Blvd. San Diego, CA 92102	F-1329	▶ [signature]	04/14/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/14/1998	9805934

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEM(S)

- [x] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (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 4-17-98	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 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.

open back gate

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-13-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Leola Bell

in a liner (Type of Burial Container) Funeral, date, time Fri. Apr. 17 10:00A

~~Church~~, Chapel, Graveside chapel + grvside Conrad San Mortuary.

All Funeral 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 60 Grave 10 Row _____ Section 16 Division/~~Block~~ 7

Grave space & Care Fund ..... pre need DL6303 ~~0~~

Additional spaces and care fund ..... 1997 $ _____

Opening/Closing & Setup ..... pre need DL6303 ~~0~~

Burial Container ..... pre need DL6303 ~~0~~

Handling Fees ..... _____

Flower vases – Marker setting fee ..... _____

Recording and filing fee ..... _____

Sales taxes ..... _____

Latischa Scott
231-8305

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 14290

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

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4-13-98 3:25 PM

Gary - Conrad called to arrange burial service.

E14290

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
LEOLA	LEE	BELL	12/18/1912	04/11/1998	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	LATICHA SCOTT - GRANDDAUGHTER 3001½ GRAPE STREET, APT. #1 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
CONRAD LEMON GROVE MORTUARY 7387 BROADWAY - LEMON GROVE, CA 91945-1533	F-941	Grant Conrad	04/16/1998

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	Grant K. Conrad 04/16/1998	9806113

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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 4-17-98	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.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-13-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Anthony Thomas Beverly

in a liner (Type of Burial Container) Funeral, date, time Wed. Apr. 15 1:00P

Church, Chapel, Graveside chapel + grvside ; SD Memorial Mark Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X T&B

Lot 266 Grave 12 Row — Section 2 Division/~~Block~~ 12

Grave space & Care Fund	159	795.00
Additional spaces and care fund	236	
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-49857	400.00
Balance due		1164.73

Paid in full 5/12/98

Mark - SD Memorial will bring check for $400.00.

5/7/98 Aux 1164.73

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 Thomas Beverly
Signature

X 762 E. Jamach Jamacha Rd
Address

X San Diego
City Zip Code

X 619) 667-3717
Telephone

30 day note

Invoice # 298794

Work Order # E 14291 ✓

Acct. # 095241

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

4-16-98

4-13-98

3:30P

Mark - SD Memorial Chapel called to schedule burial arrangements. Mark will bring check for $ 400.00, family to sign 30 day note for the remaining balance.

Thomas Beverly requested that I fill in his information on the 30 day note by writing his info in and he signed his signature because he was unable concentrate at the time. He was upset.

MT. HOPE CEMETERY W.O. # E-14291

NOTE

$ 1164.73 San Diego, California April 13 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order, 3751 Market Street, San Diego, CA 92101, the sum of one thousand one hundred sixty-four 73/100 DOLLARS with interest from May 15, 1998 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 Beverly SIGNATURE X Thomas Beverly

ADDRESS X 762 E. Jamacha Rd SD 92114

CALIFORNIA DRIVER LICENSE NUMBER X Z1046788 SSN # X548-30-8368

PY-1012 (11-89)

E 14291

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Anthony	Thomas	Beverly	03/04/1953	03/27/1998	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Napa	Napa	Napa County Coroner's Office 1125 Third Street Napa, CA 94559

7A. TYPED NAME AND ADDRESS OF CALIFORNIA—FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	7B. CALIF. LICENSE NUMBER —IF APPLICABLE	8A. SIGNATURE OF APPLICANT—Person taking permit	8B. DATE SIGNED
Whitted-Williams Funeral Home 5500 Foothill Bl., Oakland, CA 94605	FD837	▶	

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 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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THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT. **NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.**

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
7.00	04/10/1998	▶ 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
2261 Elm Street, Napa, CA 94559	3851 Rosecrans Street 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 St., San Diego, CA 92102	11B. DATE BURIED 4-15-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49857

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4/15, 1998

From: S.D. Memorial Chapel Address: 3441 University Ave San Diego Ca 92104

Four hundred 00/00 Dollars ($ 400.00)

In Part Payment of Internment of Anthony Thomas Beverly

Lot 366 Grave 12 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14391

BALANCE DUE 1164.73

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 [signature]

CREDIT	67007		
20% Sales Card	77184		
80% Sales of Lots	100 77184	400	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	400	00

AC-212 (Rev. 5-94)

E 14291

CITY OF SAN DIEGO, CALIFORNIA
CITY TREASURER

ACCOUNTS RECEIVABLE
AUXILIARY INVOICE - PAYMENT FORM

CUSTOMER ACCOUNT NO. 095241

PAYMENT DATA

PAYMENT P.M. RECEIVED DATE 5/7/98

PAID BY (CIRCLE ONE): CA (CK) MF

PAYMENT REFERENCE NUMBER

AMOUNT PAID 1164.73

TREASURER VALIDATION

CUSTOMER DATA

CUSTOMER ACCOUNT NAME Thomas Beverly

PAYOR NAME (IF OTHER THAN CUSTOMER ACCOUNT NAME) Thomas Beverly

CUSTOMER (PAYOR) ADDRESS 762 E Jamacha Rd
San Diego Ca 92114

REMARKS Anthony Beverly
E-14291

CASHIER KB

INV. NO. 298794

TR-1561 (2-82)

E 14291

CITY OF SAN DIEGO
TREASURER'S DEPARTMENT
REG-RECEIPT:01-0013479 D:05-11-1999
CASHIER ID:H 02:36 PM H:05-12-1999
5000 INVOICE
298794 $1,164.73

TOTAL DUE $1,164.73

RECEIVED FROM:
VIRGIE BEVERLY $1,164.73

CHECK

TOTAL TENDERED $1,164.73

CHANGE DUE $0.00

E 14291

E 14291

298794 04/16/98 095241	THOMAS BEVERLY			05/07/98 CK		1,164.73	1,164.73	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		236.00		
	100	072	77185	000072		145.00		
	60101		78390			14.73		
	67007		77184			159.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Transfer Law

Date 4-14-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry Bentley

in a liner (Type of Burial Container) Funeral, date, time Fri 4-17 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 $ _____

will be applied and billed to undersigned. _____

Lot 258 Grave 9 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	Pre-Need E-14275	-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 See attached

Address

City Zip Code

Telephone

Invoice # _____

Work Order # E 14292

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14292

Pre-Need [redacted]
Trust

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-2-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Larry Bentley

in a Lined (Type of Burial Container) Funeral, date, time

Church, Chapel, Graveside Delivery Only : Humphreys Sun Mortuary.

All Funeral 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 258 Grave 9 Row Section 9 Division/~~Block~~ 12

Grave space & Care Fund	159	~~795.00~~ 600
Additional spaces and care fund	511	—
Opening/Closing & Setup		375 00
Burial Container		190.00
Handling Fees		145.00
Flower vases – Marker setting fee		[redacted] 125.00
Recording and filing fee		45 00
Sales taxes		14.73
Total Due		1564.73
Paid receipt number 49828		1564.73
Balance due		0

PAID
APR 07 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

Desert Valley Mon. Co.

X Self.

I hereby certify I am the of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the 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 Larry Bentley
Signature

X 701 7th Ave. Rm. 205
Address

X San Diego, CA 92101.
City Zip Code

X No Phone.
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

OVER
SEE REVERSE

Work Order # E 14275

Invoice #

Acct. #

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

deed # 12221

E14292

note on records.

4-7-98
per JoAnn Waits - cemetery Mgr.
ok to waive ~~setting~~ fee for marker setting/installation fee.
Marker is going to come to us delivered by Desert Valley Monument Co.

Dan - Humphrey's is getting the marker donated.

Marker setting fee $125.00 is paid in full. OK per JoAnn to take $125.00 out of the 80% lot price.

4-8-98
mailed deed to Dan at Humphrey's mortuary.

E 14292

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

40

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
LARRY	R.	BENTLEY	01/14/1952	04/13/1998	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	Robin Miller - Daughter P.O. Box 4771 Sunland CA 91041

7A. 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
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	Judith E King	04/16/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/16/1998 J.E. King	9806063 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO 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 LOCA... (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY	11B. DATE BURIED	11C. SIGNATURE OF PERSON IN CHARGE OF BURI...
BURIAL	Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	4-17-98	▶ Norman Pompeo
	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	**12B. DATE CREMATED**	**12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION**
CREMATION	N/A		▶
	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	**13B. DATE RECEIVED**	**13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY**
SCIENTIFIC USE	N/A		▶
	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	**14B. DATE SHIPPED**	**14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER**
TRANSIT	N/A		▶
	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	**15B. DATE OF DISPOSITION**	**15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION**
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	N/A		▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER—IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-14-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Rodney Leidig

in a T3 Vault (Type of Burial Container) Funeral, date, time Thur 4-16 1:00

Church, Chapel, Graveside Church / Graveside : FD Memorial 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 Wanda Leidig

Lot 4524 Grave — Row — Section — Division/Block 10

Grave space & Care Fund 219 384		1095.00
Additional spaces and care fund		
Opening/Closing & Setup		375.00
Burial Container paid in full 5-16-98		250.00
Handling Fees		185.00
Flower vases – Marker setting fee		
Recording and filing fee		45.00
Sales taxes		19.38
Total Due		1969.38
Paid receipt number R-49854		492.00
Balance due		1477.38

30 day Note

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 Wanda Leidig (Signature)

x 224 Treewood (St) (Address)

x San Diego 92114 (City, Zip Code)

x 466-0756 (Telephone)

Invoice # 298899

Work Order # E 14293

Acct. # 095263

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

4-21-98

MT. HOPE CEMETERY W.O. # 14293

NOTE

$ 1477.38 San Diego, California April 14 19 98

Thirty days after date for value received, the undersigned maker promises to pay San Diego City Treasurer, or order at 3751 Market Street, San Diego, CA 92101, the sum of One thousand four hundred seventy seven 38/100 DOLLARS with interest from May 16 1998 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 Wanda Leidig SIGNATURE x Wanda Leidig

ADDRESS x 284 Treewood St

CALIFORNIA DRIVER LICENSE NUMBER x N5825838 SSN # x 554 17 8716

PY-1012 (11-09)

OFFICIAL RECEIPT

49854

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4/14, 1998

From: Wanda R. Leidig Address: 284 Treewood St San Diego CA 92114

Four hundred ninety two Dollars ($ 492.00)

In Part Payment of Interment of Rodney Leidig

Lot 4524 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E-14293

BALANCE DUE 147738

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kenya Bak

CREDIT 20% Sales Care	67007 77184		
80% Sales of Lots	100 77184	492	00
Opening/ Closing	100 77181		
Burial Containers	100 77182		
Handling Fee	100 77185		
Recording & Misc. Fees	100 77183		
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390		
TOTAL PAID	$	492	00

AC-212 (Rev. 5-94)

E 14293

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS 1980 18

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Rodney	Emil Wells	Leidig	02/06/1080	04/09/1998	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
San Diego	San Diego	Rodney Ross Leidig - Father 284 Treewood 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 Avenue; San Diego, CA 92104	FD-1575	Frances L. Martin	04/16/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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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	04/15/1998 F Martin	9806011

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 Street San Diego, CA 92102	11B. DATE BURIED 4-16-98	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 14293

298899 04/21/98 095263	WANDA LEIDIG				05/15/98 CK	1028&4138	1,477.38	1,477.38	0.00
	100	072	77181	000072			375.00		PAID IN FULL
	100	072	77182	000072			250.00		
E - 14293	100	072	77183	000072			45.00		
	100	072	77184	000072			384.00		
	100	072	77185	000072			185.00		
	60101		78390				19.38		
	67007		77184				219.00		

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-14-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Alice Leonard

in a liner (Type of Burial Container) Funeral, date, time Mon. Apr. 20 11:00

Church Chapel, Graveside Chapel + graveside Ragsdale Peppe Mortuary

All Funeral cars must 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 4421 Grave ____ Row ____ Section ____ Division/~~Block~~ 10

Grave space & Care Fund ... pre need D-7791	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-49870	769.73
Balance due	0

PAID
APR 20 1998
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF

DONS Thompson
235-0735

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 Doris J. Thompson
Signature
X 3514 K St
Address
X San Diego
City
X 235-0735
Telephone
[redacted] 681 7682 Pager
Zip Code

Invoice # ____

Work Order # E 14294

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

4-14-98
12:40P
Debbie at Ragsdale mortuary called to schedule burial arrangements for a liner as the burial container.
Family is to come to pay & sign.

Faxed Debbie a copy of the interment order.
263-1507

OFFICIAL RECEIPT

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

49870

Date: 4-20, 19 98

From: Ragsdale Address: 5050 Federal Blvd. San Diego 92105

Seven Hundred Sixty Nine & 73/100 Dollars ($ 769.73)

In full Payment of Interment of Alice Leonard

Lot 4421 Grave Row Section Division 10 ~~Block~~

Invoice No.

Acct. No.

W.O. E-14294

BALANCE DUE -0-

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5585

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY S. Stubblefield

CREDIT	67007		
20% Sales Care	27184		
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

E14294

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

82

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH, DAY, YEAR	3. DATE OF DEATH MONTH, DAY, YEAR	4. SEX
Alice	A.	Leonard	08/05/1915	04/12/1998	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	Doris Thompson, Daughter 3514 "K" 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 Weeks	04/15/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/17/1998	9806136

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records; P.O. Box 85222 San Diego, CA 92186-5222	–

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-20-98	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 4-14-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Douglas Q. Parham

in a T.S. Vault (Type of Burial Container) Funeral, date, time Fri Apr. 17 10:00

Church, Chapel, Graveside Chapel & Graveside; Berge-Roberts Ben Nichols Mortuary

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00

will be applied and billed to undersigned. X E. B. G.

Lot 255 Grave 4 Row ____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	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-49855	1669.38
Balance due	0

PAID
APR 14 1998
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 Effie B. Gentry
Signature

X 35791 Baltrustrol Dr.
Address

Bun City, Ca. 92586
City Zip Code

X 909-679-3577
Telephone

Invoice # ____

Work Order # E 14295

Acct. # ____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14295

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
DOUGLAS	QUITMAN	PARHAM	08/23/1943	04/14/1998	M

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	RUTH MINICH - WIFE 1105 FOURTH AVENUE #311 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
BERGE-ROBERTS MORTUARY 607 NAT'L. CITY BLVD., NATIONAL CITY, CA 91950	FD-284	▶ Marla Souder	04/15/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

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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	04/15/1998 MARLA SOUDER	▶ 9806051

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH— IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION— IF DISPOSITION IS TO 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 4-17-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATORY ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49855

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4-14 1998

From: Effie Gentry Address: 8581 Bobcat Trail Prescott AZ

one thousand six hundred sixty nine & 38/100 Dollars ($ 1669.38) 86314

In full Payment of interment of Douglas Q. Parham

Lot 255 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14295

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☒ On Acct ☐

Pre-need Trust ☐ Cash ☐ Check ☒

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina Avallone

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	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	$	1669	38

AC-212 (Rev. 5-94) 110

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49957

Date: 5/14, 19 98

From: Effie Gentry Address: 25791 Ba Hiustial Dr. San Diego 49255 6

One hundred twenty five 00/00 Dollars ($ 125.00)

In Full Payment of Setting fee for marker for Douglas Parham

Lot 255 Grave 4 Row Section 2 Division ~~Block~~ 12

Invoice No.

Acct. No.

W.O. E-14295

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

113

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Kenya Baker

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	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 76390		
TOTAL PAID	$	125	00

OFFICIAL RECEIPT

50302

WHITE..... TO CUSTOMER
CANARY..... CEMETERY
PINK..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 8-17 19 98

From: Dupan Earcia Address: 157 E. Oxford St. CV 92911

Twenty-three + 78/100 Dollars ($ 23.78)

In Full Payment of galvanized flower vase for Douglas & Parham

Lot 255 Grave 4 Row Section 2 Division Block 12

Invoice No.

Acct. No. E-14295

W.O.

BALANCE DUE X

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5646

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	13	00
Handling Fee	100 77185		
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

Date 4-14-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Bryant Hunter (X)

in a aph vault (Type of Burial Container) Funeral, date, time Thur. 4-16 2:00

Church, Chapel, Graveside witness : Rogsdale Skipper Mortuary.

All Funeral 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 1 Row _____ Section 2 Division/Block 12

Grave space & Care Fund	300.00
Additional spaces and care fund	—
Opening/Closing & Setup	105.00
Burial Container	55.00
Handling Fees	60.00
Flower vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	4.26
Total Due	569.26
Paid receipt number R-498162	569.26
Balance due	0

PAID
APR 16 1998
IN FULL
MT. HOPE CEMETERY
CITY of SAN DIEGO, CALIF.

mortuary to bring check for the full amount. X

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 see attached
Signature

X
Address

X
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 14296 ✓

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

263-1507

4-14-98

2:30 P

Skipper called to schedule burial arrangements. Requested that we pick out an ash plot for ashes.

Skipper told me he knew the price is $569.26.

also, mortuary will bring check for the full amount.

service is for witness only at 2:00P

E 14296

INTERMENT ORDER

4-14-98

Lot 130 Drive 1 Section 2 Grave 12

300.00

105.00

55.00

10.00

45.00

4.20

E 14296

E 14296

APPLICATION AND PERMIT FOR DISPOSITION OF HUMAN REMAINS

USE BLACK INK ONLY—MAKE NO ERASURES, WHITEOUTS OR OTHER ALTERATIONS

30

1A. NAME OF DECEDENT—FIRST (GIVEN)	1B. MIDDLE	1C. LAST (FAMILY)	2. DATE OF BIRTH MONTH DAY YEAR	3. DATE OF DEATH MONTH DAY YEAR	4. SEX
Bryant	Keith	Hunter	10/12/1967	03/18/1998	M

5A. CITY OF DEATH	5B. COUNTY OF DEATH—OUTSIDE CALIF., ENTER STATE	6. NAME, RELATIONSHIP, FULL MAILING ADDRESS AND ZIP CODE OF INFORMANT
Los Angeles	Los Angeles	Candice G. Hunter, Wife 5361 Roswell 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	▶	03/26/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	03/26/1998	▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF 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. 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)
- [X] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery; 3751 Market St. San Diego, CA 92102	11B. DATE BURIED 4-16-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norman Ferguson	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY Pacific Crematorium; 571 J Crane St. Lake Elsinore, CA 92530	12B. DATE CREMATED 4-2-98	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS —	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED —	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT 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

49862

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 4-16, 19 98

From: Anderson-Ragsdale Address: 5050 Federal Blvd. SD 92102

Five hundred sixty nine & 26/100 — Dollars ($ 569.26)

In Full Payment of Interment of

Bryant Hunter

Lot 130 Grave 1 Row Section 2 Division Block 2

Invoice No.

Acct. No.

W.O. E-14296

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5564

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE

ISSUED BY Catina Ragsdale

CREDIT	67007	60	00
20% Sales Care	77184		
80% Sales of Lots	100 77184	240	00
Opening/ Closing	100 77181	105	00
Burial Containers	100 77182	55	00
	100	100	00
Handling Fee	77185		
Recording & Misc. Fees	100 77183	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	4	26
TOTAL PAID	$	569	26

OFFICIAL RECEIPT

50069

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-10 19 98

From: Ragsdale Mortuary Address: 5050 Federal Blvd. SD 92102

One hundred twenty five + no/100 Dollars ($ 125.00)

In full Payment of marker setting fee for Bryant Hunter

Lot 130 Grave 1 Row Section 2 Division 12 Block

Invoice No.

Acct. No.

W.O. E-14296

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☒ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☒ 5872

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	125	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78300		
TOTAL PAID	$	125	00

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-15-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Carlos Mendieta

in a Liner (Type of Burial Container) Funeral, date, time Fri 4-17 10:00

Church, Chapel, Graveside Church/Graveside Humphreys Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ _____

will be applied and billed to undersigned. _____

Lot 281 Grave 5 Row _____ Section 2 Division/~~Block~~ 12

Grave space & Care Fund	795.00
Additional spaces and care fund	
Opening/Closing & Setup	350.00
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 48856	1564.73
Balance due	0

PAID
APR 15 1998
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 Mercedes Sanchez
Signature
X 4416 Rosebud LN #A
Address
X La Mesa CA 91941
City Zip Code
X 463-8491
Telephone

Invoice # _____

Work Order # E 14297

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E14297

APPLICATION 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
CARLOS	AVIUD	MENDIETA	03/12/1982	04/13/1998	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	Mercedes Sanchez - Mother 4416 Rosebud Lane, #A 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
Humphrey Chula Vista Mortuary 855 Broadway Chula Vista CA 91911	F-964	Judith King	04/16/1998

ACKNOWLEDGMENT OF APPLICANT — I hereby acknowledge as applicant that the proposed disposition stated herein is one of the dispositions authorized by Section 10376 of the Health and Safety Code, and was authorized pursuant to Section 7100 of the Health and Safety Code.

PERMIT

AUTHORIZATION OF LOCAL REGISTRAR

ANY CHANGE IN DISPOSITION REQUIRES A NEW PERMIT TO SHOW FINAL DISPOSITION.

THIS PERMIT IS ISSUED IN ACCORDANCE WITH PROVISIONS OF THE CALIFORNIA HEALTH AND SAFETY CODE AND IS THE AUTHORITY FOR THE DISPOSITION SPECIFIED IN THIS PERMIT.
NOTE: THIS PERMIT GIVES NO RIGHT OF DISPOSAL OUTSIDE OF CALIFORNIA.

9A. AMOUNT OF FEE PAID	9B. DATE PERMIT ISSUED	9C. SIGNATURE OF LOCAL REGISTRAR ISSUING PERMIT
$7.00	04/16/1998 J.E. King	9806102 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
Vital Records P.O. Box 85222 San Diego CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY Mt. Hope Cemetery 3751 Market St. San Diego CA 92102	11B. DATE BURIED 4-17-98	11C. SIGNATURE OF PERSON IN CHARGE OF BURIAL ▶ Norma Fonseca
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY N/A	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS N/A	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED N/A	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION N/A	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶

15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.

OFFICIAL RECEIPT

49856

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 4/15, 19 98

From: Eusebio Calderon Sanchez Address: 4416 Rosebud Lane # 4 La Mesa Ca 91941

One thousand five hundred sixty four 73/00 Dollars ($ 1564.73)

In Full Payment of Interment of Carlos Mendieta

Lot 281 Grave 5 Row Section 2 Division Block 12

Invoice No.

Acct. No.

W.O. E-14897

BALANCE DUE Ø

Pre-Need Lot ☐ At Need ☑ On Acct ☐
Pre-need Trust ☐ Cash ☐ Check ☑

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT 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 77193	45	00
Pre-Need Trust	63033 9022		
Sales Tax	60101 78390	14	73
TOTAL PAID	$	1564	73

AC-212 (Rev. 5-94)

mortuary to
bring check for
the full amount
~~and signed fax copy~~
~~of interment order~~
on day of service

4-14-98
2:30P per Skipper

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4/15/98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Stella Southern Shuford

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 2738 Grave — Row — Section — Division/~~Block~~ 10

Grave space & Care Fund ..... Pre Need E2378 365	~~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 49893	200.00
Balance due	569.73
	200.00

Paid in full 6/24/98

I hereby certify I am the X Daughter 49962 of the above named decedent and this is your authority to make disposition of remains as above indicated. I certify and represent that I have the right to make this authorization and I agree to hold Mt. Hope Cemetery harmless from any liability on account of said authorization and interment.

I hereby authorize the interment in lot I hold under deed.

_____
Signature of recorded holder of deed

X Erma L Rhodes
Signature

X 1235 So. 47th St. #103
Address

X San Diego, Ca. 92113
City Zip Code

X 619-262-9305
Telephone

Invoice # _____

Work Order # E 14298

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14298

CITY OF SAN DIEGO, CALIFORNIA
MOUNT HOPE CEMETERY

DEED

OWNERSHIP AND INTERMENT PRIVILEGES

TO Stella Southern Shuford for the sum of $ 355.00 (DOLLARS)

LEGAL DESCRIPTION Lot 2738, Division 10

AS DESCRIBED ON PURCHASE ORDER NUMBER E 2378

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:

12x24 flat marker

Trust paid in full E-14298

Cemetery Manager

Real Estate Assets Director

PY-584 (Rev. 4-95)

This information is available in alternative formats upon request.

E-14298

ERMA L. RHODES (FOR STELLA SOUTHERN SHUFORD) 1235 So. 47th Street #103 SD, CA 92113

04-15-98	Pre-need Trust Opened: 2738-10		
	(1) Opening/Closing, (1) Liner, (1) Handling Fee, 769.73		769.73
	(1) Recording Fee and Tax on Liner.		
04-15 98	R-49893	200.00	569.73
5-15 98	R-49962 CPN #1	200.00	369.73
6-24 98	R-50112	184.87	184.86
		184.86	-0-

SHUFORD, STELLA

PRE NEED TRUST

OFFICIAL RECEIPT

50112

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY
527-3400

Date: 6-24 19 98

From: Erma Rhodes Address: 1235 S. 47th Pl. 102 SD 92113

One hundred eighty four 87/100 Dollars ($ 184 87)

In Part Payment of Pre Need trust

Lot 2738 Grave ____ Row ____ Section ____ Division ____ Block 10

Invoice No. ____

Acct. No. ____

W.O. E-14298

BALANCE DUE 184 86

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☒ Cash ☐ Check ☐ 0779

AC-212 (Rev. 5-94)

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Katrina 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	184	87
Pre-Need Trust	63033 9022		
Sales Tax	50101 76390		
TOTAL PAID	$	184	87

OFFICIAL RECEIPT

CITY OF SAN DIEGO, CALIFORNIA

49962

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

MOUNT HOPE CEMETERY

527-3400

Date: 5-15 #102 19 98

From: Erma Rhodes Address: 1235 So. 47th Street SD 92113

Two hundred and no/100 — Dollars ($ 200.00)

In part Payment of Pre need trust for Stella Southern Sanford

Lot _____ Grave _____ Row _____ Section _____ Division Block _____

Invoice No. _____

Acct. No. _____

W.O. E-14298

BALANCE DUE 369.73

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 Katina 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	200	00
Sales Tax	60101 78390		
TOTAL PAID	$	200	00

AC-212 (Rev. 5-94) 0765

OFFICIAL RECEIPT

50203

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

Date: 7-20, 1998

From: Erma Rhodes Address: 1235 S. 47th St #102 SD 92113

one hundred eighty four + 86/100 Dollars ($ 184 86)

In full Payment of pre need trust

Lot 2738 Grave _____ Row _____ Section _____ Division Block 10

Invoice No. _____

Acct. No. _____

W.O. E-14298

BALANCE DUE 0

Pre-Need Lot ☐ At Need ☐ On Acct ☐

Pre-need Trust ☒ Cash ☐ Check ☐

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY Catina 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	184	86
Sales Tax	60101 78390		
TOTAL PAID	$	184	86

AC-212 (Rev. 5-94)

791

OFFICIAL RECEIPT

WHITE ..... TO CUSTOMER
CANARY ..... CEMETERY
PINK ..... AUDITOR

CITY OF SAN DIEGO, CALIFORNIA

MOUNT HOPE CEMETERY

527-3400

49893
E 14298

Date: 4/29, 19 98

From: Stella Shelford Address: 1330 S 4710 St #102 S.D. CA 92113

Two hundred 00/00 Dollars ($ 200.00)

In Part Payment of Pre Need Opening Closing AC Tax

Lot 3768 Grave — Row — Section — Division Block 10

Invoice No.

Acct. No.

W.O. E 14298

BALANCE DUE 569.73

Pre-Need Lot ☐ At Need ☐ On Acct ☐
Pre-need Trust ☑ Cash ☐ Check ☑

0760

NOT VALID FOR PURPOSE STATED UNLESS STAMPED "PAID" IN THIS SPACE.

ISSUED BY [signature]

CREDIT	67007	
20% Sales Care	77184	
80% Sales of Lots	100 77184	
Opening/ Closing	100 77181	
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	$	200.00

AC-212 (Rev. 5-94)

Send or bring one coupon with each remittance **COUPON** **1**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14298 Pre-need Trust

Stella Southern Shuford
1235 S. 47th Street #103
San Diego, CA 92113
(Lot 2768 Div 10)

Month and Day Due Indicated Below

JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
					10						

Amount due when paid on, or before, due date above. ▶ $ 24.00

Amount due if paid more than ____ days after due date above. ▶ $ _____

$ _____

Amount Received $ 200.00

NAME Stella Southern Shuford

ADDRESS 1235 S. 47th St. #103

CITY S.D. STATE Ca. ZIP 92113

☐ check (✓) if this is new address

Mail or bring one coupon with each remittance **COUPON** **2**

DO NOT MAIL ENTIRE BOOK

ACCOUNT No. E-14298 Pre-need Trust

Stella Southern Stanford
1235 S. 47th Street #103
San Diego, CA 92113
(Lot 2768 Div 10)

Month and Day Due Indicated Below

FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
					10						

Amount due when paid on, or before, due date above. ▶ $ 24.00

Amount due if paid more than _____ days after due date above. ▶ $ 184.87

$ _____

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-14298 Pre-need Trust

Stella Southern Shuford
1235 S. 47th Streed #103
San Diego, CA 92113
(Lot 2768 Div 10)

Month and Day Due Indicated Below

MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
					10						

Amount due when paid on, or before, due date above. $ 24.00

Amount due if paid more than _____ days after due date above. $ _____

$ 184.80

Amount Received $ _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

☐ check (✓) if this is new address

MT. HOPE CEMETERY

INTERMENT ORDER

City of San Diego

Date 4-16-98

You are hereby authorized and instructed, subject to your rules and regulations, to inter the remains of Hazel Erwin

in a Liner (Type of Burial Container) Funeral, date, time Tues 4-21 1:00

Church, Chapel, Graveside Graveside ; Goodbody Mortuary.

All Funeral cars must arrive before 3:30 p.m. of regular work day or an extra charge of $ 150.00 will be applied and billed to undersigned. X M. M-S.

Lot 873 Grave _____ Row _____ Section _____ Division/~~Block~~ 10

Grave space & Care Fund	Pre-Need D-2863
Additional spaces and care fund	—
Opening/Closing & Setup	375.00
Burial Container	190.00
Handling Fees	145.00
Flowe vases – Marker setting fee	—
Recording and filing fee	45.00
Sales taxes	14.73
Total Due	769.73
Paid receipt number M|C	769.73
Balance due	-0-

PAID
APR 16 1998
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.

X [signature]
Signature

X
Address

X 5419 GALA AVE 92120
City SAN DIEGO Zip Code

X 286-1767
Telephone

I hereby authorize the interment in lot I hold under deed.

Signature of recorded holder of deed

Invoice # _____

Work Order # E 14299

Acct. # _____

REA-104 (7-96)

This information is available in alternative formats upon request.

Printed on recycled paper

E 14299

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
HAZEL	ELLA	ERWIN	02/22/1912	04/15/1998	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	MARLON R. ERWIN - SON 5419 GALA 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
GOODBODY MORTUARY: 5027 EL CAJON BLVD. SAN DIEGO, CA 92115	FD-790	▶ Victoria Meza	04/20/1998

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	VICTORIA MEZA 04/20/1998	9806227 ▶

9D. ADDRESS OF REGISTRAR OF DISTRICT OF DEATH—IF DEATH OCCURRED IN CALIFORNIA	9E. ADDRESS OF REGISTRAR OF DISTRICT OF DISPOSITION—IF DISPOSITION IS TO OCCUR IN ANOTHER DISTRICT IN CALIFORNIA
P.O. BOX 85222 SAN DIEGO, CA 92186-5222	-

10. AUTHORIZED DISPOSITION(S) CHECK APPLICABLE ITEMS

- [X] A. BURIAL (INCLUDES ENTOMBMENT)
- [ ] B. CREMATION
- [ ] C. DISPOSITION OF CREMATED REMAINS OTHER THAN IN A CEMETERY
- [ ] D. SCIENTIFIC USE
- [ ] E. TEMPORARY ENVAULTMENT
- [ ] F. DISINTERMENT
- [ ] G. SHIP IN TO CALIFORNIA
- [ ] H. TRANSIT TO OUTSIDE OF CALIFORNIA

FOR CORONER'S USE ONLY

- [ ] I. DISPOSITION PENDING—REMAINS LOCATED AT (Name and Address)

COMPLETE ALL APPLICABLE ITEMS

BURIAL	11A. NAME AND ADDRESS OF CALIFORNIA CEMETERY MOUNT HOPE CEMETERY 3751 MARKET STREET, SAN DIEGO, CA 92102	11B. DATE BURIED 4/21/98	11C. SIGNATURE OF PERSON IN CHARGE OF RE... ▶	
CREMATION	12A. NAME AND ADDRESS OF CALIFORNIA CREMATORY	12B. DATE CREMATED	12C. SIGNATURE OF PERSON IN CHARGE OF CREMATION ▶	
SCIENTIFIC USE	13A. NAME AND ADDRESS OF CALIFORNIA FACILITY RECEIVING REMAINS	13B. DATE RECEIVED	13C. SIGNATURE OF PERSON IN CHARGE OF FACILITY ▶	
TRANSIT	14A. NAME AND ADDRESS IN RECEIVING STATE OR COUNTRY WHERE REMAINS OR CREMATED REMAINS ARE TO BE SHIPPED	14B. DATE SHIPPED	14C. ADDRESS AND SIGNATURE OF PERSON IN CHARGE OF PLACING WITH THE CARRIER ▶	
SCATTERING AT SEA OR DISPOSITION OTHER THAN IN A CEMETERY	15A. ADDRESS, NEAREST POINT ON SHORELINE, OR OTHER DESCRIPTION SUFFICIENT TO IDENTIFY FINAL PLACE AND CA DISTRICT OF DISPOSITION	15B. DATE OF DISPOSITION	15C. SIGNATURE OF PERSON IN CHARGE OF DISPOSITION ▶	15D. LICENSE NUMBER OF CREMATED REMAINS DISPOSER —IF APPLICABLE

COPY 2 IS RETAINED BY THE PERSON IN CHARGE OF THE CEMETERY, CREMATORY, FACILITY FOR SCIENTIFIC USE, OR BY THE PERSON IN CHARGE OF DISPOSING OF THE CREMATED REMAINS.